



## WALLA WALLA COUNTY DEPARTMENT OF COMMUNITY HEALTH

314 West Main Street • P.O. Box 1753 • Walla Walla, WA 99362  
Main Telephone: (509) 524-2650 • Confidential Fax: (509) 524-2642 • Main Fax: (509) 524-2678

### Request for Letters of Need and/or Intent 2021

### Behavioral Health Fund WALLA WALLA COUNTY, WASHINGTON

#### TIMELINE

Letters of Need/Intent Due	November 30, 2020
Notification of Ongoing Funding for LON/I's submitted	December 18, 2020 * award will be released pending approval by BOCC
Meetings will be scheduled with Successful LON/I Grantees	December 30, 2020
Contract Start Date	January 1, 2021

#### PURPOSE

The Walla Walla County Department of Community Health (DCH) proposes to fund programs and projects using the 0.1th% and Ad Valorem funds for Behavioral Health with additional priorities. There will be \$440,000 available for the 2021 Calendar Year.

#### BACKGROUND

Walla Walla County Department of Community Health has utilized this funding to enhance a county wide infrastructure for behavioral health programs and services, emphasizing expansion or new development, benefiting citizens who are impacted by mental health and/or substance use disorders. The goal is to promote resilience and recovery from mental health and/or substance use disorders, and to reduce the need to utilize costly and less effective interventions of emergency and hospital services and the criminal justice system.

Walla Walla County Department of Community Health, with direct expertise in mental disorders, substance use disorders, treatment services, and evaluation plans, are responsible for development, implementation, oversight, evaluation and allocation of 0.1% Treatment Sales Tax funded programs and services.

#### PROCEDURE and ELIGIBILITY

Organizations will submit LON/I answering questions listed below.

These proposals will be reviewed by the CHAB and DCH staff to determine feasibility. Funding will be awarded via contract to successful proposals according to the timeline above. Contracts will start on January 1, 2021.



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### MINIMUM REQUIREMENTS:

To be considered for funding, applicants and their accompanying projects must:

- Be licensed by the State of Washington for the provision of chemical dependency or mental health treatment services as required by the proposed scope of services.
- Be contracted with at least four third party payers (insurance companies) as appropriate for the proposed scope of services. Two of which must be Managed Care Organizations (Medicaid carriers). Demonstrate ability to be able to bill for appropriate billable services.
- Serve individuals within the boundaries of Walla Walla County who are determined to benefit from chemical dependency or mental health prevention or treatment services.

Eligible Organizations must be:

- Nonprofit supportive service organizations
- Public and Private Schools
- Private agencies with a mission consistent with the intent of the funding priorities.
- Demonstrable experience working with individuals with behavioral health needs, and/or their families.

### FUNDING PRIORITY

DCH and the Community Health Advisory Board and the Behavioral Health Council, in partnership with the Walla Walla County Board of County Commissioners, recognize the positive impact that previously funded grantees have provided and want to work collaboratively to address the needs of the community. During this funding cycle the priorities that were identified by the Behavior Health Council were:

- i. Access to Care
- ii. Suicide Prevention/Reduction of Harm
- iii. ED Diversion
- iv. Youth Behavioral Health

### LETTER OF NEED/INTENT

**The LON/I is limited to two pages, plus the cover sheet and the LON/I Checklist of Assurances. For consideration, please submit:**

- Completed cover sheet (see page 4)
- Answer Letter of Intent questions (maximum 2 pages, font size 11, single spaced)



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### **Currently Funded Providers: Please briefly respond to the following Letter of Need/Intent questions:**

1. If your program(s) is funded by the 2021/22 Behavioral Health Fund, do you intend to continue to provide the same services?
  - a. Which of the Four Priorities identified by the Behavioral Health Council does this program support?
    - i. Access to Care
    - ii. Suicide Prevention/Reduction of Harm
    - iii. ED Diversion
    - iv. Youth Behavioral Health
  - b. Explain the ongoing funding need to sustain/grow this program?
  - c. Describe your success/lessons learned/opportunities for this program.
2. COVID-19 Impact/Response:
  - a. Impact of COVID on your organization? (ie; Increase in need/referrals?)
  - b. What is your role in COVID response/recovery?
  - c. Please describe the program/project.
  - d. Explain the ongoing funding need to sustain/grow this program?

### **New Applicants: Please briefly respond to the following Letter of Need/Intent questions**

1. Below are the four priorities identified by the Behavioral Health Council, where does your program align?
  - Access to Care
  - Suicide Prevention/Reduction of Harm
  - ED Diversion
  - Youth Behavioral Health
2. What are the ongoing funding needs to sustain/grow this program?
3. COVID-19 Impact/Response:

Impact of COVID on your organization? (ie; Increase in need/referrals?)

  - 1) What is your role in COVID response/recovery?
  - 2) Please describe the program/project.
  - 3) Explain the ongoing funding need to sustain/grow this program?



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The LOI must be received by 5:00 p.m. on \_November 30, 2020 PST. Submit via email to: nsharp@co.walla-walla.wa.us and pneedham@co.walla-walla.wa.us and place "BHF LON/I" in the subject line. Email attachment must be in PDF file format. If you submit a proposed budget, please attach as an Excel document. Please also attach the LOI cover sheet (see below).

REVIEW

A multi-disciplinary team from the DCH and the Community Health Advisory Board will review the Letters of Need/Intent for basic eligibility criteria and alignment with priorities. Programs selected for ongoing funding will be notified and scheduled to meet by 5:00 pm on December 18, 2020.

COMMUNICATIONS

Please direct all communication about this LON/I to: Nikki Sharp LICSW, Department of Community Health, nsharp@co.walla-walla.wa.us and Peggy Needham pneedham@co.walla-walla.wa.us

LETTER OF INTENT COVER SHEET

Due November 30, 2020 by 5:00 p.m.

Table with 2 columns and 7 rows for applicant information: Applicant Organization, Address, City/ State/ Zip, Organization Contact/Title, Address (only if different from Applicant Organization address), E-mail, Phone.