

Request for Responses

Southwest Washington Region

Mental Health and Substance Abuse Block Grant

Release Date: December 1, 2025

Due Date: January 30, 2026

PROPOSAL INFORMATION

RFR Timeline

Action	Date
Application released	December 1, 2025
Q&A session	December 17, 2025, at 10:00 am
Responses due	January 30, 2026, by 11:59pm
Award notifications	March 31, 2026
Funding period begins	July 1, 2026

Questions

Please submit questions regarding the application process to behavioralhealth_waaso@carelon.com and reference SWWA Block Grant RFR in the subject line.

Q&A Session

Register for the Q&A session using the following Teams meeting information:

Join on your computer, mobile app or room device

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 213 874 555 628 41

Passcode: 62mY95AG

A recording of the Q&A session will not be available after the event. A Frequently Asked Questions document will be prepared, posted to the Washington Carelon Behavioral Health website (<https://wa.carelonbehavioralhealth.com/>), and updated weekly.

Submissions

Application Deadline: 11:59pm on January 30, 2026. The total response should not exceed **four pages**, not including the required Cover Page, Budget Worksheet, and Services

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

Worksheet attachments. Please submit responses to the following email address: behavioralhealth_waaso@carelon.com and reference SWWA Block Grant RFR in the subject line. Faxed, mailed, or in-person drop off applications will not be accepted.

GENERAL INFORMATION

Background

Carelton Behavioral Health (Carelton) is issuing a Request for Responses (RFR) for mental health and substance use disorder treatment programs to serve the Southwest Washington Region.

With this RFR, Carelon seeks to support innovative programs that promote integrated care delivery for priority populations. Responses should articulate specific needs of Southwest Washington residents and describe program opportunities to link community partners, such as primary care providers, behavioral health providers, and housing services.

Definitions

Please refer to the Definitions section at the end of this document for clarification of any specialized terms or abbreviations used throughout.

About Federal Block Grants

The federal block grants support substance use and mental health services for children, families, and communities in Washington State. Block grants are Substance Abuse and Mental Health Services Administration (SAMHSA) grants given to states to allow them to address their unique behavioral health issues.

This RFR includes both Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment and Recovery Services (SUPTRS) funding.

- Mental Health Block Grant (MHBG) - The program's objective is to support the provision of comprehensive community mental health services for adults diagnosed with Serious Mental Illness (SMI) and children diagnosed with Serious Emotional Disturbance (SED).
- Substance Use Prevention, Treatment and Recovery Services (SUPTRS) – Formally known as Substance Abuse Block Grant (SABG), the program's objective is to plan, implement, and evaluate activities for the prevention, treatment, and recovery of substance abuse for individuals or services not covered by Medicaid.

Award Information

This RFR process will allocate MHBG and SUPTRS Block Grant Funds for July 2026 – June 2029 (three fiscal years). Initial funding is not an assurance or guarantee of ongoing funding

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant



beyond June 2029. This process is competitive, and funding allocations will be based on the relative merits of all proposals received each cycle.

The amounts previously awarded to any agency for Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grants were between \$50,000 and \$300,000 per year. We expect awards to be similar to previous years.

The estimated total annual available dollars for the Southwest Region is \$1,100,000 of SUPTRS funds and \$531,000 of MHBG funds for each of the three fiscal years for the July 1, 2026 – June 30, 2029 time period.

Contracts will be structured on the state fiscal year (July – June) and will be contingent upon continued funding from HCA. Carryover of unspent funds from one fiscal year to the next is not allowed. Funding allocations will be evaluated each fiscal year for under/overspending and contracts will be adjusted as needed.

Applicant Eligibility

Carelon is seeking responses from a wide variety of entities interested in expanding the continuum of services focused on behavioral health services and supports. This may include but is not limited to: community-based organizations, recovery community organizations, law enforcement, educational institutions, behavioral health providers, social services, faith-based organizations, hospitals and other medical care providers, child welfare, and recovery or low-income housing.

Eligible Applicants must:

- Be an organization and not an individual
- Serve residents of Klickitat, Skamania and/or Clark counties
- Be in good standing if currently contracted with Carelon (e.g. current with required reporting and audits)
- Be a Behavioral Health Agency if providing Behavioral Health Services to individuals.

All agencies, including those currently funded, will need to submit an application in order to be considered for block grant funds effective July 1, 2026.

Charitable Choice Requirements

The Charitable Choice Requirements of 42 CFR Part 54 is followed and Faith-Based Organizations (FBO) are provided opportunities to compete with traditional alcohol/drug abuse treatment providers for funding. FBOs are required to meet the requirements of 42 C.F.R. Part 54 as follows:

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

- Clients requesting or receiving SUD services shall be provided with a choice of SUD treatment providers.
- The FBO shall facilitate a referral to an alternative provider within a reasonable time frame when requested by the recipient of services.
- The FBO shall report all referrals made to alternative providers.
- The FBO shall provide clients with a notice of their rights.
- The FBO provides clients with a summary of services that includes any religious activities.
- Funds received from the FBO must be segregated in a manner consistent with Federal Regulations.
- No funds may be expended for religious activities.

Eligible Expenses

Block Grant funds may not be used to fund any services for individuals living above 220% of the federal poverty level.

Block Grant funds are only eligible to be used for services to individuals who are not enrolled in Medicaid or for services that are not covered by Medicaid as described in the following table:

Benefits	Services	Use Block Grant Funds
Individual is not a Medicaid recipient	Any Allowable Type	Yes
Individual is a Medicaid recipient	Allowed under Medicaid	No
Individual is a Medicaid recipient	Not Allowed under Medicaid	Yes

Block Grant funds may not be used for the following:

- Construction and/or renovation.
- Capital assets or the accumulation of operating reserve accounts.
- Equipment costs over \$5,000.
- Cash payments to Consumers.
- To directly or indirectly purchase, prescribe, or provide marijuana or treatment using marijuana.

Allowable Activities

Mental Health Block Grant allowable activities include:

- Brief intervention
- Outpatient treatment
- Assertive community treatment

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

- Case management
- Interim services
- Community Outreach
- Crisis services
- Therapeutic interventions for children
- Transportation
- Childcare services
- Continuing education

Substance Use Prevention, Treatment and Recovery Services Block Grant allowable activities include:

- Brief Intervention
- Withdrawal management
- Outpatient treatment
- Opiate substitution treatment
- Case Management
- Assessment
- Engagement and referral
- Opiate dependency outreach
- Interim services
- Outreach
- Crisis services
- Sobering services
- Therapeutic interventions for children
- Transportation
- Childcare services
- PPW housing support services
- Recovery support services
- Continuing education

Target Populations

Mental Health Block Grant funds may only be used to serve individuals who meet the following eligibility criteria:

- Adults with Serious Mental Illness (SMI)
- Children with Serious Emotional Disturbance (SED)

Substance Use Prevention, Treatment and Recovery Services Block Grant services should be prioritized for the following but may be used for other populations if funds allow:

- Intravenous drug users
- Pregnant women and women with dependent children

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

Community Priorities

Community Priorities for Mental Health Block Grant and Substance Use Prevention, Treatment and Recovery Services Block Grant services include:

- Transportation services to access Behavioral Health services
- Rural Behavioral Health resources
- Behavioral Health services for at risk and homeless seniors

PROGRAM EVALUATION

All funded organizations must participate in a regular program evaluation process. This process will include, but is not limited to:

- Submitting Monthly Service Reports.
- Submitting an Annual Performance Report.
- Participating in annual Independent Peer Review by individuals with expertise in the field of mental health treatment when requested by HCA.
- Providing one verbal report (~15 minutes) on program data and results during a Southwest Washington Behavioral Health Advisory Board (BHAB) Meeting. This report will allow BHAB members to learn about activities on the ground, build relationships with community partners, celebrate successes, and understand barriers.
- Participating in annual fiscal review and/or audit
- If applicable, regularly submitting required Behavioral Health Supplemental Data.

REVIEW AND SELECTION CRITERIA

All responses will be reviewed for completeness by Carelon staff. An Evaluation Committee, comprised of community members and partners, will score responses based on the applicant's responses to the RFR questions, allowable activities, and targeted populations.

The following minimums will be applied to overall funding allocations:

- At least 10% of SUPTRS funds will be awarded to agencies with proposals to provide services for pregnant women and women with dependent children

Though proposal scores will be the main determination in awarding contracts, Carelon reserves the right to award contracts to applicants whose programs fulfill a regional need for services not met by other proposals, though other proposals may receive a higher score.

RFR RESPONSE QUESTIONS

There are two categories of response questions along with required attachments, responses should address the appropriate questions outlined below:

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

Category	Who should respond
Required Questions	All organizations must provide a response to these questions.
Supplemental Programmatic and Staffing Questions	Behavioral Health Agencies proposing to provide services that are included in the SERI guide with fee-for-service reimbursement are not required to provide responses to these questions.
Required Attachments	All organizations must include the required attachments.

Responses should be clear and concise. Only one response may be submitted per organization. The total response should not exceed four pages, not including the required Cover Page, Budget Worksheet, and Services Worksheet attachments (see Required Attachments section below).

REQUIRED QUESTIONS

Organization Overview

- Provide an overview of the organization, staffing structure, and programs/services provided
- Describe how continuing education for employees will be implemented.
- Indicate if the organization is a Faith-based organization (see Charitable Choice Requirements above).
- Indicate if the organization is applying for funding to support Behavioral Health Services to individuals. If so, is the organization a Behavioral Health Agency.

Priority Populations and Services

Target Populations

- Describe the targeted population(s) you are expecting to serve.
- Describe the method to reach the targeted population(s) and ensure timely and appropriate access to care.

Promoting Health Equity and Culturally Appropriate Care

- Describe how culturally appropriate care is incorporated within the agency and services provided. Identify what efforts will be taken to measure progress.
- Provide one example demonstrating how services will enhance health equity among underserved populations.
- Describe ability to provide culturally and linguistically responsive care to serve and engage persons for whom English is not a primary language.

Coordination of Services

Children's Services

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

- If applicable, describe how integrated system of care services will be provided for children with SED with multiple needs, including: social services, educational services, juvenile services, and substance use disorder services.

Outreach Services

- If applicable, provide a description of how outreach services will target individuals who are homeless and how community-based services will be provided to individuals residing in rural areas.

Social Services

- Provide a description of how treatment services are coordinated with the provision of other appropriate services including health, social, correctional and criminal justice, education, vocational rehabilitation and employment services.

Faith-based organizations only – Charitable Choice Requirements

- Provide description of how referrals to alternative service providers will be facilitated and tracked.

Project Financial Feasibility

Budget Narrative

- Provide a short description of the budget items included in the budget worksheet, including justification and rationale for cost estimates and ensuring that the budget worksheet and Services Worksheet are in alignment.

SUPPLEMENTAL PROGRAMMATIC AND STAFFING QUESTIONS

Project Description

Core Program Objectives

- Provide a minimum of one core program objective (maximum of three core program objectives).

Project Description

- Provide a detailed description of the proposed project. Include what services will be provided, if the services provided are Behavioral Health Services, how many individuals will receive services, what days and times services will be provided, and where services will be delivered.

Evidence-Based, Promising, Culturally Responsive, or Emerging Practices

- Describe how the project will utilize evidence-based, promising, culturally responsive or emerging practices to serve program participants. Provide details on why these interventions were chosen and examples of how they will benefit program participants.

Timeline

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

- Describe the timeline and at least three major milestones for implementing this project.
- Provide an estimated start date for services.

Evaluation

Measurement and Evaluation

- Provide a minimum of three key indicators that will be used to measure success of this project.
- Explain why these indicators were selected and how they will demonstrate program effectiveness.

Sustainability

- There is not a guarantee of further funding in future RFR cycles for programs funded in this RFR cycle. Describe the applicants plan to continue services beyond the grant period (July 2026 – June 2029).

REQUIRED ATTACHMENTS

- Exhibit A: Cover Page (required)
- Exhibit B: Budget Worksheet (required)
- Exhibit C: Services Worksheet (required)

DEFINITIONS

Behavioral Health Agency (BHA) means an entity licensed by the Department of Health to provide behavioral health services under Chapter 71.05, 71.24, or 71.34 RCW.

Behavioral Health Services means mental health services, substance use disorder treatment services, and co-occurring disorder treatment services as described in RCW [71.24.025](#) and chapter [71.36](#) RCW that, depending on the type of service, are provided by licensed or certified behavioral health agencies.

Cultural Humility means the continuous application in professional practice of self-reflection and self-critique, learning from patients, and partnership building, with an awareness of the limited ability to understand the patient's worldview, culture(s), and communities.

Culturally Appropriate Care means health care services provided with Cultural Humility and an understanding of the patient's culture and community and informed by Historical Trauma and the resulting cycle of Adverse Childhood Experiences (ACEs).

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant

Emerging Practices means interventions that are new, innovative and which hold promise based on some level of evidence of effectiveness or change that is not research-based and/or sufficient to be deemed a 'promising' or 'best' practice.

Evidence-Based Practices means a program or practice that has been tested where the weight of the evidence from review demonstrates sustained improvements in at least one outcome. "Evidence based" also means a program or practice that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

Health Equity means the state in which every person has the opportunity to attain his or her full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.

Historical Trauma means situations where a community experienced traumatic events, the events generated high levels of collective distress, and the events were perpetuated by outsiders with a destructive or genocidal intent.

Promising Practice means a practice that, based on statistical analyses or a well-established theory of change, shows potential for meeting the evidence-based or research-based criteria that may include the use of a program that is evidence-based for outcomes, including practices that may be focused on groups for whom evidence-based or research-based criteria have not yet been developed.

Serious Emotionally Disturbed (SED) means children from birth up to age 18 who have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that results in functional impairment which substantially interferes with or limits the child's role or functioning in family, school, or community activities.

Serious Mental Illness (SMI) means persons age 18 and over who currently, or at any time during the past year, have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the current Diagnostic and Statistical Manual of Mental Disorders (DSM) that has resulted in functional impairment which substantially limits one (1) or more major life activities such as employment, school, social relationships, etc.

ABOUT CARELON BEHAVIORAL HEALTH

Carelton Behavioral Health is a health improvement company that serves 48 million individuals across all 50 states. On behalf of employers, health plans and government

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services Block Grant



agencies, we manage innovative programs and solutions that directly address the challenges our behavioral health care system faces today. Carelon is a national leader in the fields of mental and emotional wellbeing, addiction, recovery and resilience, employee assistance, and wellness. We support people in making difficult life changes needed to be healthier and more productive. Partnering with a network of providers nationwide, we help individuals live their lives to their fullest potential.

In Washington State, Carelon serves a number of large employers, and is contracted with Washington State's Health Care Authority (HCA) to serve as the Behavioral Health – Administrative Services Organization (BH-ASO) in Pierce County, Southwest Washington and North Central Washington. As the BH-ASO, Carelon is responsible for behavioral health crisis services for all individuals regardless of their insurance status or income level. Carelon is also responsible for additional non-crisis services for low-income individuals who lack insurance coverage. The BH-ASO structure is part of the Washington Health Care Authority's Integrated Managed Care (IMC) model, which seeks to bring whole-person, integrated care to Washington's Medicaid population.

For more information, visit <https://wa.carelonbehavioralhealth.com/>

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Request for Responses

Southwest Washington Mental Health and Substance Use Prevention, Treatment and Recovery Services
Block Grant