



Treatment Sales Tax Community Grant Request for Proposal and Funding Application

Funding period
January 1, 2024 – December 31, 2025

Overview

| | | |
|--------------------------------|---|---|
| Release Date: | Wednesday, October 11, 2023 | |
| Due Date: | Wednesday, November 1, 2023; via Zoom Grants Late proposals will not be considered | |
| Proposal Contact: | Chelyn Sowers, Behavioral Health Fund Program Manager Email: TST@co.thurston.wa.us ; phone: 360.490.7363 | |
| Funding Available: | \$800,000 per year (January 1, 2024 - December 31, 2024; January 1, 2025 – December 31, 2025) | |
| Goals: | <p>Proposals are sought that advance at least one of the following policy goals:</p> <ul style="list-style-type: none"> • Improve the quality of life for Thurston County residents with mental health and/or substance use needs. • Reduce the number of people who have a high recidivism rate and have lengthy jail stays as a result of their mental health, substance use and/or houselessness. • Increase the ability to divert adults and youth with mental health and/or substance use needs, using evidence-based practices, from jail services, either through pre-booking or post-booking diversion, to appropriate levels of care and housing. • Increase levels of interagency collaboration, cross system coordination and planning between corrections, courts, mental health, substance use, and housing services. • Increase public safety by using risk and needs assessments for all adult and youth offenders to determine appropriate service designation for mental health, substance use and/or jail services. • Increase therapeutic services and resources for youth and adults who have co-occurring mental health and substance use disorders. • Increase community, law enforcement, corrections and courts education and training for diversion and intervention. | |
| Bidder's Conference | An optional Bidder's Conference will be held on October 18, 2023, 2:00-3:00PM via Zoom. To join: https://us02web.zoom.us/j/87437535258?pwd=SHJwL3NuaytqazFRMEVKb3V3V2FGUT09 | |
| Timeline for Selection: | RFP Release Date Bidder's Conference Proposal Due Date Contract Award Notification Contract Start Date | October 11, 2023 October 18, 2023 (2pm), Zoom Link November 1, 2023 Approx December 1, 2023 January 1, 2024 |

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| RFP Submission Requirements | Submit Proposal Application and Certification Form through Zoom Grants: https://www.zoomgrants.com/zgf/Thurston_County_Public_Health_and_Social_Services/2024-2025_TST_Community_Grant_Request_for_Proposals |
| Respondent Eligibility | Entities eligible for TST funding are: 1) Indian Tribes located within Thurston County, 2) private non-profit organizations meeting the statutory requirements under the IRS 501(C)(3) designation ; 3) public non-profit organizations/ government entities; and 4) for-profit organizations. and Be able to enter into contract with Thurston County (see section V). |

NOTICE OF SOLICITATION

Thurston County Public Health and Social Services Treatment Sales Tax (TST) Office is requesting proposals for TST Community Grants. Deadline for submittal is Wednesday, November 1, 2023. Applications must be completed and submitted via [Zoom Grants](#). This RFP is posted at: [Funding Announcements | Thurston County \(thurstoncountywa.gov\)](#).

Failure of the County to notify any interested party or parties directly regarding the availability of these funds shall not void or otherwise invalidate the RFP process.

REQUESTS FOR REASONABLE ACCOMMODATION

Thurston County (hereafter referred to as the “County”) will provide reasonable accommodation to allow for equal participation in the Request for Proposal (RFP) application process. To request a reasonable accommodation, please contact Chelyn Sowers at TST@co.thurston.wa.us or call (360) 490-7363 or 360-786-5498 (relay users can dial 7-1-1). This document will be provided in alternate formats, upon request.

ACCESS TO REFERENCED SUPPLEMENTARY DOCUMENTS

The electronic version of this RFP document contains active hyperlinks to supplementary reference documents. Prospective applicants who are unable to access the Internet may request copies of the documents referenced in this Request For Proposals (RFP) by contacting Chelyn Sowers at TST@co.thurston.wa.us or call (360) 490-7363 or 360-786-5498 (relay users can dial 7-1-1).

All referenced supplementary documents are available at [Funding Announcements | Thurston County \(thurstoncountywa.gov\)](#).

AVAILABILITY OF FUNDS

Thurston County is soliciting applications for Treatment Sales Tax funds for eligible activities that provide behavioral health treatment and related support services in accordance with [RCW 82.14.460](#)

The funding amounts listed in this RFP may be subject to change based on local revenues. Contract awards are subject to the County receiving projected revenue.

Thurston County Public Health and Social Services reserves the right to modify, reject, or negotiate any proposals submitted with the proposing organization prior to recommending funding of the proposal.

I. General Introduction

In 2008, the Thurston County Board of Commissioners (Board) passed an ordinance that established a one-tenth of one-percent sales tax to increase funding for mental health and substance use disorder treatment services and therapeutic courts. By enacting this “Treatment Sales Tax” (TST), the County strengthened its ability to maintain, create, and enhance services for individuals with mental health, substance use, or co-occurring disorders, especially those involved in the justice system. More information on TST can be found [here](#).

This funding opportunity makes available **\$800,000 in 2024 and \$800,000 in 2025** in TST Community Grant funds. This grant opportunity is intended to maintain, enhance, and create innovative local services and programs consistent with TST eligibility and in alignment with TST policy goals (see section II).

Contracts will be issued with a start date of January 1, 2024 and an end date of December 31, 2025. Grants are **one-time** with no promise of additional funds.

II. Request for Proposals Process and Criteria

- The **Thurston County TST** Program seeks proposals for services and programs that meet the needs of Thurston County residents and adhere to the proposal requirements and criteria described in this document. The County will consider any projects that qualify for TST funding as stated below.
- Consistent with [RCW 82.14.460](#), funds shall be used solely for the purpose of providing for the operation or delivery of substance use disorder or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. “Programs and services” include, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated substance use disorder or mental health treatment program or service.¹
- Proposals must be in alignment with at least one of the following TST policy goals:
 - Improve the quality of life for Thurston County residents with mental health and/or substance use needs.
 - Reduce the number of people who have a high recidivism rate and have lengthy jail stays as a result of their mental health, substance use and/or homelessness.
 - Increase the ability to divert adults and youth with mental health and/or substance use needs, using evidence-based practices, from jail services, either through pre-booking or post-booking diversion, to appropriate levels of care and housing.
 - Increase levels of interagency collaboration, cross system coordination and planning between corrections, courts, mental health, substance use, and housing services.
 - Increase public safety by using risk and needs assessments for all adult and youth offenders to determine appropriate service designation for mental health, substance use and/or jail services.
 - Increase therapeutic services and resources for youth and adults who have co-occurring mental health and substance use disorders.
 - Increase community, law enforcement, corrections and courts education and training for diversion and intervention.
- Proposals providing evidence-based or promising practices will be prioritized. *Please cite the sources that demonstrate how the services are evidence-based or promising practices.*

¹ Example of a service that is a component of a coordinated substance use disorder or mental health treatment program: case management designed to support clients’ participation and success in clinical behavioral health treatment. TST can pay for the case management (or housing, or transportation, etc.) even if another funder is paying for the treatment, if the service is connected to treatment.

- Proposals must explain how performance will be measured, tracked, or monitored. Please provide rationale for how the chosen performance metrics demonstrate progress toward contracted results.
- Agency must be able to enter into a contract with Thurston County government. (see Section V.)

Important Notes

- No organization may submit more than two proposals.

III. Review and Selection Process

All applications will be reviewed to determine whether they are complete and have been submitted on time. A panel of subject matter experts, including members of the TST Advisory Committee, will review all complete applications and make funding recommendations to the Board of County Commissioners, which will make all funding decisions. All applicants will be notified of funding decisions following review by the Board. The TST Program reserves the right to modify, reject, or negotiate any proposals submitted with the proposing organization prior to recommending funding.

Applications will be rated on the following criteria:

1. **Importance to the Community.** (25 points) Service will address gaps in public behavioral health system and/or serve an underserved population with demonstrable need.
2. **Equity.** (25 points) Project is accessible to persons with disabilities, supports vulnerable and historically disadvantaged populations, actively works to reduce racial disparity in services, and staff are culturally competent to provide services to vulnerable and historically disadvantaged populations.
3. **Project Design.** (15 points) Clearly defined scope and service model.
 - a. 10 points: Proposal outlines use of evidence-based or promising practices.
 - b. 5 points: Partnerships needed for collective impact are in place.
4. **Performance Metrics.** (15 points) Service will produce demonstrable impacts that can be measured through timely and accurate data collection and reporting.
5. **Cost Effectiveness.** (10 points) The total project cost is appropriate for the expected impact. Project includes a plan for exploring other funding sources and sustaining the program.
6. **Agency Capacity.** (10 points) Organization has the financial capacity and systems in place to successfully manage the grant. Qualified staff will deliver and oversee services.

Note: *For programs that have previously received TST funding, past contract performance may be a scoring factor in the categories outlined above.*

IV. Use of TST Funding

Provided the proposal meets the requirements of [RCW 82.14.460](#), Treatment Sales Tax funds **may** be used for the following:

- Screening, case management and treatment for substance abuse and/or mental health issues
- Materials or items that remove barriers to participating in services or that meet the unique needs of participants
- Educational materials including curriculum, software, video and print materials
- Costs associated with the development, printing and distribution of materials
- Costs associated with hosting training, workshops, or special events connected directly to the service and population being served
- Costs associated with the purchase of professional expertise and technical assistance
- Personnel, training, and travel or other directly connected costs that are not excluded below.

Treatment Sales Tax funds **may not** be used toward any of the following:

- Activities intended to *prevent* substance use and/or mental health disorders.
- Lobbying.
- Equipment not directly associated with the service or program described in the proposal.

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

V. Eligible Applicants

Entities eligible for TST funding are:

1) Indian Tribes located within Thurston County, 2) private non-profit organizations meeting the statutory requirements under the [IRS 501\(C\)\(3\) designation](#); 3) public non-profit organizations/ government entities; and 4) for-profit organizations.

All applicants must have established, appropriate financial internal controls and accounting procedures to ensure proper disbursement and accounting of funds provided. Applicants failing to meet these requirements will be ineligible for funding.

Applicants must have, or be willing to secure, the following insurance:

- General liability insurance of not less than \$2,000,000 per occurrence for all covered losses; the general aggregate limit shall apply separately to this contract and be no less than \$3,000,000
- Professional liability insurance with limits of not less than \$2,000,000 per loss.

Applicants must provide evidence of coverage acceptable to the Thurston County Risk Management Division prior to receiving grant funds.

Other requirements for contractors are contained in the County Professional Services Agreement. A signed professional services contract will be required prior to initiating services for contract grantees.

VI. Instructions

Questions regarding this RFP should be addressed to Chelyn Sowers, Treatment Sales Tax Program Manager at (360) 490-7363 or TST@co.thurston.wa.us.

Submit fully completed proposal through [Zoom Grants](#), including the required Certification Form.

If any of the items listed below are missing or incomplete, the application will be ineligible for consideration. Late applications cannot be considered.

- ☐ Zoom Grant Application
- ☐ Certification Form

APPLICATION
Thurston County Treatment Sales Tax (TST)
2024-2025 Request for Proposals

Provide a response to all the following:

Basic Information

1. Name of applicant organization:
2. Washington State Unified Business Identifier (UBI) number and a Federal Tax ID number (if applicable):

3. Organization address:
4. Organization representative contact information (including telephone and email):
5. Name of service or program:
6. Amount of money requested from TST:

January 1, 2024 – December 31, 2024: \$ _____

January 1, 2025 – December 31, 2025: \$ _____

7. Brief Project Summary
 - **Who:** Target service audience/population (Is there a specific population of individuals with mental health and substance use disorder needs that will be served? Will the program serve individuals who are vulnerable and/or historically disadvantaged?)
 - **What:** Types of services to be provided
 - **Where:** Information regarding agency location and accessibility
 - **When:** Frequency of services to be provided
 - **Why:** Summary of how the proposed services will benefit the target service population/audience and the community as a whole and fill existing service gaps
 - **How:** See below Proposal Narrative

Proposal Narrative

Importance to Community (25 points)

1. Describe the purpose of your program. Why is your program or project needed in the community? Summarize supporting data that demonstrates the identified need. Provide citations and/or links.
2. Describe the activities and actions your project will undertake and accomplish with this funding. Include information on a program start date, target population, how households/ individuals will be identified for program participation, and anticipated number of households/ individuals served.

Equity (25 points)

3. Describe how the project supports vulnerable and historically disadvantaged populations, is accessible to persons with disabilities, and actively works to reduce racial disparity in services. Please explain how staff will be trained or equipped to provide culturally relevant and responsive services.

Project Design (15 points)

4. Thurston County Public Health & Social Services prioritizes funding for programs adhering to evidence-based and emerging evidence-based practices. Please indicate what evidence-based practices and promising practices this program would use. Provide citations and/or links.
5. If you will work with other organizations, please describe partnerships and roles needed for collective impact, not duplicating other programs. Please attach letters from those organizations that show their awareness of this proposal and their commitment to their part of the service if the organization receives grant funds.
6. TST can fund behavioral health treatment and/or support services that are part of a coordinated treatment plan. How will you ensure services are eligible for TST funds?
 - If providing treatment, how will you ensure adequate clinical supervision?
 - If providing support services, how will you determine whether an individual has a behavioral health disorder prior to providing services and how will you link to treatment?

Performance Metrics (15 points)

7. List the anticipated performance metrics or outcomes of the proposed project. Please explain how you would accurately measure these outcomes by clearly addressing questions of quantity (how much?); quality (how well?); impact (is anyone better off?). If your program has been operational during the past 12 months, please highlight recent impacts and outcomes.

Cost Effectiveness (10 points)

8. How much will the project cost in total, and how will it achieve the expected impact? Summarize this information in your proposal and use the attached RFP Budget Sheet (Exhibit B) to detail the budget for your proposal.
 - Include other funding sources that will pay for the costs not requested from TST
 - If you do not receive the full amount requested, how would you modify the request and/or services? What is the minimum amount of funding you would accept?
9. TST awards will be time-limited grants with no guarantee of future funding. If this program has received TST funding in the past, please summarize efforts you've made to obtain other funding (including, but not limited to, Medicaid). If this would be your first TST grant, what is your plan to secure other funding after the grant concludes?

Agency Capacity (10 points)

10. Please provide an example of the services you have provided before. Briefly describe your organization's financial capacity and systems in place to successfully manage the grant. Include information on who will provide the services, supervise the program staff and be responsible for fiscal management and programmatic reporting. How are or will staff be qualified to deliver and oversee services?

Budget Sheet
Thurston County Treatment Sales Tax (TST) Program
2024-2025 Request for Proposals

Cover only the January 1, 2024 – December 31, 2025 time period (or the time period for which you have requested funding).

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

| | January - December 2024 | | | January - December 2025 | | |
|-----------------------------------|---------------------------------------|-------------------------|-----------------|---------------------------------------|-------------------------|-----------------|
| | REQUESTED FROM TREATMENT SALES TAX | OTHER FUNDING SOURCE | TOTAL BUDGET | REQUESTED FROM TREATMENT SALES TAX | OTHER FUNDING SOURCE | TOTAL BUDGET |
| PERSONNEL COSTS | | | | | | |
| Salaries | \$ | \$ | \$ | \$ | \$ | \$ |
| Benefits | \$ | \$ | \$ | \$ | \$ | \$ |
| OPERATING/ OTHER COSTS | | | | | | |
| Professional Services | \$ | \$ | \$ | \$ | \$ | \$ |
| Operating Rentals/ Leases | \$ | \$ | \$ | \$ | \$ | \$ |
| Office/ Operating Supplies | \$ | \$ | \$ | \$ | \$ | \$ |
| Travel | \$ | \$ | \$ | \$ | \$ | \$ |
| Communications | \$ | \$ | \$ | \$ | \$ | \$ |
| Insurance | \$ | \$ | \$ | \$ | \$ | \$ |
| Training/Workshops | \$ | \$ | \$ | \$ | \$ | \$ |

| | January - December 2024 | | | January - December 2025 | | |
|------------------------------|---------------------------------------|-------------------------|-----------------|---------------------------------------|-------------------------|-----------------|
| | REQUESTED FROM TREATMENT SALES TAX | OTHER FUNDING SOURCE | TOTAL BUDGET | REQUESTED FROM TREATMENT SALES TAX | OTHER FUNDING SOURCE | TOTAL BUDGET |
| (If Other – Please Describe) | \$ | \$ | \$ | \$ | \$ | \$ |
| (If Other – Please Describe) | \$ | \$ | \$ | \$ | \$ | \$ |
| (If Other – Please Describe) | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL COST | \$ | \$ | \$ | \$ | \$ | \$ |

Certification Form
Thurston County Treatment Sales Tax (TST) Program
2024-2025 Request for Proposals

NAME OF AGENCY/ORGANIZATION _____

ADDRESS: _____

CONTACT PERSON: _____ PHONE NUMBER: _____

EMAIL: _____

I HEREBY CERTIFY ON BEHALF OF _____

(APPLICANT AGENCY)

THAT:

1. The organization has attached the documents as specified in the TST Request for Proposals.
2. The applicant understands that the Treatment Sales Tax Program Manager will advise the Thurston County Board of County Commissioners, and that they will conduct public discussions concerning the recommendations and make the final decision.
3. If the proposal for funding is approved, then it becomes a part of a service contract with Thurston County and will be paid on a reimbursement basis. The contracts will include non-discrimination language pertaining to employment, service delivery, and agency operations.
4. The applicant, if a licensed professional, shall maintain Professional Legal Liability or Professional Errors and Omissions coverage appropriate to the applicant's profession and shall be written subject to limits of not less than \$2,000,000 per loss.

An agency applicant has or will obtain General Liability insurance of not less than \$2,000,000 per occurrence for all covered losses and the general aggregate limit shall apply separately to this contract and be no less than \$3,000,000. Thurston County, including their officials and employees, will be named as additional insured on the policy. A certificate of insurance shall be provided as evidence of coverage to the Thurston County within one (1) week after execution of the TST contract.

The applicant shall also provide evidence that Workers Compensation coverage is in place for their employees where such coverage is required by [RCW Title 51](#).

5. The applicant has accounting and record keeping systems which a) show the purposes for which the funds have been spent; b) will be open for inspection by the county or its agents; c) will be maintained for at least six years following the end of the contract.
6. The individual signing the original certification sheet and application for funding is the Chairperson of the Board of Directors, or the Board of Directors' designee, and can legally sign contracts for the organization, binding the organization to the contract.
7. A Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement or contract addendum is required if this agreement with the applicant/(contractor) will perform certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity. A covered health care provider, health plan, or health care clearinghouse can be a business associate of another covered entity.

Name: _____ Title: _____

Signature: _____ Date: _____