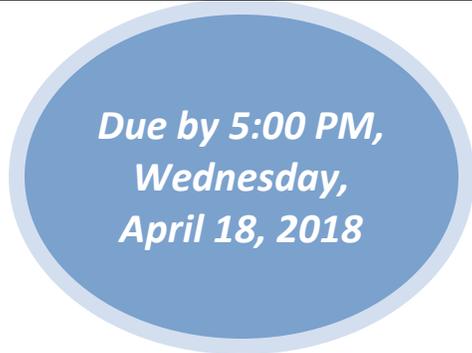


**TO:** Interested Organizations  
**FROM:** Thurston County Treatment Sales Tax (TST)  
**DATE:** March 15, 2018  
**RE:** Request for Proposals for 2018 TST Community Grants



## 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 chemical dependency treatment services and therapeutic courts. By enacting this “Treatment Sales Tax” (TST) the County has strengthened its ability to maintain, create, or enhance services for individuals with mental health, substance use, or co-occurring disorders, especially those involved in the justice system.

For 2018, the Board approved the release of **\$250,000** in TST Community Grant funds. Preference will be given to programs serving youth and young adults (up to age 25) and those serving Veterans. This one-time grant opportunity is intended to maintain, enhance, or create innovative local services and programs that connect to Thurston Thrives strategies and goals.

All applications will be reviewed to determine whether they are complete and have been submitted on time. A panel will review proposals and make funding recommendations to the Board for final approval. All applicants will be notified of funding decisions following review and approval of the Board. The TST Program reserves the right to modify, reject, or negotiate any proposals submitted with the proposing organization prior to recommending funding.

Grants will be awarded for the **July 1, 2018 to June 30, 2019** time period. No organization may submit more than **two** proposals. Grants are **one-time** funding with no promise of additional funds. Priorities for future years could be different.

## II. FOCUS OF RFP

- 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.
- Grant proposals should be for no less than \$30,000 and for no more than \$100,000.
- Funds shall be used solely for the purpose of providing for the operation or delivery of chemical dependency or mental health treatment programs and services and for the operation or delivery of therapeutic court programs and services. “Programs and services” includes, but is not limited to, treatment services, case management, transportation, and housing that are a component of a coordinated chemical dependency or mental health treatment program or service (RCW 82.14.460).

- Grants will be awarded to organizations submitting proposals that demonstrate an ability to produce results in one or more of the *Thurston Thrives strategy map goal areas* (see details at <http://thurstonthrives.org/action-teams/> ) and the following TST Policy Goals:
  1. Improve the quality of life for Thurston County residents with mental illness and/or chemical dependency *by reducing problem behavior, so children are raised in a healthy, safe environment.*
  2. Improve the quality of life for Thurston County residents with mental illness and/or chemical dependency *by supporting students to overcome barriers and meet academic standards.*
  3. *Increase access to appropriate behavioral health treatment* by increasing levels of interagency collaboration, cross system coordination and planning between corrections, courts, mental health, and chemical dependency and housing services.
  4. *Reduce entry into, or deeper involvement with, the criminal justice system* by increasing community, law enforcement, corrections and courts education and training for diversion and intervention for Thurston County residents with mental illness and/or chemical dependency.

### **III. PROPOSALS MUST MEET THE FOLLOWING REQUIREMENTS:**

- Meet the requirements of RCW 82.14.460. (See Section II.)
- Provide services that are evidence-based or promising practices. (See definitions in Section VI.)
- If providing treatment services, ensure appropriate clinical oversight with documentation of adherence to best practice.
- Able to participate in quarterly evaluation and accountability activities, including the provision of supporting documentation when requested, that demonstrate progress toward contracted results. (See definition in Section VI.)
- Able to enter into a contract with Thurston County government. (See Exhibit D.)

### **IV. PROPOSALS WILL BE RANKED BASED ON THE FOLLOWING CRITERIA:**

1. Program/ service is evidence-based or promising and targets a population with demonstrable need.
  - a. Preference will be given to programs serving youth and young adults (up to age 25) and Veterans.
2. Program/ service will produce demonstrable impacts that can be measured through timely and accurate data collection and reporting.
3. Agency demonstrates ability to deliver the service, implement the program within required timeframe, demonstrate meaningful partnership(s), and plan for sustainability.

**Note:** *For programs that have previously received TST funding, a portion of total ranking will be based on past contract performance in areas 1-3 above.*

### **V. 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:

- 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.
- Screening, case management and treatment for substance abuse and/or mental health issues.
- Material or items that remove barriers to participating in the service or that meet the unique needs of participants.
- 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.
- The purchase of staff time, supplies, materials, or anything else that is not directly associated with the service or program described in the proposal.

## VI. DEFINITIONS

The following definitions relate to key terms in this RFP.

### Behavioral health

The prevention, treatment of, and recovery from substance use disorders, mental health disorders and/or problem and pathological gambling disorders. (See WAC [388-877-0200](#).)

**NOTE: TST does not fund behavioral health prevention.**

### Clinical Supervision

Regular and periodic activities performed by an appropriate level of professional for clinical staff. Clinical supervision includes review of assessment, diagnostic formulation, treatment planning, progress toward completion of care, identification of barriers to care, continuation of services, authorization of care, and the direct observation of the delivery of clinical care. (See WAC [388-877-0200](#).)

### Clinical Supervisor

A licensed mental health or chemical dependency professional who: (1) has documented competency in clinical supervision; (2) is responsible for monitoring the continued competency of each licensed mental health or chemical dependency treatment provider (respectively) in assessment, treatment, continuing care, transfer, and discharge, where monitoring includes a semi-annual review of a sample of the clinical records kept by the CDP; (3) has not committed, permitted, aided or abetted the commission of an illegal act or unprofessional conduct as defined under RCW 18.130.180; and (4) has access to consultation with one of the following professionals who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder: a psychiatrist, a physician, or an advanced registered nurse practitioner (ARNP) who has prescriptive authority. (See WAC [388-865-150](#), [388-877A](#),

and [388-877B.](#))

### **Evaluation and Accountability**

Programs or services implemented under the Treatment Sales Tax ordinance are monitored by Treatment Sales Tax Program staff.

- TST grantees will have an evaluation plan with performance measures developed for each funded proposal. This plan is developed in partnership with TST program staff. The emphasis will be on capturing data at regular intervals that can be used to determine whether TST funding met expectations. Evaluation efforts focus on standardized data collection and reporting processes to produce the following types of information:
  - Quantity of services (outputs, inputs)
  - Level of change occurring among participants (outcomes)
  - Return-on-investment (system savings)
  - Adherence to the model (fidelity)

### **Evidence-Based**

Programs, services, strategies, activities, or approaches which have been shown through scientific research and evaluation to be effective at preventing and/or delaying an untoward outcome.

### **Promising Practice**

Programs, services, strategies, activities, or approaches that have some scientific research or data showing positive outcomes in delaying an untoward outcome, but do not have enough evidence to support generalizable conclusions.

## **VII. ELIGIBLE APPLICANTS**

Entities eligible for TST funding are: 1) private non-profit organizations meeting the statutory requirements under the IRS 501(C)(3) designation; 2) public non-profit organizations; 3) for-profit organizations; and 4) Indian Tribes located within Thurston County.

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. (See Exhibit D.)

Applicants must have, or be willing to secure, general and professional liability insurance with coverage for the activities of this grant with minimum occurrence and aggregate limits, as stated in Exhibit D. Applicants must provide evidence of coverage acceptable to the Thurston County Risk Management Division prior to receiving grant funds.

## VIII. INSTRUCTIONS

Questions regarding this RFP should be addressed to Carrie Hennen, Treatment Sales Tax Program Manager at: (360) 867-2092 or [hennenc@co.thurston.wa.us](mailto:hennenc@co.thurston.wa.us).

### A. PROPOSAL FORMAT

1. Typed, using the TST application format, answering all questions concisely and completely.
2. Single-spaced, minimum 12-point font, right and left margins no less than 0.75 inches
3. Contents cannot exceed page limits. (See below.)
4. No materials or attachments other than those requested.
5. No more than 2 proposals per eligible organization will be considered.
6. Proposals are due to be emailed by the deadline: **Wednesday, April 18, 2018, 5:00 PM to [hennenc@co.thurston.wa.us](mailto:hennenc@co.thurston.wa.us).**

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

### B. Submit fully completed proposal that includes all of the following:

- Cover Letter (no more than one page).
- Application (no more than six pages, including “Basic Information” and Proposal [Questions 1-10]) – EXHIBIT A.
- Logic Model (no more than one page) – EXHIBIT B.
- Budget Sheet (no more than two pages) – EXHIBIT C.
- Certification Form (two pages) – EXHIBIT D.
- Current Board of Directors Roster (or equivalent).
- Memorandum of Understanding/Agreement – if more than one organization is submitting a proposal together. Thurston County will only contract with one entity.

**APPLICATION**  
**Thurston County Treatment Sales Tax (TST)**  
**2018 Request for Proposals**

Provide a response to all of the following (no more than 6 pages total).

**Basic Information**

1. Name of service or program:
2. Amount of money requested from TST:
3. Anticipated service period (from when, to when):
4. Treatment Sales Tax/Thurston Thrives Goal Area(s):
5. Name of applicant organization:
6. Organization address:
7. Organization representative contact information (including telephone and email):
8. History of the organization's TST Community Grant awards, including the number of times awarded grant funds, grant amounts, grant periods, and for what programs:

**Proposal Description**

***Description of program/ service and target population*** (this section should connect to the inputs and process sections of your logic model)

1. Describe the program or service you would implement. For components of the program or service that are evidence-based or promising practices, include links to web resources describing the program.
2. What is the population you intend to serve?
  - a. Provide information on the characteristics and quantify the unmet need of this population.
  - b. Of those in Thurston County who need the service(s), how many will you serve between July 1, 2018 and June 30, 2019?
3. TST funds behavioral health treatment and supportive services that are part of a coordinated treatment plan or service.
  - a. If you will provide treatment services, how will you ensure appropriate clinical supervision, including documentation of adherence to best practice?
  - b. If you will provide supportive services, how will you clinically determine whether an individual has a mental health or substance use disorder and whether the person is receiving treatment prior to providing services that are components of a coordinated treatment plan for that person?

***Description of expected impacts (this section should connect to the outputs and outcomes sections of your logic model)***

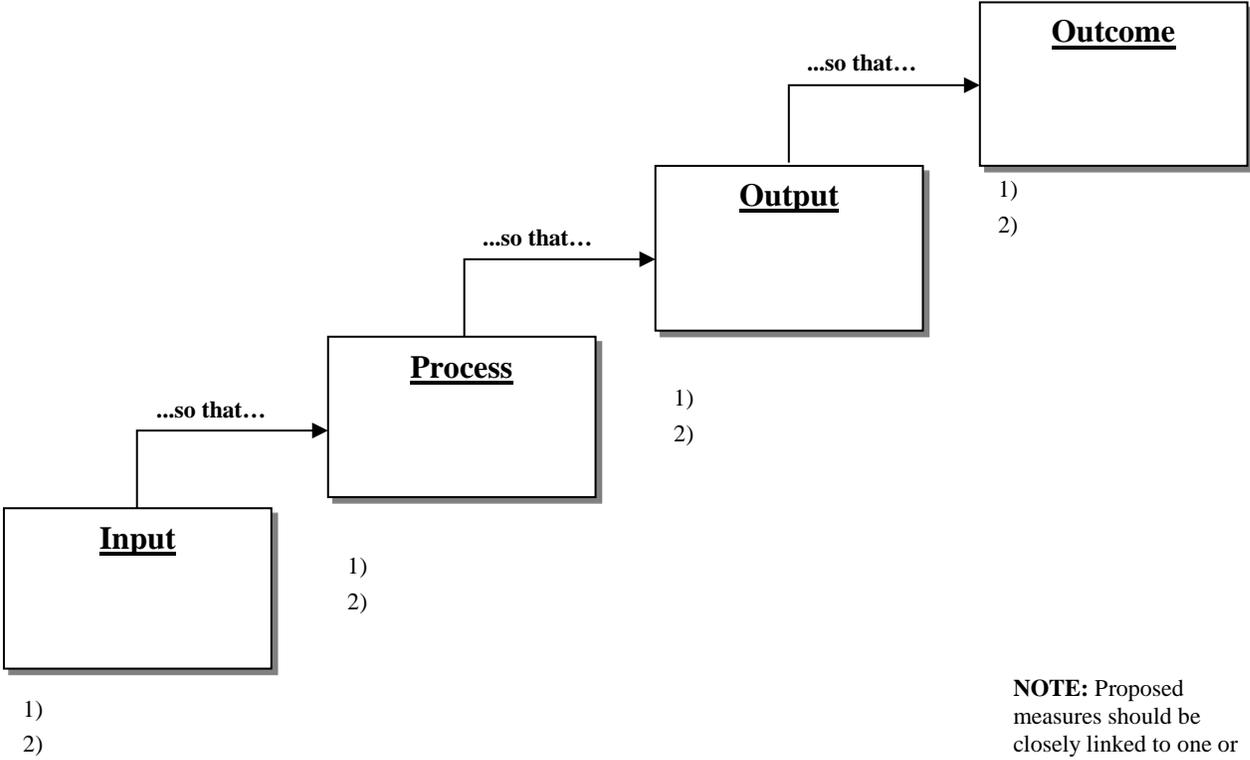
4. What are the expected, measurable impacts of the program/ service?
5. What is the research or evidence base to suggest that this program/ service will produce the intended impacts?
6. What are your data sources and collection methods for your proposed performance measures in Exhibit B, and how will you ensure that the data you report as part of TST evaluation and accountability activities will be timely, complete, valid, and reliable?

***Description of agency capacity, partnership, and sustainability.***

7. What is the general purpose of your organization? Briefly describe your agency's qualifications, especially in the areas of mental health and substance use disorder treatment and/or supportive services to populations with behavioral health needs.
8. With which other community providers do you intend to collaborate for this program, and what resources are you leveraging through those relationships? Please be specific about the types of planning and coordination that has taken place and/or will be required for this collaboration.
9. TST Community Grants are one year contracts with no guarantee of future funding. If this is a new program/ services, how will you address program start-up challenges to ensure measurable impacts in a short period of time?
10. What is your organization's plan to secure other funding for this service after the TST grant concludes?

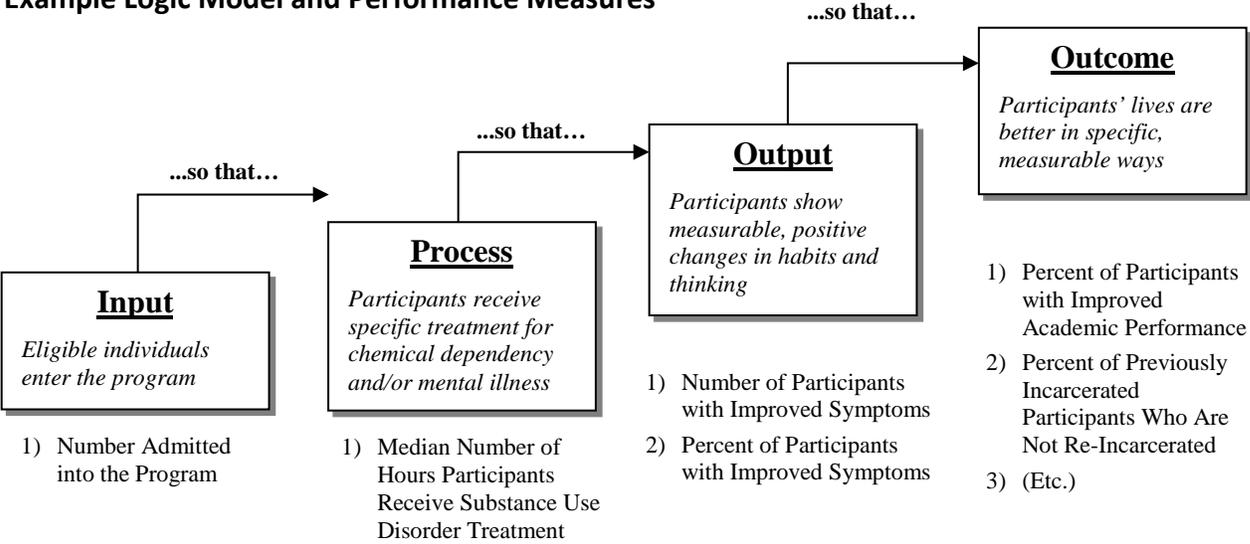
**Logic Model**  
**Thurston County Treatment Sales Tax (TST) Program**  
**2018 Request for Proposals**

Name of Program or Service



**NOTE:** Proposed measures should be closely linked to one or more of the four goal areas from TST Policy Goals / Thurston Thrives. (See Section II.)

**Example Logic Model and Performance Measures**



**EXHIBIT C**

**Budget Sheet**  
**Thurston County Treatment Sales Tax (TST) Program**  
**2018 Request for Proposals**

No more than a 2-page budget, 1-page preferred, if possible. Cover only the July 1, 2018 – June 30, 2019 time period (or the time period for which you have requested funding).

<b>PERSONNEL COSTS</b>	<b>REQUESTED FROM TREATMENT SALES TAX</b>	<b>OTHER FUNDING SOURCE</b>	<b>TOTAL BUDGET</b>
Salaries	\$	\$	\$
Benefits	\$	\$	\$
<b>OPERATING COSTS</b>			
Supplies/Materials	\$	\$	\$
Postage/Mailing	\$	\$	\$
Copying/Printing	\$	\$	\$
Travel	\$	\$	\$
(If Other – Please Describe)	\$	\$	\$
<b>OTHER COSTS</b>			
Training/Workshops	\$	\$	\$
Space/Rental	\$	\$	\$
(If Other – Please Describe)	\$	\$	\$
(If Other – Please Describe)	\$	\$	\$
<b>TOTAL COST</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Note: Refer to Section V 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.

**Certification Form**  
**Thurston County Treatment Sales Tax (TST) Program**  
**2018 Request for Proposals**

NAME OF AGENCY/ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

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 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 he/she is 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.

The 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 three 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 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: \_\_\_\_\_