



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

REQUEST FOR APPLICATIONS (RFA)

RFA NO. 2023HCA8

NOTE: *If you download this RFA from WEBS, you are responsible for monitoring the posting for updates and new amendments.*

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

APPLICATION DUE DATE: July 16, 2023; 11:59 pm (PST)

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: September 1, 2023 – June 30, 2025

The Health Care Authority reserves the right to extend the contract for up to two (2) additional one-year periods and at comparable amounts to the original award, for a maximum contract length of four (4) years, at the sole discretion of the Health Care Authority, and contingent on availability of funds.

FUNDING: HCA has budgeted an amount of \$1,680,000 for this project. HCA is planning to award multiple contracts in the amount of \$10,000 - \$240,000 for each organization.

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

Name	Alexander Agidius
E-Mail Address	HCAProcurements@hca.wa.gov

Emails must have **RFA 2023HCA8** 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 from or directed to parties other than the RFA Coordinator may result in disqualification of the Applicant.

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1. DEFINITIONS

Definitions for the purposes of this RFA include:

Action Plan - A document that is completed describing the Applicant's plan for implementing proposed programs described in the Project Narrative.

Administrative or Indirect Costs – are elements of costs incurred by the Contractor as costs that are necessary to administrate or operate a program that are not considered direct program costs. Admin/indirect costs are those elements of cost incurred by the entity or organization as a whole and are not generally subject to the direct control of the individual department managers. Criteria for Administrative/Indirect Costs, Contract-Specific Direct Costs, and Shared Direct Costs are outlined in the Substance Use Disorder Prevention and Mental Health Promotion Services Billing Guide. Further, all references to the term “Admin” or “Indirect” are hereby replaced by “Admin/Indirect.”

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.

Authorized Representative – A person to whom signature authority has been delegated in writing acting within the limits of his/her authority.

Cannabis Use Disorder (CUD) – Cannabis use disorder is defined by the DSM-5 as a problematic pattern of cannabis use leading to clinically significant impairment or distress, as defined further by the diagnostic criteria within the DSM-5.

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 (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. CBOs include: Tribal governments or Urban Indian Organizations, public or private Community-Based Organizations, and government agencies (e.g., school districts, law enforcement agencies, city/county, Educational Service Districts (ESDs), behavioral health organizations, youth and family serving organizations, and primary care organizations)

Community Prevention and Wellness Initiative (CPWI) - HCA substance use prevention delivery system that focuses prevention services in communities experiencing the highest need and risk from alcohol, tobacco, marijuana, opioids, and other substances in Washington State as selected and approved by HCA. The List of CPWI sites can be found in Exhibit B.

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

The Center for Substance Abuse Prevention (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 seven 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

Dedicated Cannabis Account (DCA) means, revenue generated by taxation of retail cannabis as a result of the implementation RCW 69.50.540; State Funds.

Direct Service Programs – means services that are provided to an individual or group using and in-person program delivery method.

Division of Behavioral Health and Recovery (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.

DSM-5 – means The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, is the 2013 update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association.

Educational Service District (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 (EBP) - means a program that has been tested in heterogeneous or intended populations that can be implemented with a set of procedures to all 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 evaluations, and the weight of the evidence from a systematic review demonstrates sustained improvements in at least one of the desired outcomes.

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

Health Disparities - means 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.” (Healthy People 2020).

Health Equity - When every person has the opportunity to attain their full health potential, and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances. To HCA, health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. Health equity is a core value of HCA.

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

Mental Health – means a persons condition with regard to their psychological and emotional well-being.

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

The Institute of Medicine Model (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.

Opioid Use Disorder (OUD) - refers to the persistent desire or unsuccessful efforts to cut down or control opioid use, as defined further by the diagnostic criteria within the DSM-5.

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

Primary Prevention – Primary Prevention is an approach that strategically incorporates programs, policies, and interventions that occur prior to the onset of a substance use disorder that are intended to prevent or reduce risk for developing substance use disorder(s). Includes universal, selected and indicated populations. These strategies are directed at individuals not identified to be in need of treatment.

- Example: substance use prevention education for young people

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 (RBP) – 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”.

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.

Substance Use Disorder – refers to patterns of symptoms caused by using a substance that an individual continues taking despite its negative effects, as defined further by the diagnostic criteria within the DSM-5.

Substance Use Disorder Prevention – Is specifically defined as, “Interventions that occur prior to the onset of a disorder that are intended to prevent or reduce risk for the disorder.”

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>

Type A Applicant- Community-Based Organizations per definition above that:

- Have an existing Community Prevention and Wellness Initiative (CPWI) or Community-Based Organization (CBO) contract directly with HCA/DBHR;
- Have an existing subcontract under a CPWI or CBO who holds an existing contract with HCA/DHR;
- Has ever held a contract with HCA/DBHR.

Type B Applicant – Community-Based Organizations per definition above that:

- Have no existing contract and/or subcontract and are a new Applicant to HCA/DBHR;
- Have an Indian Nation agreement as a Tribal government or a contract as an Urban Indian Organization.

1.1. BACKGROUND AND PURPOSE

The Washington State Health Care Authority, hereafter called “HCA,” is initiating this Request for Applications (RFA) to solicit Applications from organizations interested in participating in a project to implement substance use disorder prevention services, focusing on Substance Use Disorder (SUD) related to opioids and cannabis, mental health promotion, and suicide prevention in Washington State.

The HCA Division of Behavioral Health and Recovery (DBHR) intends to increase community capacity to implement direct prevention service programs to communities experiencing the highest need and risk. HCA will award multiple Contracts to Community-Based Organizations as defined above to include Tribal governments or Urban Indian Organizations, public or private Community-Based Organizations, and government agencies (e.g., school districts, law enforcement agencies, city/county, Educational Service Districts (ESDs), behavioral health organizations, youth and family serving organizations, and primary care organizations)

Awarded Applicants will be required to provide direct services to the communities that they serve. These direct services are required to be Evidence-Based Programs (EBPs) and Research-Based Programs (RBPs), as outlined in Exhibits B & C. These direct service programs should be selected and implemented in a way that ensures quality and culturally appropriate implementation. Awarded Applicants will also be required to meet additional requirements dependent upon the fund source(s) awarded. These additional requirements are outlined in Exhibits B & C . Awarded Applicants may also choose to implement a Promising Program, Environmental Strategy, and/or Information Dissemination Strategies; these additional programs and strategies are optional. Awarded Applicants will implement the above services on a regular annual basis.

While no organization that meets the minimum qualifications will be excluded from applying, priority will be given to organizations serving the communities experiencing the highest risk and rates of SUD, with focus on opiates and cannabis, as well as communities experiencing the highest need for mental health promotion and suicide prevention, as listed in Exhibit E. Applicants are encouraged to partner with CPWI Coalitions, Drug Free Community (DFC) Coalitions, other existing Community Coalitions, and/or other state funded prevention efforts (e.g., DCYF Family and Youth support Prevention Programs, or DOH Youth Cannabis and Commercial Tobacco Programs) when possible to ensure collaboration and prevent duplication or oversaturation of services in a single area. However, only one legal entity may submit the Application. DBHR is interested in receiving applications from organizations that demonstrate excellence in service delivery to their communities.

There are two categories of work available in this RFA:

- **Type A** is for those Applicants looking to enhance and/or expand prevention services who identify with any one of the three following criteria:
 - a. Applicant has an existing Community Prevention and Wellness Initiative (CPWI) or Community-Based Organization (CBO) contract directly with HCA/DBHR;
 - b. Applicant has an existing subcontract under a CPWI or CBO who holds an existing contract with HCA/DHR;
 - c. Applicant has ever held a contract with HCA/DBHR

Applicants under Type A will be required to specify if they are:

- Applying for funding for **new** prevention services or programs
- Applying for funding to **expand** existing prevention services or programs
- Applying for funding to **continue** existing prevention services or programs

- **Type B** is for those Applicants looking to begin, enhance and/or expand prevention services who can identify with any one of the two following criteria:
 - a. A public or private Community-Based Organizations, and government agencies (e.g., school districts, law enforcement agencies, city/county, Educational Service Districts (ESDs), behavioral health organizations, youth and family serving organizations, and primary care organizations) that have no existing contract and/or subcontract and are a new Applicant to HCA/DBHR;
 - b. a Tribal government or an Urban Indian Organization .

Both types of Applicants will be required to complete the same forms and answer the same questions as described in Section 4, Application Contents.

1.2. ESTIMATED SCHEDULE OF RFA ACTIVITIES

HCA Release of Request for Applications	June 1, 2023
Round 1 Questions Due from Applicants	June 9, 2023
Pre-Application Webinar via Zoom	June 13, 2023 @ 2:00pm
HCA Posts Answers to Round 1 Questions	June 15, 2023
Final Round Questions Due from Applicants	June 23, 2023
HCA Posts Answers to Final Round Questions	June 29, 2023
Complaint Filing Due Date	July 7, 2023
Application Due Date	July 16, 2023; 11:59 pm (PST)
Evaluate Applications	July 17, 2023 – August 2, 2023
Announce “Apparent Successful Applicant” and send notification via e-mail to unsuccessful Applicants	August 3, 2023

Applicant Request for Debrief Due Date	August 10, 2023
Hold Debrief Conferences via conference call (if needed)	August 14 – 16, 2023
Estimated Contract Start Date	September 1, 2023

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

The following are the minimum qualifications for Applicants:

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. Tribal governments or Urban Indian Organizations, public or private Community-Based Organizations, and government agencies (e.g., school districts, law enforcement agencies, city/county, Educational Service Districts (ESDs), behavioral health organizations, youth and family serving organizations, and primary care organizations)

- HCA will recognize a coalition as a single organization, understanding that they may need to use a fiscal agent to receive grant funds.

1.3.3. Experience managing or providing at least one (1) community – based program with the purpose of addressing prevention, or health and wellness of youth and families, for a minimum of two years.

1.4. SCOPE OF WORK

Awarded Applicants will be required to work with HCA to implement direct service programs from the approved list of programs in Exhibits B & C. In conducting this work, Contractors will work with an assigned HCA Contract Manager to submit an appropriate Action Plan and Budget that demonstrates how Applicant will meet chosen program requirements.

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

1. Implement the Action Plan approved by HCA for each funding source.
 - a. The Action Plan will include approved Direct Service Program(s) and Strategies and required Information Dissemination Strategies. The Program(s) and Strategies must indicate how they will be implemented to full fidelity, and how they will be repeated throughout the years of service. Programs listed on the Action Plan should reflect those selected on the Program Selection Forms (per fund source), and costs for each listed program must be present in the Budget.
 - i. The Action Plan and Budget will be finalized and approved by the awarded Applicant and Contract Manager at start of contract period.
2. Enter the approved implementation Action Plan into the Substance Use Disorder Prevention and Mental Health Promotion Online Reporting System (Minerva 2.0) within 45 days following Contract execution.

3. Ensure proper staff resources are dedicated to successful program training, implementation, reporting and evaluation for approved programs and strategies.
4. Attend and complete required trainings on fiscal requirements, contract compliance, and program implementation throughout the contract period.
5. Participate in check-in phone calls with HCA Contract Manager or designee, and other assigned Applicant meetings.
6. Complete monthly reporting in the online reporting system, including all required data, by the 15th of the month following the month of services, including required pre/post-test data.
 - a. Awarded Applicants are required to report program level activity data input for all active services including staff hours and efforts, services, participant information, training, evaluation tools and assessments. Contractors will be required to participate in statewide evaluation reporting activities.
7. Submit all billing invoices within 45 days of the end of the billing month to HCA. Awarded Applicants may bill for cost reimbursement for month of service if appropriate service data is provided in Minerva.

1.5. FUNDING AND CONTRACT PERIOD

HCA has budgeted an anticipated amount of \$1,680,000.00 for this project. Awards are dependent on project funding.

HCA has appropriated \$640,000 for Dedicated Cannabis Account (DCA) projects and \$1,040,000 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.

HCA is planning to award multiple contracts. Applicants can apply for multiple fund sources. The maximum initial award amounts per Applicant will not exceed \$240,000 for the two-year Contract period. HCA intends to award a range of proposals, from \$20,000 to \$240,000, for the total of the 2-year contract. See the below table for the range of funding requests that may be submitted.

Fund Source	Minimum One (1) Budget Year Request	Maximum One (1) Budget Year Request
Dedicated Cannabis Account (DCA)	\$10,000	\$60,000
Mental Health Promotion Projects (MHPP)	\$10,000	\$60,000

Estimated Contract Period:
 Year 1: September 1, 2023 – June 30, 2024
 Year 2: July 1, 2024 – June 30, 2025

Applications for DCA/MHPP funding less than \$20,000 or in excess of \$240,000 for a two-year contract will be considered non-responsive and will not be evaluated. HCA reserves the right to offer Applicants less than the requested amount per Application.

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

Applicants are encouraged to apply for the minimum amount needed for the services that will be implemented.

No more than 10% of the budget submitted can be used for indirect/administrative costs.

1.6. OPIOID PREVENTION SERVICES FUNDING

HCA anticipates receiving funding for Opioid Prevention Services in state fiscal year 2024. Awards will be dependent on project funding HCA may receive.

Applicants can apply for funds for services under Opioid Prevention Services as part of their Application. The maximum initial award amounts for Opioid Prevention Services per Applicant will not exceed \$120,000 for the contract period. HCA intends to award funding for a range of proposals, from \$10,000 to \$120,000, for the total of the contract period. See the below table for the range of funding requests that may be submitted.

Fund Source	Minimum One (1) Budget Year Request	Maximum One (1) Budget Year Request
Opioid Prevention Services	\$10,000	\$60,000

Any contract/funding awarded for Opioid Prevention Services as a result of this RFA is contingent upon the availability of funding HCA may receive. Applications for Opioid Prevention Services funding less than \$10,000 or in excess of \$120,000 for the contract period will be considered non-responsive and will not be evaluated. HCA reserves the right to offer Applicants less than the requested amount per Application.

Applicants are encouraged to apply for the minimum amount needed for the services that will be implemented.

HCA may award funds for Opioid Prevention Services to responsive Applicants for up to one hundred eighty (180) days of the Application due date .

No more than 10% of the budget submitted can be used for indirect/administrative costs.

2. GENERAL INFORMATION FOR APPLICANTS

2.1. PROPRIETARY INFORMATION / PUBLIC DISCLOSURE

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

2.2. AMENDMENTS TO THE RFA

If HCA determines in its sole discretion that it is necessary to revise any part of this RFA or provide any additional information, HCA will post on Washington's Electronic Bid System (WEBS), at <https://fortress.wa.gov/ga/webs/>, an amendment capturing changes or additions. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFA and will be posted on WEBS.

HCA reserves the right to cancel or to reissue the RFA in whole or in part, prior to execution of a contract.

2.3. RECEIPT OF INSUFFICIENT NUMBER OF APPLICATIONS

If HCA receives only one responsive Application as a result of this RFA, HCA reserves the right to either: 1) directly negotiate and contract with the Applicant; or 2) not award any contract at all. HCA may continue to have the Applicant complete the entire RFA process. HCA is under no obligation to tell the Applicant if it is the only Applicant.

2.4. NO OBLIGATION TO CONTRACT

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

2.5. COMMITMENT OF FUNDS

The Director of HCA or their 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.

2.6. STATE AND FEDERAL COMPLIANCE

HCA complies with HCA, state, and federal statutes and polices, to include, but not limited to:

2.6.1. ADA - HCA complies with the Americans with Disabilities Act (ADA). Applicants may contact the RFA Coordinator to receive this RFA in Braille or on tape.

2.6.2. Accessibility - HCA is committed to making its materials and programs accessible to all customers and employees. If you experience any difficulty accessing information provided by HCA, please contact us at HCAProcurements@hca.wa.gov. We will do our best to assist you, which may include providing the information to you in an alternative format.

2.6.3. Specific restrictions apply to contracting with current or former state employees pursuant to chapter 42.52 of the Revised Code of Washington. Applicants should familiarize themselves with the requirements prior to submitting an application that includes current or former state employees.

2.6.4. All Contractors must provide their UEI to HCA prior to being issued a contract from this RFA. For more information see <https://sam.gov/content/duns-uei>.

2.6.5. Contracts awarded using federal funds will be in compliance with all applicable federal reporting requirements.

2.6.6. Discrimination - In accordance with federal law, HCA is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. HCA is an equal opportunity provider and employer.

2.6.7. In preparing this Application, Applicant has not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this Application or prospective contract, and who was assisting in other than their official, public capacity.

2.6.8. Applicant grants HCA the right to contact references and others who may have pertinent information regarding the ability of the Applicant and the lead staff person to perform the services contemplated by this RFA.

2.6.9. If any of the Applicant's staff members who will perform work on this contract have retired from the state of Washington under the provisions of the 2008 Early Retirement Factors legislation, their name(s) are noted on a separately attached page.

3. APPLICATION PROCESS

3.1. QUESTIONS, ANSWERS, & CLARIFICATIONS

Applicants who have questions and/or requests for clarifications regarding this RFA must submit them via email to HCAProcurements@hca.wa.gov no later than, June 9, 2023 11:59 pm Pacific Time for the first round, and June 23, 2023 at 11:59 pm Pacific Time for the final round. All correspondence regarding this solicitation must reference the RFA number in the subject line.

HCA anticipates responses will be posted per the information provided in the *Estimated Schedule of RFA Activities* section.

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 issued by the RFA Coordinator. Any communications with HCA employees other than the RFA Coordinator will not be considered official or binding. Questions arising at the pre- Application conference or in subsequent communication with the RFA Coordinator will be documented and answered in written form. A copy of the questions and answers will be posted on WEBS.

3.2. PRE-APPLICATION WEBINAR

A pre-Application webinar is scheduled to be held on June 13, 2022, at 2:00 pm Pacific Time. The pre-Application webinar will be held via Zoom. Applicants can access the webinar with the following information:

RFA Pre-Application Webinar

Please click the link below to join the webinar:

<https://us02web.zoom.us/j/89117215353?pwd=bTY1S2xIOUZaNIlnUmh5UVJENGJJZz09>

Webinar ID: 891 1721 5353

Passcode: 974505

Or, dial: US: +1 253 215 8782

All prospective Applicants should attend; however, attendance is not mandatory.

The RFA Coordinator will document questions and answers discussed during the webinar to include with the Final Round Question and Answer amendment on WEBS per the Estimated Schedule of RFA Activities.

If you need accommodation, contact the RFA Coordinator within five (5) business days prior to the scheduled webinar date.

3.3. SUBMISSION OF APPLICATIONS

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

- 3.3.1. Send email addressed to **Alexander Agidius** at HCAProcurements@hca.wa.gov;
- 3.3.2. Email will have the subject line: **RFA # 2023HCA8**
- 3.3.3. Application must be submitted and include all required attachments (PDF preferred; Microsoft Word and Microsoft Excel are also acceptable) as outlined in Section 4.1. All required documents and responses must include the same headings, adhering to page formatting and other criteria requirements.

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 may not be accepted and might 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.

4. APPLICATION CONTENTS

4.1. APPLICATION CONTENTS OVERVIEW

Applications must be submitted via email to the RFA Coordinator in the following order:

A. Exhibit A- Applicant Forms and Certifications (*Mandatory**)

All the following are included in Exhibit A:

- i. Applicant Intake Form* (Attachment 1)
- ii. Minimum Qualifications* (Attachment 2)
- iii. Executive Order 18-03* (Attachment 3)
- iv. Certifications and Assurances* (Section 5.3 and Exhibit A, Attachment 4)

B. Exhibit B & C: Application Packets (*Mandatory**/Scored*)

Exhibit B: SUD Px Application Packet

Exhibit C: MHPP Application Packet

All the following are included in Exhibit(s) B & C:

- i. Application Cover Page (Attachment 1)
- ii. Program Selection Form (Attachment 2)
- iii. Action Plan (Attachment 3)
- iv. Project Narrative (Attachment 4)

C. Exhibit D- Budget (*Mandatory/Scored*)

E. Exhibit E – Prioritized Communities with High Risk and High Need

F. Exhibit F - Existing HCA CPWI Coalitions

**Authorized signature required*

*** Mandatory only for programs selected for funding*

4.2. APPLICANT INTAKE FORM – (MANDATORY/NOT SCORED)

Exhibit A - Applicant Forms and Certifications - Attachment 1, Applicant Intake Form must be completed in its entirety and 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).

4.3. MINIMUM QUALIFICATIONS – (MANDATORY/NOT SCORED)

Exhibit A Applicant Forms and Certifications - Attachment 2, Minimum Qualifications must be completed in its entirety and 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).

4.4. EXECUTIVE ORDER 18-03 - (MANDATORY/SCORED)

Maximum available points: 5 Points

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers’ Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate Applications for best value and provide an Application preference in the amount of 5 points to any Applicant who certifies, pursuant to the certification attached as Exhibit A- Attachment 3 that their organization does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Applicants that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified evaluation of this RFA, however they will receive 0 out of 5 points for this section.

4.5. CERTIFICATIONS AND ASSURANCES – (MANDATORY/NOT SCORED)

Exhibit A- Attachment 4, Certifications and Assurances must be completed in its entirety and 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).

4.6. APPLICATION PACKET(S) EXHIBITS B & C – (MANDATORY)

The Application Packet(s) must be completed in their entirety in accordance with the page limits and instructions identified within the Exhibit. Applicants must respond using the provided Exhibits to ensure compliance with the formatting requirements outlined in the Exhibit.

Applicants can only apply once for each funding source. If applying for multiple funding sources, Applicants must complete the corresponding Application Packet for each applicable funding source requested in their Application.

Applicants are only required to complete and submit Application Packets that correspond with the programs they are selecting. Applicants do not need to fill out or submit Exhibits for programs they are not applying for.

Application Packet Contents:

- i. Application Cover Page (Mandatory/Not Scored)
- ii. Program Selection Form (Mandatory/Not Scored)
- iii. Action Plan (Mandatory/Scored)
- iv. Project Narrative (Mandatory/Not Scored)

4.7. APPLICATION COVER PAGE - (MANDATORY/NOT SCORED)

The Application Cover Page in Exhibits(s) B & C must be completed in its entirety following instructions identified within the Attachment. Applicants must respond using the provided Exhibits to ensure compliance with the formatting requirements outlined.

4.8. PROGRAM SELECTION FORM – (MANDATORY/NOT SCORED)

The program selection form is a list in Exhibits(s) B & C of all possible programs and strategies that an Applicant can choose from to address their local conditions as it relates to the corresponding funding source. The selected program(s) and strategy(ies) will be used by the Applicant to create their Action Plan and Budget.

4.9. ACTION PLAN – (MANDATORY/SCORED)

Maximum available points: 20 Points

Applicant will be required to fill out the Action Plan in Exhibits(s) B & C that detail the Goals/Objectives, outlining the programs and strategies Applicants are planning to implement. The Action Plan 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. The Action Plan will be evaluated and scored based on how completely and appropriately an Applicant addresses the fillable areas of the Action Plan template, as located in Attachment 3 .

4.10. BUDGET – (MANDATORY/NOT SCORED)

Applicants must respond using Exhibit D- Budget to submit their costs to ensure compliance with the formatting requirements. Exhibit- D Budget must be completed in its entirety in accordance with the instructions identified within the Exhibit. (Not Scored: Pass/Fail)

4.11. BUDGET NARRATIVE- (MANDATORY/SCORED)

Maximum available points: 10 Points

Using Exhibit D Applicants must provide a Budget Narrative describing the costs outlined in the proposed budget and how you calculated your proposed costs (i.e., Training Costs, Program Costs, Staffing Costs, etc.). Applicants must include estimated costs for required DBHR training, such as the All Provider Meeting (one day, usually each October/November, located in Washington State) in their Budget Narrative. Applicants must describe how the selection and justification of direct service programs and strategies should account for the cost(s) in comparison to the intended reach of the chosen program/strategy(ies) in the application. Applicants will be required to serve a high number of individuals through direct services in proportion to community need, geographic or statewide distribution and proposed budget. This must be clearly articulated within the budget narrative.

The evaluation process is designed to award this RFA 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.

4.12. PROJECT NARRATIVE – (MANDATORY/SCORED)

Maximum available points: 55 Points (each Application Packet scored/evaluated independently by funding source)

Exhibit(s) B & C: Attachment 4 – Project Narrative must be completed in its entirety in accordance with the page limits and instructions identified within the Exhibit(s). Applicant must respond using Attachment 4 –

Project Narrative as their template, to ensure compliance with the formatting requirements outlined in the Exhibit.

Project Narratives for each Exhibit will be scored and evaluated independently of one another and based on funding source. Applicants are only required to fill out the Project Narrative that is in the same Application Packet for the programs and funding source(s) they are applying for. If an Applicant is applying for funding from both Exhibits they must fill out each Project Narrative separately.

4.13. BONUS POINTS - OPTIONAL/SCORED (10 points; 5 points each)

Applicants are eligible to receive up to 10 bonus points for meeting certain needs or goals as follows:

4.13.1. Highest-Need Counties/Regions (5 points)

Applicants will receive bonus points for serving a community as identified in Exhibit F Prioritized Communities with High Risk and High Need. For Substance Use Disorder (SUD) Risk and Need, eligible communities are determined based on a composite index score measuring the level of youth substance use risk for each school district and High School Attendance Area (HSAA). Measures used to calculate this score include youth substance use, and other youth behaviors that include mental health, school performance, and delinquency. For Mental Health Promotion Projects (MHPP) Risk and Need, eligible communities are determined based on a composite index score measuring the level of youth mental health risk for each school district and High School Attendance Area (HSAA). Measures used to calculate this score include measures on youth mental health prevalence, academic performance, substance use and treatment, delinquency measures of individual and community risk factors such as adverse childhood experiences, homelessness, and youths' perceptions of low hope and lack of support from caring adults. Measures used to compute the index scores must all be available. Due to the fact that the composite index is constructed using a significant number of variables collected from 8th and 10th-grade students through the Healthy Youth Survey (HYS), school districts that did not participate in HYS or do not have high schools will not receive a composite substance use or mental health composite index score.

4.13.2. Collaboration with CPWI (5 points)

Applicants will receive bonus points for planning to collaborate with an existing CPWI Community Coalition(s) or other local coalitions as identified in Exhibit F- Existing CPWI Coalitions.

To receive bonus points for this section, you must submit one (1) Letter of Support from a local prevention Coalition, task force, or committee to demonstrate the Applicant's current or previous coordination with these organizations. This is scored to ensure collaboration within a given community and prevent duplication or over-saturation of prevention services.

5. EVALUATION AND CONTRACT AWARD

5.1. ACCEPTANCE PERIOD

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

5.2. 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.

5.3. EVALUATION PROCEDURE

5.3.1. Administrative Review

All Applications received by the stated deadline in Section 1.2, Estimated Schedule of RFA Activities, will be reviewed by the RFA Coordinator to ensure that the Applications contain all of the required information requested in the RFA. Only responsive Applications which meet the requirements may be evaluated by the evaluation team. Any Applicant who does not meet the stated qualifications or any Application that does not contain all of the required information may be rejected as non-responsive.

The RFA Coordinator may, at their sole discretion, contact the Applicant for clarification of any portion of the Applicant's Application. Applicants should take every precaution to ensure that all answers are clear, complete, and directly address the specific requirement.

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

5.3.2. Responsiveness

The RFA Coordinator will review all Applications to determine compliance with administrative requirements and instructions specified in this RFA. An Applicant's failure to comply with any part of the RFA may result in rejection of the application as non-responsive.

Applications that pass the Administrative Review will be reviewed and scored by an evaluation team using a weighted scoring system, Section 5.4, *Evaluation Weighting and Scoring*. Applications will be evaluated in accordance with the requirements set forth in this RFA and any addenda issued. All questions marked "Mandatory, Not Scored" may be used by HCA evaluators to support scoring of any scored item.

5.3.3. Multiple Awardee Selection

In the case of multiple successful Applicants proposing to serve the same geographic population or segments of the same geographic population, the higher score determined by the criteria below may determine the successful Applicant. Exceptions may be made in the case of Tribal Applicants proposing to serve similar geographic populations as other Applicants.

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.

Final award will be based on the Application, the funding available, the risk and needs of the communities being served, population density, proposed numbers served, and past performance of contract deliverables with HCA.

5.4. EVALUATION WEIGHTING AND SCORING

A. Scoring Rubric for Project Narrative, Action Plan, and Budget Narrative.

An evaluation team for this RFA will score the Project Narrative(s), Action Plans(s), and Budget Narrative sections using the Scoring Rubric below. Scores assigned by evaluators are averaged and then multiplied by the weights in the Evaluation Table in section 5.4 c. below and will result in the Applicant’s total score.

SCORING RUBRIC	
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.

B. The following points represent the total for the Application for evaluation purposes.

Applicant’s final scores will be based on the following scored items: Project Narrative, Action Plan, Budget Narrative, Executive Order 18-03 and Bonus Points.

Application Section	Maximum Points Available	Evaluation Guidelines
1. Project Narrative -Overview <i>Exhibit(s) - B & C Attachment 4</i>	20*	<ul style="list-style-type: none"> HCA/DBHR highly values the number served and proposed reach of individuals per highest-need and risk community as a metric for estimating potential impact and outcomes on substance use disorder prevention services, mental health promotion services, and suicide prevention services.
2. Project Narrative – Plan for Advancing Health Equity <i>Exhibit(s) - B & C Attachment 4</i>	10*	<ul style="list-style-type: none"> HCA/DBHR highly values health equity and reducing health disparities by providing substance use disorder prevention services to underserved communities or communities of color, veterans and military families, persons with disabilities, or members of LGBTQ communities.
3. Project Narrative - Implementation <i>Exhibit(s) - B & C Attachment 4</i>	25*	<ul style="list-style-type: none"> 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. While public education/information dissemination strategies are allowable, the primary goal of the grant is to implement a recurring cycle of direct service programming.
4. Action Plan <i>Exhibit(s) - B & C Attachment 3</i>	20*	<ul style="list-style-type: none"> Implementing recurring strategy(ies)/program(s) (i.e. multiple series and implementation cycles) in a single funding year in direct services to individuals. Serving a high number of individuals through direct services in proportion to community need and proposed budget. HCA understands that smaller, rural communities may not have the same reach or number of individuals involved due to living in a smaller community. This will be taken into consideration during evaluation.
5. Budget Narrative <i>Exhibit D- Budget</i>	10	<ul style="list-style-type: none"> The selection and justification of direct services programs and strategies should account for the cost(s) in comparison to the intended reach of the chosen program/strategy(ies) in the application.
6. Budget <i>Exhibit D- Budget</i>	Pass/Fail	<ul style="list-style-type: none"> Scored on a pass/fail basis from providing complete information and following document’s instructions.
7. Executive Order 18-03 <i>Exhibit A- Attachment 3</i>	5	<ul style="list-style-type: none"> Points awarded on a Pass/Fail basis
APPLICATION TOTAL**	90	
Highest-Need Counties/Regions	5	<ul style="list-style-type: none"> Serving at least one (1) high-need community (5 points)
Collaboration with CPWI	5	<ul style="list-style-type: none"> Collaboration with CPWI (5 points) – must provide Letter of Support to verify
TOTAL POTENTIAL APPLICATION WITH BONUS POINTS**	100	

**Indicated sections of the Application packet are evaluated independently of one another.*

***Potential total points for each funding source.*

Executive Order 18-03

Pursuant to RCW 39.26.160(3) and consistent with Executive Order 18-03 – Supporting Workers’ Rights to Effectively Address Workplace Violations (dated June 12, 2018), HCA will evaluate proposals for best value and provide a preference in the amount of 5 points to any Applicant who certifies, pursuant to the certification attached as Exhibit A, that their firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver. Applicants that do require their employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waiver will not be disqualified from evaluation of this RFA, however they will receive 0 out of 5 points for this section.

C. Scoring of Project Narrative, Action Plan, and Budget Narrative.

Each written response in Exhibit B & C- Attachments: 3 & 4 and Exhibit- G Budget Narrative have been assigned a weight indicated in the Evaluation Table below. Scores assigned by evaluators based on the Scoring Rubric above are averaged and then multiplied by the weights in the Evaluation Table below and result in the Applicant’s total weighted score. Any point calculations that result in decimal points will be rounded to the nearest whole number. The maximum points for each question are as outlined at the beginning of each question.

Points resulting from Project Narratives and Action Plans from Exhibits B & C will be scored independently of one another and by funding source and are not scored cumulatively. ASA’s resulting from evaluations will be the result of the independent scoring from Exhibits(s) B & C in addition to points from the Budget Narrative and Executive Order 18-03. Applicants only need to respond to the Exhibit(s) that correspond to the program/funding source(s) they are applying for. Each funding source will be awarded and scored independently.

Evaluation Table			
Exhibit B & C: Attachment: 3-Action Plan	Scoring Rubric Points (1-5)	Weight	Points Possible
Action Plan	1-5	4	0-20 (Per application)
Exhibit B & C: Attachment – 4 Project Narrative		Weight	Maximum Points
Question(s) 1-11	1-5	1	0-55 (Per application & by funding source)
Exhibit G: Budget Narrative		Weight	Maximum Points
Budget Narrative	1-5	2	0-10
Project Narrative, Action Plan, and Budget Narrative Max Points			85

5.5. 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 1.1 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.

5.6. RFA NOTIFICATION TO APPLICANTS

HCA will notify the Apparent Successful Applicant(s) (ASA) of their selection in writing upon completion of the evaluation process. Unsuccessful will be notified separately in writing.

5.7. 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., Pacific Time, 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:

- 5.7.1. Evaluation and scoring of the Applicant's Application;
- 5.7.2. Critique of the Application based on the evaluation; and
- 5.7.3. 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 6.8) 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 will be conducted via virtual meeting platform (e.g., Zoom or Teams) or on the telephone and will be scheduled for a maximum of thirty (30) minutes.

5.8. COMPLAINT PROCESS

- 5.8.1. Applicants may submit a complaint to HCA based on any of the following:
 - 5.8.1.1. The RFA unnecessarily restricts competition;
 - 5.8.1.2. The RFA evaluation or scoring process is unfair or unclear; or
 - 5.8.1.3. The RFA requirements are inadequate or insufficient to prepare a response.
- 5.8.2. A complaint must be submitted to HCA prior to five business days before the Application deadline.

The complaint must:

- 5.8.2.1. Be in writing;
- 5.8.2.2. Be sent to the RFA Coordinator in a timely manner;
- 5.8.2.3. Clearly articulate the basis for the complaint; and
- 5.8.2.4. 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 with a copy of HCA's response. An Applicant cannot raise during an Application protest any issue that the Applicant raised in a complaint. HCA's action or inaction in response to a complaint will be final. There will be no appeal process.

5.9. PROTEST PROCEDURE

A 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 (5) Business Days to file a protest. Protests must be received by the Contracts Administrator no later than 4:30 p.m., Pacific Time, on the fifth Business Day following the Applicant's debriefing. Protests must be submitted by e-mail to ensure timely receipt.

Consistent with RCW 39.26.030, proposal submissions and proposal evaluations will be available for public inspection following the announcement of ASA(s). If requested by a Applicant who received a debriefing pursuant to Section 6.7 the protest period will not conclude before the requestor has been provided with the applicable proposal submissions and proposal evaluations and provided five (5) Business Days to review the same. Applicant is responsible for notifying the RFA Coordinator of any such public disclosure requests so the timeline can be adjusted accordingly.

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.

5.9.1. All protests must be in writing, addressed to the Contracts Administrator, 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. Protests must be emailed to contracts@hca.wa.gov with the following subject line: "RFA # Protest – [Applicant Name]"

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

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

5.9.2.1.1. Errors in computing the score; or

5.9.2.1.2. Non-compliance with procedures described in the RFP, HCA's protest process, or Department of Enterprise Services (DES) policy requirements (POL-DES-170-00).

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 a proposal; or 2) HCA's assessment of its own needs or requirements.

5.9.3. Upon receipt of a protest, HCA will undertake a protest review. The HCA Director, or an HCA employee delegated by the HCA Director who is a neutral party with no involvement in the evaluation and award process (Protest Officer), will review and respond to the protest. 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 Protest Officer will have the right to seek additional information regarding the RFA from sources they deem appropriate in order to fully consider the protest.

5.9.4. 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 Protest Officer. In such a situation, the protest materials submitted by each Applicant will be made available to all other Applicants upon request.

5.9.5. The Protest Officer will issue a written protest response no more than ten (10) Business Days after receipt of the protest, unless additional time is needed, in which case HCA will notify the protesting Applicant in writing. The Protest Officer's decision is final, unless the HCA Director exercises their right to make the final agency decision on the protest. There will be no appeal process.

5.9.6. The final determination of the protest will:

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

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

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

- 1) Correct the errors and re-evaluate all proposals; or
- 2) Issue a new solicitation document and begin a new process; or
- 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.

RFA EXHIBITS

Exhibit A	Applicant Forms and Certifications
Exhibit B	SUD Px Application Packet
Exhibit C	MHPP Application Packet
Exhibit D	Budget
Exhibit E	Prioritized Communities with High Risk and High Need
Exhibit F	Existing HCA CPWI Coalitions