



**Evergreen
Treatment
Services**

Transforming the lives of individuals and their communities
through innovative and effective addiction and social services.

CLINIC SERVICES

REACH

Evergreen Treatment Services – Seattle Clinic Expansion & REACH Property Acquisition Request for Qualifications (RFQ) Capital Campaign Counsel

September 15, 2022

Evergreen Treatment Services is seeking campaign counsel for our upcoming Capital Campaign to fund two major capital projects. The first is the redevelopment of our Seattle Clinic at 1700 Airport Way South, Seattle, WA 98134 and the second is the purchase and development of a permanent location for our REACH programs somewhere in Seattle’s downtown core or SODO district

For nearly 50 years, Evergreen Treatment Services (ETS) has been one of western Washington’s leading community-based behavioral health and social service organizations. Today, we serve approximately 10,800 individuals annually. Our work is organized into two areas: Clinic Services and REACH. Our Clinic Services team provides medication, counseling, and treatment to people with opioid use disorder in our clinics. REACH provides street-based outreach and social services to people living outside or unstably housed, many of whom have had interactions with the criminal legal system. ETS uses a harm-reduction approach to treatment, providing stable, consistent, and culturally and linguistically competent care to community members.

The Seattle Clinic serves approximately 1,250 individuals six days a week, providing life-saving treatment and recovery support to people with opioid use disorder. The project includes a phased redevelopment of two distinct wings: the unoccupied, north-end warehouse, and the south-wing that is currently occupied by our clinic. The finished building will be the headquarters for ETS administration and a clinic/wellness center specializing in low-barrier, whole-person care for people with opioid use disorder.



REACH is seeking a permanent home for their plethora of programs serving the unhoused and unstably housed community. Campaign funds will be used to purchase the property. Design and redevelopment may also be included in the project, but until we find a site, that is yet to be determined.

Behavioral health and social service organizations, like ETS, are stepping up to provide effective recovery support services to our most vulnerable community members. This critical moment calls us all to act with deeper compassion and greater effort to address the urgency of our public health crises and the historical and systemic inequities that continue to drive disparate racial and economic health outcomes.

Both of these capital projects will allow us to reduce harm, invest in health equity and community justice, and promote healing; fundamental and critical components of our mission.

ETS is seeking qualifications from campaign counsel teams with:

- Experience working with organizations in the healthcare and/or social services sector. More specifically, behavioral health care, homeless services, and community health clinic spaces with a harm reduction and trauma-informed approach.
- A track record of success with capital campaigns in the \$20-\$60M range.
- Success executing a campaign with less than 1,000 annual donors at the start.
- Experience guiding organizations through their first capital campaign.
- Core philosophies of diversity, equity, and inclusion that align with ETS' mission.

ETS's intent is to issue the RFQ (**see RFQ submittal requirements in Section II**), review information submitted to ETS, make a short list of three, invite those for interview, then make a final selection.

Schedule of RFQ and Selection

Issue RFQ	September 19
Response Due	October 14
Invitation to interview	November 4
Interviews	November 14-23
Notice of Selection	December 2
Negotiate / execute contract	December 30
Counsel start	January 2023

To maintain the integrity of the selection process, please direct all communications and questions concerning the RFQ to ETS' representative:

Tavia Rhodes, Director of Philanthropy & Communications
trhodes@evergreentreatment.org

Section I – Project Description

ETS background

Evergreen Treatment Services was founded as the Central Breakthrough Maintenance Program nearly 50 years ago. Extensive research throughout the United States in the 1960s found that methadone maintenance therapy was effective in treating and overcoming heroin addiction. In 1973, the U.S. Food and Drug Administration approved methadone as a treatment for opiate addiction. ETS opened one of the first King County clinics in Seattle in 1973 to provide methadone and support services for persons struggling with addiction.



ETS has now delivered evidence-informed substance use disorder treatment services in western Washington for five decades, earning a national and regional reputation for excellence.

Our three clinics—in Seattle, Renton, and Olympia—provide a comprehensive approach to treatment, combining medication for opioid use disorder (MOUD) with social services that include case management, therapeutic counseling, physical and mental health care, outreach, and housing and employment services. ETS uses

a harm-reduction approach to treatment, providing stable, consistent, and culturally and linguistically competent care regardless of co-occurring disorders. Our Clinic Services division is one of the largest providers of MOUD in Washington, serving 4,600 patients annually.

Our outreach services are provided through REACH, which has served unhoused or unstably housed adults with substance use disorder in King County for 26 years. Utilizing a mobile staff experienced in providing services at the various places where members of target populations are found, REACH provides street-based outreach, integrated care management, housing access and support, and criminal-legal system transformation. In 2021, REACH had direct encounters with nearly 6,200 individuals.

Project Description

The project stakeholders consist of an executive sponsor, a steering committee, community advisory board (to be formed later), functional program requirements committee, and a project manager.

ETS assumes a two-phased project with the north wing warehouse (unoccupied) to be completed first, followed by the south wing Seattle Clinic (occupied) second. ETS also assumes that the primary opioid treatment, which consists of receiving daily medication dispensed by nursing staff in the clinic (“dosing”) and its ancillary services will occur in the north warehouse wing. The warehouse has a two-story, timber-framed atrium with ample western natural light. The clinic side would contain the bulk of counseling, medical, mental health, acupuncture, and other services. The two-phased approach beginning with the unoccupied warehouse would minimize construction disturbance to ongoing operations in the south wing.



The future of opiate treatment programs incorporates more integrated care, and we are posturing for more space for physical and mental health. Harborview Medical Center currently operates a small primary care branch out of the Seattle Clinic. These types of partnerships require us to consider spatial capacity in our capital development.

Success for new patients in opioid treatment depends heavily on the intake process. For those who do not return in time after the initial visit, there is only a 20% success rate in treatment. For this reason, design elements that support a welcoming environment and client flow will have particular importance in the success of the new facility.

The site plan is integral to the success of the Master Plan. With 1,400 patients arriving by cars, taxis, accessible transport, or mass-transit six days a week, the patient drop-off and pick up areas are critical safety and operating components. A crosswalk across Airport Way is to be considered as part of the project. Some groundwork and traffic studies occurred with the SODO BIA (Business Improvement Association) in the past few years and may need to be revisited.

Below is further information:

Site sq. ft.	¾ acre including 25 parking spaces
Building sq. ft.	51,000 sq. ft. including two subterranean garages / basement areas
North wing warehouse	15,536 sq. ft.
South wing clinic	36,347 sq. ft.
Zoning/ Land Use	IG2 (ETS, a medical/office use, is grandfathered into the industrial zone, and more than 10,000 sq. ft. of medical use is permitted.) ETS has conducted a land use and zoning analysis. Our land use attorney has estimated another 10,000 sq. ft. could be added to the building if needed.

Regulatory bodies	ETS will need to inform and follow regulatory processes for construction with the agencies below. ETS has prior experience of this process with four other tenant improvements. Substance Abuse Mental Health Services Administration (SAMHSA), WA State Health Care Authority (HCA), WA State Dept. of Health (DOH), Drug Enforcement Agency (DEA), State Opioid Treatment Authority (SOTA), King County Behavioral Health and Recovery Division (BHRD), and Pharmacy Quality Assurance Commission (PQAC).
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As mentioned, the REACH project scope includes the purchase of a new site and building, at a minimum. Design and redevelopment funding will be determined at a later date.

Campaign Details

Our capital campaign for these projects is in the initiation and planning phase. We will raise funds needed to complete both projects through private and public funding streams, including individual donors, foundations/grantors, and city, county, and state governments. We will also execute a comprehensive strategic communications plan alongside fundraising for the project. Given the investments we have already secured to support both purchase and design/development of the property, we are confident that this project will be a success.

We are issuing this RFQ for capital campaign counsel in the final quarter of 2022, with the goal of having counsel in place no later than early 2023. Once we have contracted with campaign counsel, we will finalize a fundraising feasibility/planning study, fundraising timeline, and strategies. With counsel, we will also conduct an assessment of our internal fundraising capacity within our staff and board to identify and resolve any gaps in order to ensure maximum effectiveness in our efforts.

For the private portion of our capital campaign, we will pursue major gifts, other contributions from individuals and board members, foundation and corporate grants, and donations from businesses. Goals for each of the following areas have not yet been determined, hence the need for counsel.

Major gifts: To date, we have already initiated soft outreaches to select high-net-worth individuals as part of initial major donor development. We plan to executive a feasibility/planning study with campaign counsel to help us identify and engage additional prospective high-net-worth donors. Our goal is to cultivate relationships with these high-level donors prior to announcing our campaign publicly.

Other individual donors: Our individual donor base has grown from 38 to over 750 in the past five years. We will continue our focus on donor acquisition and donor retention leading up to the campaign and will invite our annual donors to make a stretch gift to the capital campaign. We will also enact a strategic communications plan for the campaign, expanding our reach and enlisting new supporters for the cause.

Board of directors: We currently have 100% board participation in our current fundraising activities, and board members will participate in the capital campaign both as donors and as fundraisers. We have grown our board of directors from an average of 11-12 in 2018 to 2021, to 16 members currently, and we are planning on adding several new members with philanthropic networks and capacity.

Foundation and corporate grants: With fatal drug overdoses continuing to increase both locally and nationally, coupled with a renewed interest in and concern about the under-resourced behavioral health sector, we believe our project is ideally suited for funding from philanthropic foundations and other charitable funding sources. We are working on developing a targeted list of prospective grantors composed of past and current ETS funders, contributors to similar projects in the region, and other prospects identified by our development staff, grant writing consultants, and campaign counsel.

Businesses: To date, we have received one business contribution. ETS currently engages nearly 50 business sponsors per year for annual fundraising efforts, and these businesses will be our primary prospects for the business component of our campaign. We will continue expanding business outreach leading up to the campaign, including, but not limited to, engagement in neighborhoods where our REACH outreach program operates

For the public portion of our campaign, we will continue to work with our city and county partners to provide additional financial support. Seattle City Councilmembers have begun touring the site and have offered their support. The City of Seattle has already provided Community Development Block Grant funding to help us purchase the building. We will work to leverage the city's acquisition phase investment for support for construction.

King County also has a history of supporting ETS, and we anticipate their support will continue with the Seattle Clinic Expansion project. The County donated \$1 million for us to open our Renton clinic, and as an incentive to purchase the 1700 Airport Way South building, they forgave a loan made earlier to ETS for another purpose. King County is aware of our financial position and lack of reserves for purchasing

buildings and they recognize that we are the main provider of OTP in Seattle. They are also our main funder for operations of the Seattle Clinic, and we have a very good relationship with them. ETS CEO Steve Woolworth represents ETS on the King County Integrated Care Network's (KCICN) Executive Team as one of eight provider agency representatives. (There are 39 providers in the network, which oversees all Medicaid behavioral health funding in King County serving over 400,000 Medicaid beneficiaries.)

ETS is also pursuing state funding. We applied to Senator Patty Murray's fiscal year 2023's Congressionally Directed Spending program earlier this year and will continue to leverage her staff for additional support if the project does not receive funding through that program.

While we recognize securing direct federal government support can be challenging due to the intense competition around these dollars, we are hopeful that increased national attention and urgency around behavioral health and addiction will position our project advantageously. At this time, we are not depending on this support but plan to seek it, nonetheless.

In addition, we will ask the Washington State Legislature to follow up their initial investment in the project's design/development stage with a capital allocation ahead of the 2023-25 biennial session. This will involve appealing to the governor's capital budget writers ahead of the session and then working to secure sponsors in the House and Senate for another direct allocation.

Section II – RFQ Submittal Requirements

Your qualifications response shall include the following items in a single document:

1. **Cover letter** – The letter should express interest and capacity in the project, as well as your value proposition. Why should we select you?
2. **Philosophy** – Share the core beliefs and guiding principles of your approach.
3. **Experience** – Convey your experience working with primary care, behavioral health, community centers, hospitality, and community health clinics. State experience providing counsel for similar projects.
4. **Team** – State your proposed team and qualifications including their specific involvement in submitted or relevant projects and the location of their home office.
5. **Methodology** – Describe your methodology, process, and projected timeline. This may include remedial plans or other examples of your work.
6. **Fees** – Proposed fee structure (i.e. fee as a %, hourly rate schedule, inclusions, and exclusions). Also, provide a work plan by phases, including the total duration for each phase. Include estimated fees for each phase. Include estimated number of hours for each phase.
7. **DEI Statement** – Describe your commitment to equity and racial justice and how this commitment manifests in your work.
8. **References** – Provide three recent and relevant references.

Section III – Instruction to Bidders, General Terms and Conditions

1. Deadline

- a. If qualifications arrive after the established deadline, Owner may, but is not obligated to, hold proposals unopened.
- b. The owner reserves the right to postpone the deadline for receiving qualifications at any time before the established deadline.

2. Proposed Changes, Modifications, and Withdrawal

- a. Owner will accept written modifications and withdrawals prior to established deadline for receipt of qualifications. Modifications and withdrawals must be in writing and may be emailed to the Owner's Designated Representative.

3. Execution of Qualifications

- a. Your proposal must be signed by a principal, officer, or other agent of your firm who has legal authority to commit your firm to the conditions of your proposal.

4. Confidentiality

- a. Owner considers this RFQ to be its proprietary confidential information. By responding to this RFQ, your firm agrees (1) to keep this RFQ confidential and (2) to keep confidential all Project information Owner's employees, agents, consultants, and other Owner-affiliated persons disclose to your firm in the course of this RFQ.
- b. Confidential Information shall not include information that: (1) is or becomes a part of the public domain through no act or omission of the other party; (2) was in the other party's lawful possessions prior to the disclosure and had not been obtained by the other party either directly or indirectly from the disclosing party; (3) is lawfully disclosed to the other party by a third party without restriction on disclosure; or (4) is independently developed by the other party without the use of confidential information.

5. RFP Incorporation

- a. By submitting a Qualification, your firm agrees that Owner may, but is not obligated to, incorporate your firm's Proposal in whole or in part into any resulting agreement between your firm and Owner.
- b. By submitting a Qualification, your firm agrees to honor it for a period of sixty (60) calendar days after the date on which Owner received the Qualifications.
- c. Ownership and Retention of Documents Responsive to this RFQ
 - i. All responses to this RFQ shall become the Owner's property.

6. Cost for Qualifications Development

- a. Your firm shall bear all costs incurred in responding to this RFQ, preparing a Proposal, and otherwise participating in this process.

7. Acceptance or Rejection of Qualifications

- a. Owner reserves the right to reject any Qualifications, any part of it, or all Qualifications with or without cause and accept any proposal that, in Owner's sole judgment, will be in Owner's best interest.

8. Evaluation of response and award

- a. Owner anticipates evaluating all timely and responsive proposals using evaluation criteria above.