



Behavioral Health Facilities (BHF) Program Notice of Funding Opportunity (NOFO)

**Funding Category: Adult or Child/Youth Crisis Stabilization Unit (CSU)
and Triage Facilities**

Version 04/27/2023

**Local Government Division
Community Capital Facilities
[Behavioral Health Facilities Program](#)**

DOCUMENT REVISION HISTORY

This is a historical record of revisions made to Program Guidelines from prior biennia

Original Version of Document	Date of Revision	Revision
07/11/2022	NA	Newly posted for opening of competitive funding round
	4/27/2023	Revised second round for opening of competitive funding round

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I. BHF PROGRAM BEST PRACTICES FOR A COMPETITIVE PROCESS

The Behavioral Health Facilities (BHF) Program adopts these elements as best practices for our competitive processes.

- Public notice will be provided for all competitive solicitations using Commerce’s public website and Washington Electronic Business Solution (WEBS) website. Notification will be provided through the GovDelivery system to interested parties that have signed up for communications through our webpage.
- All evaluators will sign conflict and confidentiality statement prior to evaluating submissions.
- A question and answer period prior to the submission deadline will be provided to interested parties.
- A clear and transparent debrief process will be provided at the request of an applicant.

II. FUNDING ROUND TIMELINE

Notice of Funding Opportunity Posted to Web	April 27, 2023
Application Open in ZoomGrants	April 27, 2023
Live Technical Assistance Period by COM Staff	April 27, 2023 – June 26, 2023
Informational Sessions w/COM, HCA and DOH	Adult and Child CSU/Triage Facilities – May 23, 2023 3:00PM - 4:30PM
Pre-Application Responses Due	June 15, 2023, 5PM (PST)
Complete Application Submission Due	June 30, 2023, 5PM (PST)
Commerce & Subject Matter Expert Application Review	Beginning July 2023
Notification of Award	September 2023
Application Debrief Period	Available for a two-week period post award announcement
Contract Negotiation, Drafting and Execution	Begin after the debrief period has concluded

Revisions to the timeline, updates to the application process, and updates to the Program Guidelines and award announcements will be published to the [Community Capital Facilities - Behavioral Health Facilities](#) webpage.

III. FUNDING AVAILABILITY

The 2021-2023 legislature's [capital budget](#) appropriated \$71,400,000 and the 2022 legislature's [supplemental capital budget](#) appropriated an additional \$48,500,000.00 for the Behavioral Health Facilities (BHF) Program competitive process. For the Adult or Child/Youth Crisis Stabilization Unit (CSU) and Triage Facilities funding category there is \$36,860,000.00 available in grant funding. The Department of Commerce (Commerce) is soliciting applications from eligible organizations to implement behavioral health facility capital projects.

IV. CONDITIONS OF FUNDING

1. The BHF program, operated by Commerce, receives funding from the Legislature and may provide grants as defined in the capital budget.
 - a. Funding is available to nonprofits, for-profit businesses, public entities and Tribes that are also community hospitals or other community based behavioral health providers.
 - b. Funding must establish new capacity for behavioral health services in communities and address gaps in geographical behavioral health service needs. Behavioral health services are defined in [71.24 RCW](#) and [71.36 RCW](#).
 - c. Funding may be used for construction and equipment costs associated with the establishment of a facility. Acquisition may be allowable as long as it will result in increased behavioral health capacity.
 - d. Applicants must show collaboration with one or more regional behavioral health entities that administer the purchasing of services and these relationships must be maintained.
 - e. Applicants must obtain and maintain licensure and certification for the proposed facility and behavioral health services provided at the facility through all applicable licensing bodies. Applicants should review applicable RCW and WAC to determine licensing and certification requirements for the facility type they are proposing for grant funding.
 - f. Applicants must commit to serve persons who are publicly funded.
 - g. Applicants of proposed facilities that are required to treat people with involuntary treatment orders must commit to serve persons detained under the involuntary treatment act per [71.05 RCW](#) and must work with local courts and prosecutors to ensure prosecutors and courts in the area served by the hospital or facility will be available to conduct involuntary commitment hearings and proceedings under 71.05 RCW.
 - h. Applicants must commit to maintain and operate the facility and provide behavioral health services for the commitment period of fifteen (15) years.

2. Project readiness is an important component of a competitive application. Applications must include the date upon which renovation or new construction will begin and anticipated date of completion of the project. As well, a detailed estimate of the costs associated with opening the facility and a plan demonstrating the ability to maintain and operate the facility will be part of the application.
3. Grant funds will be made available only once the awardee has a Washington State business license through the Department of Revenue (DOR) and is registered with the Washington Secretary of State (SOS), if applicable. A license through DOR and if applicable, registration through SOS must be maintained throughout the commitment period of the grant.
4. Grant funds will be made available once the awardee is able to prove site control. If BHF funds are needed to acquire real property, funds may be released at close through the escrow process. Commerce recently developed a behavioral health model ordinance and communications toolkit to assist with project siting. Those documents are located on the [Model Ordinance webpage](#).
5. Grant funds will be made available once the awardee is able to prove all other funding sources are committed so that the behavioral health site will be completed and become operational.
6. Grant funds cannot be used for costs incurred before the date of award letter. This includes acquisition costs. Funding must be utilized in the manner outlined in the application.
7. Grant funds must be used for eligible costs outlined in the Program Guidelines. Grant funds must be expended by the end of the contract term. The contract term will be identified as a four-year period but the awardee should be aware Washington operates under a biennial (two-year) budget that ends on June 30, 2023. Each appropriation in the Capital Budget must, by law, lapse at the close of the biennium. Commerce will request one reappropriation of any unspent funds, which would allow funds to be spent until June 30, 2025. However, we cannot guarantee the Legislature will agree to extend funding, nor can we legally obligate funds from one biennium to another. Awardees are encouraged to get under contract and expend their funding in a timely manner.
8. Awardees who receive a direct appropriation through the BHF program or a previous competitive funding round are eligible to apply for a BHF program competitive grant, but not for the same project that received prior funding. See the definition of “project” in this Notice of Funding Opportunity (NOFO).

9. Adult or youth CSU/triage facilities are a part of the continuum of crisis services designed to stabilize and improve symptoms of distress. Crisis stabilization is defined as “a direct service that assists with deescalating the severity of a person’s level of distress and/or need for urgent care associated with a substance use or mental health disorder. Crisis stabilization services are designed to prevent or ameliorate a behavioral health crisis and/or reduce acute symptoms of mental illness by providing continuous observation and supervision for persons who do not require inpatient services” (SAMHSA 2012). CSU/triage facilities are a health care alternative to emergency room or jail for people experiencing a mental health crisis or an acute behavioral health problem. Services include a range of community-based resources designed to meet the needs of the individual with an acute behavioral health crisis and provide a safe environment for care and recovery. Facilities allow for short-term stays in a residential setting and services are provided by multidisciplinary care teams, to include nursing and psychiatric support and peers, to achieve prompt action, gentle response, and effective support in a respectful environment. Individuals will be active participants in their treatment, and discharge planning. We recommend reviewing the SAMHSA [*National Guidelines for Behavioral Health Crisis Care: Best Practices Toolkit*](#) for more information.

Awards will be made to projects proposing:

- a) Units or facilities utilizing a [23-hour crisis outreach service model](#), sometimes called crisis triage, outpatient, a drop-in center or living-room model. These must include the use of healthcare recliners or beds so that a safe and comfortable environment is available to individuals during their stay. There are no minimum or maximum requirements for number of recliners or beds but there are square footage requirements for licensure when recliners or beds are provided at a site. A person’s stay may not exceed 23-hours. During a person’s stay, an assessment must be completed and resource identification conducted so that the person receives an appropriate level of care and discharge resources. Facilities may not accept involuntary Police drop-offs and temporary holds but should accept voluntary drop-offs by family, other care providers, Emergency Medical Services (EMS) or Police and must accept walk-in self-referrals ; or
- b) Units or facilities providing [23+ hour crisis stabilization treatment services](#). These must provide a residential setting with a minimum of 16 beds. The length of stay is up to 14-days. Generally, admission is on a voluntary basis and facilities should accept drop-offs by family, other care providers, Emergency Medical Services (EMS) or Police and must accept walk-in self-referrals. Providers are encouraged to accept police involuntary drop-offs and temporary holds in accordance with [SAMSHA National Guidelines for Behavioral Health Crisis Care: Best Practices Toolkit](#) and the building should be designed accordingly; or

- c) Facilities proposing a hybrid service model that includes both a) and b) outlined above. A hybrid facility must include a minimum of 16 beds and may also utilize healthcare recliners but not in lieu of beds.

10. For the purpose of this funding round, the terms “Adult” and “Youth” are defined as follows:

- a) "Adult" means an individual without an intellectual and/or developmental disability eighteen years of age or older. If the individual has an intellectual and/or developmental disability they are considered an “Adult” at age 22. "Child," "minor," and "youth" mean an individual under the age of eighteen years unless they have an intellectual and/or developmental disability then they may be up to 21 years.
- b) Facilities proposing Behavioral Rehabilitation Services (BRS) or Children’s Long-term Inpatient Program (CLiP) programming for children or youth are not eligible for this funding.
- c) Facilities proposing to serve both adult and youth, as defined above, in the same area are not eligible for this funding.

11. For projects proposed in the Adult or Youth CSU/Triage Facility funding category, awards will be made with the intent toward equitable geographic distribution across the state, relative to need, with the goal that all areas of the state are adequately served but that areas with the most acute behavioral health crisis needs receive grants. Consideration will also be given to achieve a balance of facility and service types across regions.

V. WHO MAY APPLY

The BHF Program supports Washington’s commitment to expand and establish new capacity for behavioral health services in communities. The program furthers the development of high quality behavioral health facilities. Behavioral health services are defined in [71.24 RCW](#) and [71.36 RCW](#). The competitive funding round is open to nonprofits, for-profit businesses, public entities and tribes. Per [SHB 1080, Section 1069](#), the BHF Program may fund nonprofits, for-profit businesses, public entities or Tribes that are any of the following types of eligible organizations:

- Community hospital
- Community based behavioral health provider

VI. WHAT IS A PROJECT

A ‘project’ is defined as the capital work the applicant proposes in their application. All capital work identified as a project must be unique from all other capital work the applicant has previously received funding for either through a direct appropriation or competitive process. **Applicants may only apply in one Funding Category per project. Projects may not allow for mixing adult and child/youth populations.**

1. When a provider has or will establish a business in a commercial space, the BHF “project” may be:
 - a. Purchase of real property; or
 - b. New construction of an entire facility, a phase of a facility, a unit or wing of a facility, a floor in a building, or any sub-compartment of a commercial building where behavioral health services are provided; or
 - c. Renovation of an entire facility, a phase of a facility, a unit or wing of a facility, a floor in a building, or any sub-compartment of a commercial building where behavioral health services are provided; or
 - d. Any combination of the above identified components (1a – 1c).
2. If an applicant is applying for funding to build or expand a facility that will serve both adult and child/youth populations the applicant must submit a unique application for the proposed project that will serve the adult population and a unique application for the proposed project that will serve the child/youth population. The scope of work for each application must be unique and indicate how the populations will be safely and effectively served in the same facility. Adult and child/youth populations may not be served in the same area of the facility.

A “project” must result in a licensable behavioral health facility that adds new or expands applicable behavioral health services. All projects as defined above must by the end of the Contract Term of the capital contract be a licensed behavioral health facility with applicable certified behavioral health services.

The maximum award for any one project is based on the Funding Category as defined below.

Funding Category	Maximum Award Amount
Adult or Child/Youth CSU/Triage	\$5,820,000.00

VII. APPLYING

The application is available through a third-party on-line provider called [ZoomGrants](#). When the application opens, a link to the ZoomGrants application will be posted to the [Community Capital Facilities - Behavioral Health Facilities](#) webpage.

How to Get Started and Meeting Submission Deadlines

- The applicant must respond to the Pre-Application Questions no later than the date and time stated in the timeline table above.
 - To respond to the Pre-Application Questions, provide your answers to the questions and then click the submit button. Once the Pre-Application Question responses are received, a Commerce program staff person will either approve the applicant to move forward in completing the remaining sections of the application or they will contact the applicant with additional technical assistance. The applicant will be notified, via email, within 72 business hours, Monday through Friday.
 - If staff reach out to the applicant with questions, the applicant must respond to those questions in a timely manner. If adequate response to the questions is not received by the Pre-Application Question deadline, or a deadline given by the BHF program staff, you will not be allowed to complete an application.
 - When your Pre-Application Questions are approved you will receive a communication from the ZoomGrants system allowing you access to the remainder of the application.
 - Toward the end of the application period, staff need adequate time to review Pre-Application Questions and still allow an applicant enough time to submit a complete application. If you have not responded to the Pre-Application Questions by the above deadline, or the deadline given by BHF program staff, you will not be allowed to complete the application.
- Once the Pre-Application is approved, the remaining sections of the application will be available for completion. The remaining application material must be responded to, in the ZoomGrants system, no later than the date and time stated in the timeline table above.
 - All documents associated with the application must be uploaded into the ZoomGrants application and all applicable questions answered, by the submission deadline, for the application to be considered complete.
- An incomplete application may be considered non-responsive and may not be reviewed.

Sharing Application Information with Other Public Entities

- Commerce may share application information, submitted through our application process, with other public entities that fund capital, operating or services associated with Behavioral Health Facilities. If an applicant receives an award from Commerce, and we have shared that applicant's information with another public entity, this does not guarantee nor should it be taken as

an offer of funding from any other public entity. As well, if an applicant receives an award for funding from a public entity that Commerce shared application information with, this is in no way to be taken as an award from Commerce.

ZoomGrants

- If you have a [ZoomGrants](#) account, log in and search for applications available through the Department of Commerce. You can also use the links posted to our [BHF webpage](#) to directly access the application.
- If you are a new user to ZoomGrants, click [here](#) and complete the required information for a new “Applicant” account. Please do not use “The” as the first word in the agency name when creating your account profile.
- For more information about using the ZoomGrants system, see the [How-To Guide for Applicants](#) provided by ZoomGrants.

Submission Format

- ONLY applications and documents associated with the application submitted through ZoomGrants will be accepted. No mailed hardcopy or emailed applications or documents will be accepted.
- Answers to application questions are saved by the system automatically after each response. You do not need to complete an application in a single session and can come back to where you left off with your application whenever necessary. Applicants will receive a notification from the ZoomGrants system when the Pre-Application responses and final application is successfully submitted.
- A response to all questions is required unless otherwise indicated. Answer all questions thoroughly and pay attention to the directions provided for each question because some questions are multi-step. Answers that are not responded to will be considered incomplete and if enough information is missing throughout the application, the application may be considered incomplete and not reviewed.
- If a document is indicated as ‘required’ and you do not submit the requested material, the application will not be able to be submitted through the system. If you provide a document that is not the content requested, your application may be considered incomplete and not reviewed.

IX. APPLICATION

Applications for this competitive process will be scored based on responses to the questions provided below. When answering questions, **please be as thorough as possible**. Do not attach documents and reference those documents as your answer to any of the questions in the application. If you do this, your response to the questions may be considered incomplete and the application not reviewed. Assume the person reading and scoring the application does not know about your project, services or facility type. You must answer all applicable questions pertaining to your grant request. **The following questions are provided for applicant review in preparation to complete the application in the online ZoomGrants system.** In order to fit within the formatting parameters of the ZoomGrants system, the questions below may look slightly different in the actual application from how they appear below. The questions below are for informational purposes only.

****If you are not the service provider for the project being proposed, please answer all application questions as to what standards you will hold the provider to and how you will ensure that the service provider meets your standards as well as state WAC/RCWs?**

APPLICATIONS MUST BE SUBMITTED THROUGH ZOOMGRANTS.

THIS IS ONLY FOR INFORMATIONAL PURPOSES TO PROVIDE A LIST OF THE QUESTIONS THAT ARE IN ZOOMGRANTS. DO NOT ENTER RESPONSES BELOW.

2021-2023 Behavioral Health Facilities Application Questions	
Application Summary Tab	<ol style="list-style-type: none">1. REQUIRED: For <u>Applicant Organization Name</u>, the entity Commerce will contract with needs to be the entity who is submitting the application. For Applicant Organization Name, enter the name of the entity we will contract with. If a third-party is completing this application on behalf of someone, the name of the Applicant Organization should not be the third-party's name.<ol style="list-style-type: none">a. If the applicant is registered with the Department of Revenue (DOR) you must enter the name of the business as it is indicated on your business license.b. If the applicant is not yet registered with DOR, be aware you will need to be registered with DOR before we will contract with your organization. For the Applicant Organization Name enter whatever name you intend to register with DOR.

	<p>c. If the applicant is a tribal enterprise or a tribal member <u>and</u> the behavioral health business is sited on the reservation, you do not need to be registered with DOR for us to contract with you. Enter the name used while doing business on the reservation.</p> <p>2. REQUIRED: For <u>Project Name</u>, we prefer if you give us the name of the facility where the award will be used plus a few words to indicate what the funds will be used for. For example, <i>Washington Detox and Withdrawal Management – Acquisition and Facility Expansion</i>. If there is no facility name at time of application, please use a short name for your project that will help us identify who and what the funding is for.</p> <p>3. REQUIRED: For <u>Amount Requested</u>, this is the amount of funding that is being requested. Do not submit more in the Amount Requested field than is available for the funding category you are applying for. This amount should also be the same amount you indicate in the Sources of Funds table on the Budget tab.</p> <p>4. REQUIRED: <u>Total Capital Project Costs</u>: When entering an amount, this field is where applicants indicate the total cost for real property acquisition and construction of the behavioral health facility. This total should include all other capital costs needed to bring the behavioral health facility to completion.</p> <p>5. REQUIRED: <u>Application Information</u> and <u>Organization Information</u>: When entering this information for:</p> <ol style="list-style-type: none"> <i>Applicant Information</i>, please provide the Project Manager contact information as the main contact for this application. <i>Organization Information</i>, this is information for the applicant. If another entity is completing this application on behalf of the applicant, use the applicant's information. Providing the Executive Director, Chief Executive Officer, or President contact information is required. This individual will be included on all communications for this application. If more than the Project Manager and ED/CEO/President should be included on communications about this application, enter those contact email addresses on the Application Summary page under Additional Contacts. If the applicant has a website, provide the url.
<p>Pre-Application Questions</p>	<p>1. What type of entity is the applicant? <i>Select Only One</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal Government <input type="checkbox"/> Tribal Enterprise doing business on the reservation <input type="checkbox"/> Tribal Member doing business on the reservation

- ☐ Non-Profit Corporation
- ☐ Public Benefit Corporation
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Corporation
- ☐ Limited Liability Company
- ☐ Sole Proprietorship

- 2. If the applicant is a subsidiary of, or is in partnership with, another organization you must have that entity's support for the long-term commitment and success of this proposed project in order to apply. Please provide the name of the parent/holding company or partnering organization.**

Please upload a document from the parent or partner organization confirming support of this proposed project. If the applicant is not a subsidiary of or in partnership with another organization, enter N/A as your response.

- 3. Having a comprehensive understanding of what is required to develop, construct, license and operate a behavioral health facility is important to successfully applying for this capital grant. Please use the template provided to tell us the steps you've taken to inform yourself about how to move forward with the proposed capital project. In the table, please indicate what resources you've reviewed and contacts you've made. Provide a brief summary of the activity. For example, if you have conducted outreach with a local jurisdiction, please give the name of that jurisdiction. If an activity does not apply to the proposed capital project, enter N/A. Please attest to uploading template to the Documents Requested at the bottom of the Pre-Application.**

Select Only One

- ☐ Yes. Document has been uploaded.
- ☐ No

What the document template will look like.

Activity	Applicable Funding Category	Brief Description of Activity (or NA if not applicable)	Date Activity Complete (or NA if not applicable)
Reviewed the DSHS webpage for Trueblood et al v. Washington State DSHS	Trueblood Funding Category Only		

	Reviewed Trueblood Phase 2 Implementation Plan	Trueblood Funding Category Only		
	Reviewed Commerce Model Ordinance	All Funding Categories		
	Reviewed Commerce Communications Toolkit	All Funding Categories		
	Outreach to local jurisdiction for zoning and permitting	All Funding Categories		
	Reviewed toolkits and fact sheets on BHF webpage.	All Funding Categories		
	Reviewed applicable RCW for facility type and proposed behavioral health services	All Funding Categories		
	Reviewed applicable WAC for facility type and proposed behavioral health services	All Funding Categories		
	Outreach to HCA Subject Matter Expert	Mental Health Peer Respite, 90/180 Day LTCC, IBHTF, Crisis Stabilization and Triage, RCSP, SWMS and SUD Funding Categories		
	Outreach to DSHS Subject Matter Expert	ESF Funding Category Only		
	Outreach to DOH Subject Matter Expert for Licensure/Certification	All Funding Categories		
	Outreach to HCA DBHR about IMD designation	Projects in facilities where there will be more than 16 beds at completion.		
	Outreach to DOH Construction Review Services	Projects in facilities providing beds and treatment.		
	Outreach to DOH about Certificate of Need requirement	Projects that will expand services in healthcare related facilities. Review the DOH webpage for more information about applicable facility types.		

Reviewed Program Guidelines for LEED requirements for state funded projects.	All Funding Categories		
Reviewed Program Guidelines for EO21-02 requirements for state funded projects.	All Funding Categories		
Reviewed Program Guidelines for Public Works, Prevailing Wage, Apprenticeship, and Lead Based Paint requirements.	All Funding Categories		

4. **What is the address of the site(s) where the grant funds will be used? Please answer in the following format: Address, City, State and Zip Code.**
If a site address hasn't been established, provide the abbreviated legal description. If a site is yet to be purchased or leased, provide information about the general area/region you intend to use grant funds in. TBD is not an acceptable response.
5. **What is the county (or counties) where the proposed capital project will be sited?**
If you provided an address or legal description in question #4 above, tell us the county (or counties) of the site. If you do not have an address yet please respond with no more than two possible counties. TBD is not an acceptable response.
6. **Applicants must develop relationships with the [Behavioral Health Administrative Service Organization](#) (BH-ASO) and [Integrated Managed Care Organization](#) (MCO) entity(ies) in the region where the facility will be sited. Tell us which [BH-ASO and MCO](#) entities the applicant will work with for behavioral health services if the proposed project is funded. Based on your response, describe in detail the outreach you've completed to date and the history your organization has working with the designated [BH-ASO](#) or [MCO](#)s. BH-ASOs: Pierce, Southwest, North Central, Great Rivers, Greater Columbia, King, North Sound, Salish, Spokane, Thurston-Mason. MCOs: Amerigroup Washington, Coordinated Care of Washington, Community Health Plan of Washington, Molina Healthcare of Washington, United Healthcare Community Plan.**
If you need more information on which [BH-ASO](#) or [MCO](#) you should work with, reach out to those entities for more information.
7. **Describe how the proposed project, once complete, will minimize gaps in regional behavioral health services. Please cite specific gaps in behavioral health services in the region, the sources used to determine the identified service gaps, and how the completed capital project will help address those gaps.**

Behavioral health services are defined in [71.24 RCW](#) and [71.36 RCW](#). Regions are defined by the [BH-ASO](#). See the map for the region associated with your proposed project site.

- 8. Funding through the BHF program requires that once the capital project is complete, behavioral health service capacity be increased. If the facility will be for residential or in-patient services how many new beds will be added; if the facility will provide crisis observation services and healthcare recliners will be used tell us how many recliners will be added; and if out-patient services will be provided how many new clients will be served in years one through three of operations?**

BEDS	RECLINERS	OUT-PATIENTS SERVED

- 9. If your application is successful, how will the awarded Behavioral Health Facilities (BHF) grant funds be used?**

Select all that apply

- ☐ To purchase real property through a real estate closing process
- ☐ To plan and design renovation or new construction of a facility
- ☐ To pay for tenant improvement capital costs
(Review the Program Guidelines to know what is eligible for reimbursement)
- ☐ To renovate existing square footage of a facility
- ☐ For new construction to add new square footage to an existing facility
- ☐ For new construction of a facility
- ☐ To provision a facility with allowable equipment
(Review the Program Guidelines to know what is eligible for reimbursement)

- 10. Scope of Work: In question #9 you've given us a high level view of how the BHF grant will be used, now please provide more details that explain ALL of the items selected above. This preliminary Scope of Work will help us understand what is being proposed for the capital project so we can determine if the project is eligible for funding. REMINDER: Capital funds can't be used for operations or services so don't include narrative about what the operational/service outcomes will be in your Scope of Work. If the capital work on a facility is phased and this application is for a single phase of a larger capital project be sure to tell us what phase is being applied for and the status of any completed phases.**

- 11. Has a direct appropriation or competitive award through the BHF Program previously been awarded for any part of the proposed capital project or any other capital project at the site? In the space provided, indicate 'Yes' or 'No'. And if 'Yes,' tell us the project/contract number for the other project(s) and how the scope of**

work for this proposed capital project is different than all other scope of work that you have received funding for through the BHF program at this site.

A definition of “Project” is provided in the NOFO. If this question does not apply, answer NA.

12. From the information provided in the BHF Program Guidelines, what state agency is responsible for providing Construction Review Services (CRS) to projects in facilities that provide beds and treatment?

Select only one.

- ☐ The Department of Social and Health Services (DSHS)
- ☐ The Department of Health (DOH)
- ☐ The Health Care Authority (HCA)

13. If the applicant is applying or has applied for more than one Behavioral Health Facilities (BHF) “project” in the 2021-23 BHF funding rounds, provide a ranked list that clearly indicates your priority for funding, if all the projects applied for can’t be funded.

In the response, indicate the ZoomGrants application ID#, the Project Name, and the priority of that project for funding. If this does not apply, enter N/A.

14. If the applicant is partnering with another entity and they are also applying in this funding round, please provide information about your partner’s application.

An award to one project does not guarantee an award to the partnering entity. In the response, indicate the ZoomGrants application ID#, the Project Name, and the priority of that project for funding. If this does not apply, enter N/A.

15. By checking the boxes below, the applicant commits to

Each of the following must be committed to for the Pre-Application to be considered.

- ☐ Serve persons who are publicly funded.
- ☐ Create new capacity for behavioral health services.
- ☐ Address gaps in geographical behavioral health service needs.
- ☐ Use the grant for the facility type applied for, in the county(ies) identified, and if a site is identified the proposed project will be established at that location. If modifications to these criteria are needed they will need to be pre-approved by Commerce.
- ☐ Provide licensed behavioral health services at the site where the BHF grant is used for at least a 15-year period following completion of construction and once the project is operational.
- ☐ Comply with all applicable Public Works ([RCW 39.80](#) and [39.04](#)), Prevailing Wage ([RCW 39.12](#)) and [Apprenticeship](#) requirements.
- ☐ Is not applying for funding for a project that is already complete or will be complete by the date of an award letter.

<p>General Application Questions</p>	<p>1. To receive an award, you are required to commit to 15 years of service at the site where the grant funds will be used. Do you currently own or lease the property? <i>Select Only One</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Own <input type="checkbox"/> Lease of <u>less than</u> 15-years remaining on the term and owner is not aware we have applied for this funding. <input type="checkbox"/> Lease of <u>less than</u> 15-years remaining on the term and owner is supportive of extending the lease to meet the requirements of the BHF Program. <input type="checkbox"/> Lease of 15 or more years remaining on the term. <input type="checkbox"/> Do not own or lease site at this time. <p>2. Is the property not yet owned or under a lease of less than 15-years? <i>If either of these options are true, please upload a document explaining next steps to secure real property or you will work with the landlord to ensure the property will be available for the required term of 15-years. Select only one.</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not own property, and document has been uploaded. <input type="checkbox"/> Lease of less than 15 years, and document has been uploaded. <input type="checkbox"/> Lease of 15 years or more remaining on the term. <input type="checkbox"/> Property owned by applicant, site control document has been uploaded. <p>3. Describe steps already taken to acquire the zoning and permits necessary for siting and construction. If you have not already done so, please review the Behavioral Health Model Ordinance and communication toolkit on the Commerce website. <i>If no outreach with the local jurisdiction has been conducted, zero points will be awarded. More points will be awarded to applicants who attach documentation of outreach.</i></p> <p>4. How do you anticipate managing delays due to material and labor shortages and increases in material costs? <i>Please provide any backup documentation you have demonstrating site costs and/or contingencies.</i></p> <p>5. Project readiness is an important component in our funding decision. All grant funds for this funding opportunity will expire on June 30, 2025, unless the Legislature authorizes an extension. Please keep in mind that it may take several months to get under contract once awards are made and factor that time in to your plan accordingly. We must be able to understand where the applicant is in the planning and development process. Provide dates, even if projected, for all of the following.</p>

If an activity does not apply to your project, answer NA. If documentation is available please provide. For example, if you have a letter of intent from another funding source or an existing purchase and sale agreement.

Activity	Date Use format: MM/DD/YYYY
If funds, in addition to the BHF grant, are needed in order to complete the proposed capital project outlined in the Scope of Work, by what date is/will those funds be committed.	
If funds, in addition to the BHF grant, are needed in order to complete additional capital work that is not outlined in the Scope of Work, so the facility may become operational, by what date is/will those funds be committed.	
If the proposed capital project is being built in coordination with some other capital project on the same site, for example an affordable housing development, provide the date funding for this other capital project is/will be committed.	
Date site control is or will be achieved.	
Date for zoning and permitting to be complete for the capital project outlined in the Scope of Work.	
Date of finalized construction budget for the capital project outlined in the Scope of Work.	
Date of finalized equipment budget for the capital project outlined in the Scope of Work.	
Date project will be put out for construction bid	
New construction start date for the capital project outlined in the Scope of Work.	
Renovation start date for the capital project outlined in the Scope of Work.	
Completion date for new construction or renovation for the capital project outlined in the Scope of Work.	

	Date of licensure and certification for the behavioral health facility and services.	
	First date of operation.	

6. Proposed capital projects, in facilities that provide beds and treatment must utilize the [Department of Health \(DOH\) Construction Review Services](#). What is the status of this capital project's DOH Construction Review?
Select Only One

☐ Not yet started a DOH Construction Review but will once funding for this capital project is secured
☐ Initiated DOH Construction Review for this capital project
☐ Completed a DOH Construction Review for this capital project
☐ N/A

7. Proposed capital projects, that expand the service capacity of certain healthcare facilities, may need to go through the [DOH Certificate of Need \(CoN\)](#) process. Consultation with DOH must occur in order to determine if the proposed capital project will cause a CoN to be needed at the facility. Indicate the date communication with DOH about this requirement was initiated, and if applicable the date the CoN was started or was completed. Please upload documentation demonstrating communication with DOH.
If this question does not apply, answer N/A.

8. Proposed capital projects that expand the number of beds in a facility beyond 16-beds may trigger the Institution for Mental Disease (IMD) designation. If the services at the site include diagnosis, treatment or care of persons with mental disease, including SUD treatment and mental disorder treatment, or medical attention, nursing care and related services consultation with the WA State Health Care Authority (HCA) [Division of Behavioral Health Recovery \(DBHR\)](#) must occur in order to determine if the proposed capital project will trigger the IMD designation. Indicate the date the communication with DBHR occurred and the outcome of the communication about the proposed number of beds at the facility once the capital project is completed. Please upload documentation demonstrating communication with DBHR.
If this question does not apply, answer N/A.

9. Will the applicant be the behavioral health service provider at the site?
Select Only One

- ☐ Yes
☐ No

10. If the applicant will not be the service provider at the site, provide the name of the service provider if it is known.

If the applicant will be the service provider, answer NA. If the specific service provider is not yet known, please provide a document listing the service providers you are talking to about this project or the timeline for requesting proposals (RFP).

11. MULTIPART QUESTION: If the site, where the BHF grant will be used, is currently operational tell us about the current behavioral health services.

The response must include an answer to each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question.

- If the site is not currently operational, enter N/A.
- The name of the service provider.
- What services is the site licensed/certified to provide?
- What is the staffing pattern?
- If beds are provided at the site, how many beds the site is licensed for in total and how many beds the site is licensed for each specific service type provided? Also, tell us how many people were served with those beds in 2020, 2021 and 2022?
- If healthcare recliners are in use at the site, tell us how many healthcare recliners you have and how many people were served in 2020, 2021 and 2022?
- If out-patient services are provided, how many people were served in 2020, 2021 and 2022?

12. Does your organization's have experience running and setting up this kind of facility or program?

If yes, please upload a document with information about the facilities you run. Please include licensure and accreditation, including license numbers for Washington and/or any other state you're licensed for. Select only one.

- ☐ Yes, and document has been uploaded.
☐ No

13. If the site is currently operational, what ages are served at the facility?

Select all that apply

- ☐ N/A

- ☐ Early childhood (birth through age 5 years)
- ☐ Middle childhood (ages 6 through 12)
- ☐ Adolescence (ages 13 through 17)
- ☐ Young Adult (18 through 25)
- ☐ Adults (over 25)

14. MULTIPART QUESTION: Once the project you're applying for is complete, what will the services and operations look like?

The response must include an answer to each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question.

- Based on your conversations with BH-ASO's and MCOs about need in the region you are applying for, what behavioral health services will be provided and
- What is the anticipated overall increase in behavioral health service capacity (# of beds and/or recliners)?
- How many individuals do you expect to be served with those beds in the first year?
- If clients will come to the site from outside the region, what is the transportation plan to serve clients from surrounding areas (include bringing individuals to the facility, transporting individuals back to the region they plan to reside in, and transportation to follow-up appointments)?
- What underserved populations will be served at the facility?
- How will the proposed services address gaps in services within the BH-ASO region?

15. MULTIPART QUESTION: Describe your plan to meet the many staffing requirements to serve the ages and populations you've identified throughout this application.

The response must include an answer to each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question.

- Explain how staff will ensure the safety of all age groups they plan to serve. Please provide details on co-mingling of age groups.
- What will the staffing pattern be? Will it vary depending on population/age group you're serving?
- How will staff be recruited and retained?
- How will your staffing pattern ensure resident safety 24 hours a day?

16. Please explain why it is important to offer developmentally appropriate interventions at your facility. What are key components of a developmentally appropriate intervention?

	<p>17. Tell us how barriers will be mitigated and people with co-occurring <u>developmental</u> or <u>intellectual</u> disabilities will access services at the proposed facility?</p> <p>18. How will barriers be mitigated and safety concerns be addressed to underserved and historically marginalized communities? Please ensure that the organization’s policies and procedures address this information. <i>Including, but not limited to individuals marginalized by factors such as language, race, wealth, immigration status, sexual orientation, gender identity, and disabilities.</i></p> <p>19. How will services for Tribal members be coordinated?</p> <p>20. Tell us how culturally competent behavioral health services will be provided at the site.</p> <p>21. Community partnerships are important to providing comprehensive social and health services at the site. Tell us about the collaboration, coordination, and community networking with other organizations that will occur in order to strengthen the services provided at the site.</p> <p>22. What is your plan for addressing safety precautions and de-escalating aggressive behavior within the facility? <i>Please list specific trainings provided to staff regarding safety precautions utilized within the facility for clients and staff.</i></p> <p>23. How have you or how will you serve populations who traditionally do not engage in “western or traditional mental health services?”</p> <p>24. What services will be provided at the proposed facility to assist in resolving a crisis?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication management or medication monitoring <input type="checkbox"/> Minor medical interventions (foot care, education, minor wound care.) <input type="checkbox"/> Assessments and solution focused crisis planning <input type="checkbox"/> Peer support <input type="checkbox"/> Planning for discharge to follow up services <input type="checkbox"/> Individual/group counseling <input type="checkbox"/> Recovery Support Services (supportive housing or employment connections) <input type="checkbox"/> Medication access problem solving (temporary refills, connecting to prescriber, etc.) <p>25. Will your facility allow for walk-in or self-referral for those seeking immediate assistance for their crisis?</p>
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Select Only One

- ☐ Yes
- ☐ No

26. Will your facility allow for voluntary first responder drop-off?

Select only one.

- ☐ Yes, with communication prior to arrival
- ☐ Yes, no communication required
- ☐ No

27. MULTIPART QUESTION: How will your facility collaborate to ensure smooth admission to the facility, transfers if necessary, and referrals?

The response must include an answer to each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question.

- Mobile Crisis Response (MCR)/Mobile Crisis Teams
- Designated Crisis Responders (DCR)
- 988 and Regional Crisis Lines
- First responders
- Law enforcement
- Hospitals
- Jails (applicable only to adult CSU/Triage)
- Juvenile detention (applicable only to child/youth CSU/Triage)
- Schools (applicable only to child/youth CSU/Triage)
- Other publically funded systems

28. Will the site serve persons detained by law enforcement and dropped off at the site for a hold-period of up to 12-hours per [RCW 10.31.110](#) or serve persons detained under the Involuntary Treatment Act (ITA), chapter [71.05 RCW](#)?

Additional references [RCW 13.40.042](#), [RCW 71.05.153](#), [RCW 71.34.351](#), [RCW 71.05.745](#), [RCW 71.34.420](#). Select only one.

- ☐ N/A to the facility type being proposed

- ☐ Yes
☐ No

29. MULTIPART QUESTION: 1.) If you answered 'Yes' to #28

Please answer NA to either part of the question if it does not apply to your facility. The response must include an answer to each of the numbered questions. If both questions are not answered, the applicant will receive zero points on this question

- Tell us specifically what will occur at the site (law enforcement holds, detention of persons on an ITA only, both).
- If persons detained under the involuntary treatment act chapter 71.05 RCW will be served at the facility, tell us about the space and technology that will be available at the site to allow for coordination with the local courts and prosecutors to ensure that prosecutors and courts in the area are able to conduct involuntary commitment hearings and proceedings.

30. All facilities serving persons with behavioral health needs may at some point have a client decompensate while in their care. Tell us how you will ensure the appropriate treatment if an individual needs a higher level of care.

Please answer for both medical decompensation and psychiatric decompensation.

31. MULTIPART QUESTION: What does a discharge plan look like for an individual discharging from your facility?

The response must include an answer each of the numbered questions. If all questions are not answered, the applicant will receive zero points on this question. Note: Shelters are not always an option, so please provide additional resources.

- No housing
- Follow-up appointments
- Communication with supports
- Access to medications
- No community support

32. Will your facility use a “Living Room” or peer driven model?

Select only one

- ☐ Yes

	<input type="checkbox"/> No 33. BRANCHING QUESTION: Will the project serve adults or child/youth? <i>Select only one</i> <input type="checkbox"/> Adults (see the NOFO, Section IV #10a) <input type="checkbox"/> Child/Youth (see the NOFO, Section IV #10a)
Application Questions Specific to Child and Youth CSU/Triage	34. Indicate your relationship with youth facing system of care including referrals to wraparound with intensive services or mobile response and stabilization services (MRSS), and how your facility would connect families/support with these or outpatient behavioral health youth providers. 35. You’ve previously told us about discharge planning. Please expand upon your earlier answers to include planning for youth and families and address the complexities associated with discharging homeless youth and youth in the custody of the Department of Children, Youth and Families (DCYF). 36. In 2022 the SAMHSA released National Guidelines for Child and Youth Behavioral Health Crisis Care. Describe how your facility will fit into the crisis continuum of care by reducing adolescent psychiatric boarding in emergency departments by creating an additional no-wrong door facility for youth and families, while providing a viable option for EMS or law enforcement drop-offs for true justice system diversion.
Budget	<p>Budgets that outline the project's Sources of Funds and Uses of Funds are a <u>required</u> part of the application. If you have not thoroughly reviewed the Program Guidelines for costs that are allowed for reimbursement by the BHF program, review them before submitting this budget information. If the guidelines do not provide you enough information to determine if your costs are allowable, you should contact the BHF program contact identified in Section XI of this NOFO for technical assistance.</p> <p>Sources of Funds Table – The sources of funds table is a breakdown of capital funding for facility completion. This table includes the BHF program grant amount you are requesting along with all other funding sources. There are three columns to this table.</p> <ul style="list-style-type: none"> In Column #1 we are asking you to give us the budget for the entire Scope of Work for your project. This includes the amount you’re requesting in this application from Commerce’s BHF program as well as the rest of the funding needed to complete the project Scope of Work you’re applying for. Applicants must review the allowable cost information in the program guidelines to ensure the BHF grant amount requested will cover applicable costs associated with the Scope of Work. If you indicate a cost in the Column #1 and it is not allowable by the program,

	<p>we will not cover the cost if you are awarded a grant. Costs that are not covered by the BHF grant must be covered by some other source identified in Column #1.</p> <ul style="list-style-type: none"> • In Column #2 we are asking you to report on any additional funding needed to complete work associated with this behavioral health facility project that is outside of the Scope of Work you are requesting Commerce’s BHF to fund. This is work that will happen simultaneously as the Scope of Work you’re applying for. This will help us to understand the funding sources available to you to complete the project and make it operational. Please do not include the BHF Grant Amount from Column #1 in this column. If there is no other work that will occur at the behavioral health site outside of the Scope of Work from Column #1, you do not need to complete Column #2. • Column #3 is to identify other funding sources needed if there is anything else being built on the site. Don't include the BHF Grant Amount Requested in this column. Column #3 should only be completed if the behavioral health facility is paired with another capital project at the same site. <ul style="list-style-type: none"> ◦ For example, if the behavioral health facility is paired with an affordable housing development, the third column should show the sources of funding used to complete the affordable housing development. • You must attach documents showing commitment of the non-Commerce BHF funds referenced in Columns #1 and #2 that will support your completion of the project to your application. See the Documents tab for more instructions on uploading documents. <p>Uses of Funds Table – The uses of funds table is a breakdown of capital and related equipment costs. There are three columns to this table.</p> <ul style="list-style-type: none"> • In Column #1 we are asking you to give us the budget for the entire Scope of Work for your project. This includes the amount you’re requesting in this application from Commerce’s BHF program as well as the rest of the funding needed to complete the project Scope of Work you’re applying for. Applicants must review allowable costs information in the program guidelines to ensure the BHF grant amount requested will cover applicable costs associated with the Scope of Work. If you indicate a cost in Column #1 and it is not allowable by the program, we will not cover the cost if you are awarded a grant. Costs that are not covered by the BHF grant must be covered by some other source identified in Column #1. • Column #2 is specific to any other additional costs to complete work associated with the behavioral health facility that is not identified in the Scope of Work of the application. This is work that will happen simultaneously to the work being completed as outlined in the Scope of Work. We want to know the costs associated with completing the behavioral health facility so that it will be operational. You do not need to complete Column #2 if there is no
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other work that will occur at the behavioral health site for it to be operational, other than what is identified in the Scope of Work.

- Column #3 is to identify other costs if there is anything else being built on the site. This third column should only be used if the proposed early behavioral health facility is paired with another capital project at the same site.
 - For example, if the behavioral health facility is paired with an affordable housing development, Column #3 should show the total costs to complete the affordable housing development.
- You must attach documents showing commitment of the non-Commerce BHF funds referenced in Columns #1 and #2 that will support your completion of the project to your application. See the Documents tab for more instructions on uploading documents.

NOTE: The totals of each set of columns of the *Sources of Funds* table must balance with the totals of each set of columns in the *Uses of Funds* table.

Title: <input type="text" value="Uses of Funds"/>		Column #1	Column #2	Column #3
Item Description				
Acquisition Costs		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Planning & Design		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Architecture & Engineering		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Construction Management		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Construction Costs		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Equipment		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
WA State Sales Tax		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Other (please describe)		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Other (please describe)		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>
Other (please describe)		USD\$ <input type="text" value="A"/>	USD\$ <input type="text" value="B"/>	USD\$ <input type="text" value="C"/>

	<div><div>Title Sources of Funds</div><div><div>Item Description</div><div>Behavioral Health Facilities Grant Amount Requested</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div><div><div>Column #1</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>USD\$ A</div><div>A Total</div></div><div><div>Column #2</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>USD\$ B</div><div>B Total</div></div><div><div>Column #3</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>USD\$ C</div><div>C Total</div></div></div>
Documents	<p>There are two types of documents associated with this application.</p> <p>If a document is indicated as "Required" and it is highlighted, this is information that is required in order for your application to be submitted. This means you will not be able to submit the application without uploading the requested document. <u>Don't</u> upload a document telling us you don't have the requested information. The requested information is a required part of a complete application. Information not provided may cause the application to be considered incomplete and may not be reviewed.</p> <p>If a document is not indicated as “Required” it is optional. This information is not required for your application to be considered complete. You may upload the requested information if it is applicable to your proposed project. Providing optional requested information will help us better understand your proposal and while optional information is not specifically scored it does influence our scoring of your proposal. If the document is a letter from a third-party and you’ve done the outreach to get the letter but the third-party has not provided it to you in time to submit with the application, you may upload the email correspondence between you and the third-party to prove you made an attempt to get the requested information.</p>

REQUIRED Documents

1. Site Control: Documentation showing the applicant either owns the real property associated with the proposed capital project (ie. a deed), has a lease on real property associated with the proposed capital project, or tell us your plan and timeline to secure real property.
2. Funding Commitment Statement(s): Funding sources identified in Column #1 & #2 on the Budget tab must be substantiated by uploading documentation that either shows the funds are committed or if funds are not committed, provide a plan and timeline for getting funds committed and a prequalifying letter or bank statement showing you have adequate cash to complete the project. If the BHF grant is the only funding source, please upload a statement indicating this is the only funding source to complete the proposed capital project.
3. Operating Budget: Documentation showing the applicant's planned operating budget for the facility once the proposed capital project is complete and the facility is operational. We have provided a spreadsheet template titled *Budget Template* for the applicant's use. The categories identified in the budget template may be modified to reflect your actual facility and should take in to consideration the full operations for services identified throughout the application. If the applicant has their own budget documents those are allowed for upload in lieu of the *Budget Template*. For more information about how to develop operating financial documents, see the Washington Small Business Development Center's [resources](#).
4. Projected Expenditure of BHF Grant: Please complete the provided template so we can see your estimated plan for expending the BHF grant.
5. Uses of Funds Budget Narrative: Must use the provided template to give us more details about the development of the proposed capital project.
6. Operating Plan: This plan should reflect operations for the behavioral health facility once the proposed capital project is complete. See the Washington Small Business Development Center's resources for assistance in developing an operating plan.
7. Letters of support from the BH-ASO and MCO that is identified in the application.
8. Letters of support from the local government and community organizations for the behavioral health facility.
9. Zoning and Permitting: Documentation showing the status of these activities for the proposed capital project.
10. Financial Statements: Demonstrate that the applicant has the ability to complete the project.
11. Documents supporting specific questions asked in the application.

OPTIONAL Documents

	<p>12. <u>Preliminary Construction and Equipment Bids</u>: These documents should reflect the Budget tab for Column #1 & #2. If preliminary construction and equipment bids are not yet available for the project, the applicant may submit an estimate for costs as long as that estimate is produced by an authority that has a solid reputation estimating construction project costs and can accurately estimate costs within the parameters of the proposed project. In the estimate, identify the name of the contractor (licensed in the state of Washington) providing the estimate, the name of the estimator and the date the estimate was developed.</p> <p>13. <u>Final Construction and Equipment Bids</u></p> <p>14. Letter of support from applicant's <u>parent or partner organization</u> for the proposed capital project.</p> <p>15. If the applicant wishes to request <u>confidentiality of proprietary</u> information a letter following the process outlined in Section XIV of the NOFO should be uploaded so that Commerce may consider the request.</p>
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X. APPLICATION GLOSSARY

- ALTA—Aging and Long-Term Support Administration
- BHF—Behavioral Health Facilities
- BHO—Behavioral Health Organization
- COM—Department of Commerce
- DAHP—Department of Archeology and Historic Preservation
- DOH—Department of Health
- DSHS—Department of Social and Health Services
- ESF—Enhanced Services Facility
- GOIA—Governor’s Office of Indian Affairs
- HCA—Health Care Authority
- LNI—WA State Labor and Industries
- MCO—Managed Care Organization
- MWBE—Minority & Women Business Enterprise
- RCW—Revised Code of Washington
- SDC—Specialized Dementia Care
- SUD—Substance Use Disorder
- SWMS—Secure Withdrawal Management Services
- WAC—Washington Administrative Code

Behavioral Health Equity: The right for anyone, anywhere to have access to quality behavioral health care that is recovery oriented & delivered in a person centered way within their community or communities directly accessible to them. Care that seeks to overcome social disparities that contribute to behavioral health challenges and is delivered in a culturally appropriate way that addresses historic trauma, stigma, and individual challenges regardless of personal behavioral health challenges and personal history.

Challenging Behaviors: Persistent pattern of behaviors that inhibit the individual's functioning in public places, in the facility and integration within the community, or uncontrolled symptoms of a physical or mental condition. These behaviors may have been present for long periods or have manifested as an acute onset.

Cultural Competence: See the SAMHSA guide, page 57, at <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4849.pdf>.

Culturally Competent Services: The application of cultural competence as a function of treatment and services. Per HHS this includes “the ability to honor and respect the beliefs, languages, interpersonal styles, and behaviors of individuals and families receiving services, as well as staff members who are providing such services. Cultural competence is a dynamic, ongoing developmental process that requires long-term commitment and is achieved over time. (HHS 2003a, p. 12)” (TIP 59 2014, p. xv)

Complex Mental Health Needs: Issues presented by a person with severe mental illness with a difficult to work and/or unsafe presentation that is caused by either multiple diagnosis, severe long-term challenges, and/or co-occurring diagnosis.

Complex Behavioral Health Needs: Issues presented by a person with severe behavioral health challenges that presents with difficult to work with and/or unsafe presentation that is caused by mental health, SUD, and or some combination of co-occurring challenges.

Decompensate: In medicine, decompensation refers to the deterioration of an individual’s mental or physical structure or system that was previously functioning. A system that is compensated can function despite the presence of stressors or defects.

Habilitative: Services designed to help teach, keep, and improve skills for daily living.

Healthcare Recliner: Furniture used in lieu of or in addition to beds in a facility that provides 23-hour crisis observation care. For more information about the use of this furniture, see the SAMHSA guide, page 22 at <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

Health Disparity: The rate of disease incidence, prevalence, morbidity, mortality or survival rates a specific population as compared to the health status of the general population.

Living Room Model: The Living Room model is a community crisis center that offers people experiencing a mental health crisis an alternative to hospitalization. Where people are provided services immediately in a calm safe environment 24/7 where a person is given tools to resolve their crisis or be referred to their next step within 23 hours.

Long-term Care Residential Setting: A location such as an adult family home, assisted living facility, nursing home, or enhanced services facility.

Peer Counselor: A person recognized by Medicaid agency as a person who:

- (a) Is a self-identified consumer of behavioral health services who:
 - (i) Has applied for, is eligible for, or has received behavioral health services; or
 - (ii) Is the parent or legal guardian of a person who has applied for, is eligible for, or has received behavioral health services;
- (b) Is a counselor credentialed under chapter [RCW 18.19](#);
- (c) Has completed specialized training provided by or contracted through the Medicaid agency. If the person was trained by trainers approved by the department of social and health services before October 1, 2004, and has met the requirements in (a), (b) and (d) of this subsection by January 31, 2005, the person is exempt from completing this specialized training;
- (d) Has successfully passed an examination administered by the Medicaid agency or an authorized contractor; and
- (e) Has received a written notification letter from the Medicaid agency stating that the Medicaid agency recognizes the person as a "peer counselor." [WAC 182-538D-0200](#)

Recovery: Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. See SAMHSA for more information: <https://www.samhsa.gov/brss-tacs/recovery-support-tools-resources#:~:text=Through%20its%20engagement%20with%20key,to%20reach%20their%20full%20potential>

Trauma Informed Approach: See the SAMHSA definition at <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

XI. TECHNICAL ASSISTANCE

Questions specific to the ZoomGrants system, please contact ZoomGrants:

Online: <https://www.zoomgrants.com/about-us/request-technical-help/>

Phone: 866-323-5404 x2, Monday – Friday 9AM – 4PM (PST)

Technical Assistance, for completing an application, is available based on the timeline provided in Section II of this NOFO.

Contact BHF Program staff:

Amanda Sieler at 360-791-1228 or BHFInquiry@commerce.wa.gov

Monday – Thursday 7AM – 4PM (PST)

The BHF Program provided a live webinar on October 21, 2021 and materials from that webinar (video, PPT, FAQ) are posted to our BHF [webpage](#) for your reference. There will also be a live webinar and live Q&A sessions held in May where applicants may ask questions and get responses from program staff and our partners. More information about the webinar and Q&A sessions is available on our BHF [webpage](#).

Program or application questions that come up after the Technical Assistance period, outlined in Section II of this NOFO, may be addressed by referencing our Frequently Asked Questions (FAQ) at the [BHF webpage](#).

Technical assistance related to project siting, design, rates and licensure and certification requirements is available by reviewing the following sources:

[Commerce Behavioral Health Model Ordinance and Communications Toolkit](#)

[Washington State Department of Health - Construction Review Services](#)

[Health Care Authority Tool Kits for Peer Respite, IBHT Facilities and 90/180-day LTCC Facilities](#)

[Department of Social and Health Services - Enhanced Services Facilities](#)

[Department of Social and Health Services - Specialized Dementia Care](#)

Health Care Authority Contact for Rate Information – Michele Wilsie 360-725-9421 or michele.wilsie@hca.wa.gov

Fee schedules go to, [Provider billing guides and fee schedules | Washington State Health Care Authority](#)

For questions and clarifications about this NOFO, contact the NOFO Coordinator:

Leslie Wolff, Behavioral Health Program Supervisor, Leslie.Wolff@commerce.wa.gov

XII. APPLICATION DEBRIEFING

If an applicant has questions about how the solicitation was conducted or about the evaluation process, following the announcement of successful awardees, the applicant may request to debrief with program staff. The applicant must make a request for debrief during the Application Debriefing Period outlined in Section II of this NOFO. We will allow applicants to request debrief for any of the following:

- To receive feedback about the applicant's submitted application
- A matter of bias, discrimination, or conflict of interest on the part of an evaluator
- Non-compliance with procedures described in the NOFO

BHF Program staff shall provide a meeting time so that the applicant and BHF Program staff can meet. The meeting will be scheduled no more than fourteen (14) business days from the receipt of the request to debrief, unless additional time is needed. BHF Program staff shall notify the applicant if additional time is needed.

The BHF Program decision is final and no appeal process is allowed.

XIII. DISCLAIMER

The BHF Program reserves the right to revise this NOFO, Program Guidelines and FAQ. If so, updated information will be published on the [Community Capital Facilities - Behavioral Health Facilities](#) webpage. Be advised that numbers for application questions and order of questions, as outlined in this NOFA, may change in the actual ZoomGrants online application.

XIV. PROPRIETARY INFORMATION AND PUBLIC DISCLOSURE

All applicants should be aware that applications submitted in response to this NOFO shall be the property of Commerce. All applications received shall remain confidential until funding decisions are announced; thereafter, the applications and all submitted materials shall be deemed public records as defined in [Chapter 42.56 of the Revised Code of Washington](#) (RCW).

Any information in the proposal that the applicant desires to claim as proprietary and exempt from disclosure under the provisions of Chapter 42.56 RCW, or other state or federal law that provides for the nondisclosure of your document, must be clearly designated. The information must be clearly identified and the particular exemption from disclosure upon which the applicant is making the claim must be cited. Each answer to an application question or page of supplemental

information provided that contains the information claimed to be exempt from disclosure must be clearly identified by the words "Proprietary Information." A document should be uploaded into the documents section of your application identifying all application questions and supplemental information that the applicant has indicated as Proprietary Information and also the particular exemption citation. Marking the entire proposal exempt from disclosure or as Proprietary Information will not be honored. If a public records request is made for the information that the applicant has marked as "Proprietary Information," Commerce will notify the applicant of the request and of the date that the records will be released to the requester unless the applicant obtains a court order enjoining that disclosure.

If the applicant fails to obtain the court order enjoining disclosure, Commerce will release the requested information on the date specified. If an applicant obtains a court order from a court of competent jurisdiction enjoining disclosure pursuant to Chapter 42.56 RCW, or other state or federal law that provides for nondisclosure, Commerce shall maintain the confidentiality of the applicant's information per the court order.

End of Document
