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## **Behavioral Health Facilities Program Premera Crisis Stabilization**

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### **2020 Notice of Funding Availability Competitive Awards – Round One**

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**Published: October 14, 2020**

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## I. FUNDING AVAILABILITY

Premera is collaborating with the Department of Commerce (Commerce) to provide a total of \$5,820,000 for grant opportunities. Commerce is soliciting applications from eligible organizations to implement capital projects that establish or expand capacity for behavioral health crisis stabilization services in rural communities or to rural clients. Through the Behavioral Health Facilities (BHF) program, a competitive process will strive to award the total amount of available funds in the first competitive funding round. If funds remain following the first competitive funding round, subsequent funding rounds will be announced until the full sum of available funds is awarded. Requests for reconsideration are not allowed. Projects that apply in one round, and not awarded funds in that round, will need to reapply in subsequent rounds if additional funding rounds are determined necessary.

Behavioral health crisis stabilization entails different stages of crisis care and takes into account each individual client's level of need. Services range from the least restrictive to involuntary commitment and may include mobile crisis intervention teams that provide assessment and stabilization in a person's home or another site outside of a clinical setting, voluntary outpatient assessment and services at community health centers or community mental health centers or walk-in crisis centers, voluntary admission at a crisis stabilization unit or facility, or the most restrictive setting of involuntary commitment by a DCR to an Evaluation & Treatment facility.

Facility types, eligible for these funds, are those locations classified as real property and provide crisis stabilization services. Facilities may include behavioral health provider offices with licensed crisis stabilization staff, general hospitals or psychiatric hospitals with dedicated crisis stabilization wings or units, psychiatric residential treatment facilities with dedicated crisis stabilization wings or units, and stand-alone crisis stabilization facilities. Settings must provide evaluation and short-term stabilization with the primary goal of preventing hospitalization. These facilities can be privately operated, state supported, or a combination of both.

Projects must be sited in a 'rural' area or will serve clients that reside in a 'rural' area. To determine the 'rural' status of a project, the Rural-Urban Continuum Codes (RUCC), and if needed the Rural-Urban Commuting Area (RUCA) Codes, will be applied to the project siting location or the areas from which clients will originate for services. The RUCC is a classification scheme that distinguishes metropolitan counties by the population size of their metro area and nonmetropolitan counties by degree of urbanization and adjacency to metro areas. Projects sited in nonmetro counties or projects that will serve people from nonmetro counties are the priority for this funding. See Section VI. for additional information.

There is a total of \$5,820,000 available for the First Round in the following categories:

1. New Construction or Major Renovation (max grant award amount \$1M)
2. Minor Renovation or Repair (max grant award amount \$150K)
3. Equipment Costs (max grant award amount \$150K)

## II. TIMELINE & REVISION HISTORY

Notice of Funding Availability	October 14, 2020
Application Open	October 28, 2020
Application Technical Assistance Period	October 28 – December 14, 2020
Threshold Questions Submission Due	December 21, 2020 by noon
Application Submission Due	December 28, 2020 by 5:00pm
Commerce Review of Applications	January 11, 2021
Notification of Award	Late February or Early March 2021
Contract Negotiation, Drafting and Execution	Begin in April 2021
Grant Funds Must be Expended	June 30, 2024

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

## III. WHO MAY APPLY

This competitive funding round is open to government entities and tribes in the State of Washington, nonprofit businesses and for-profit businesses. Nonprofit and for-profit business entities must register with the Washington State Secretary of State and be licensed to do business in the State of Washington.

Emergency shelter and housing providers that contract for third-party services on-site or assist clients to receive behavioral health services are not eligible for these funds.

## IV. CONDITIONS OF FUNDING

1. Grant funds are for capital projects.
2. Projects must establish or expand capacity for behavioral health crisis stabilization services.
3. Projects must be located in a rural area or serve people from rural areas. Rural status will be determined through the application review process based on information provided in the application.
4. A project may be defined as the provision of equipment, new construction, renovation or repair for 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 building.

5. Grant funds may generally be used to pay for construction and capitalized equipment related expenses (see our Guidelines for more details). Commerce will reimburse for costs only if they were incurred after October 28, 2020. Any expenses before this date will not be reimbursed. These funds are not meant to reimburse organizations for projects where construction is near-completion or is complete at the time of applying for these funds. These funds cannot be used for costs of acquisition for real property.
6. An organization may apply for more than one award, and in more than one funding round, under the following conditions:
  - a. Each award being applied for in this funding round is for a different project; and
  - b. If the proposed project was awarded BHF Program funding in any past funding round or biennium, through either a direct appropriation or competitive process, you may still apply for a competitive award in this funding round, but not for the same project.
  - c. If you've previously received a BHF grant for a project you were not able to complete, you **cannot** apply for more funding for the same project.
7. The maximum amount of funds an applicant will receive is \$1,000,000 per project. If the project is for new construction, major renovation, minor renovation, or repair and you also want funds for equipment, choose either the New Construction/Major Renovation or Minor Renovation/Repair category and include equipment costs in the Uses of Funds Budget in the application. The max award amount for the construction categories cannot be added to the max award amount of the Equipment Only category. Commerce reserves the right to modify your requested funding amount based on application demand.
8. Projects must address gaps in geographical behavioral health service needs in the region. Commerce prioritizes projects that increase capacity in unserved and under-served areas of the state focusing on geographic distribution and allocation of funding based on population and the area's service needs. The application review committee, in making final funding decisions, may take into account equitable geographic distribution and an applicant's access to other sources of funds necessary to complete the project.
9. Licensing and certification requirements must be met in the facility, or by the service provider(s), where these funds are used.
10. Behavioral health services must be provided and the facility maintained for at least a ten-year period.
11. Applicants for these funds must review the [BHF Program Guidelines V.10/14/2020 for Premera Crisis Stabilization](#) to ensure a complete understanding of requirements. Noncompliance with programmatic requirements, laws, ordinances, rules and regulations during the pre-contracting, reimbursement and commitment period phases of our funding could result in the withdrawal of the funding award or recapture of funds already reimbursed.

## V. APPLICATION

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

### a. Submission Deadlines

- The applicant must answer Threshold Questions no later than the deadline stated in the table above. Commerce staff review Threshold Questions and approve an application moving forward for completion. Toward the end of the application period, staff need adequate time to review Threshold Questions and still allow an applicant enough time to submit a complete application. If you have not answered the Threshold Questions by the above deadline, you will not be allowed to complete the application.
  - Answer the Threshold Questions, click the submit button, and a Commerce program staff will contact you either with additional technical assistance, questions to facilitate the review of the question, or directions on how to move forward to complete the application. Staff, via email, will notify you within 72 hours, Monday through Friday.
- Applications must be submitted in the ZoomGrants system on or before the date identified in the table above.
  - All documents associated with the application must be uploaded into the ZoomGrant application and all applicable questions answered, by the submission deadline, for the application to be considered complete.
- Commerce staff does not review responses to application questions, except for Threshold Questions, prior to the close of application and no outreach will be provided to applicants by Commerce staff for incomplete answers. An incomplete application will not be reviewed.

### b. 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.

### c. 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 website to directly access the applications.
- If you are a new user to ZoomGrants, click this link [ZoomGrants](#) 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.

#### d. 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.
- Answer 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 ZoomGrant system when the application is successfully submitted.
- Answer all questions thoroughly and pay attention to the directions provided for each question because some questions are multi-step.

### VI. APPLICATION REVIEW & SCORING

Commerce will conduct at least two levels of review during the application evaluation:

1. An administrative review to determine whether the applicant was responsive to the Conditions of Funding and provided all the required documentation.
2. A technical review will evaluate the merits of the application.

During the review process, the review team will apply the [2013 Rural-Urban Continuum Codes \(RUCC\)](#), and if needed the [2010 Rural-Urban Commuting Area \(RUCA\) Codes](#), to the project in order to determine eligibility and prioritization. The RUCC is a classification scheme that distinguishes metropolitan counties by the population size of their metro area and nonmetropolitan counties by degree of urbanization and adjacency to metro areas. **Projects sited in nonmetro counties or projects that will serve people from nonmetro counties (codes 4 - 9) are the priority for this funding.** Nonmetro counties are defined on a continuum as having populations ranging from less than 2,500 to more than 20,000 people, with some having a high degree of economic and social integration with an adjacent major population core (metropolitan statistical area). At our discretion, we may use the Rural-Urban Commuting Area (RUCA) Codes to define sub-city designations at the zip code level. The RUCA codes classify U.S. census tracts using measures of population density, urbanization and daily commuting. If RUCA codes are used, priority will be given to codes 7 – 10.

Rural-Urban Continuum Codes
<b>1 – Adjacent to Metro Area: population 1 million or more</b>
Clark King Pierce Skamania Snohomish

**2 – Adjacent to Metro Area: population 250,000 to 1 million**

Benton  
Franklin  
Kitsap  
Pend Oreille  
Spokane  
Stevens  
Thurston

**3 – Adjacent to Metro Area: fewer than 250,000**

Asotin  
Chelan  
Columbia  
Cowlitz  
Douglas  
Skagit  
Walla Walla  
Whatcom  
Yakima

**4 – Adjacent to Non-metro Area: population of 20,000 or more**

Grays Harbor  
Island  
Kittitas  
Lewis  
Mason  
Whitman

**5 – Non-Adjacent to Non-metro Area: population of 20,000 or more**

Clallam  
Grant

**6 – Adjacent to Non-metro Area: population of 2,500 to 19,999**

Adams  
Jefferson  
Klickitat  
Okanogan

<b>7 – Non-Adjacent to Non-metro Area: population of 2,500 to 19,999</b>
Pacific
<b>8 – Adjacent to Non-metro Area: &lt;2,500 or completely rural</b>
Garfield Lincoln Wahkiakum
<b>9 – Non-Adjacent to Non-metro Area: &lt;2,500 or completely rural</b>
Ferry San Juan

Applications for will be scored based on responses to the questions outlined below. When answering these questions, please be as thorough as possible. Some questions are Yes/No and require additional information elsewhere in the application in order to substantiate the response. If additional information is not provided, and it is needed or required to substantiate an answer to a question, the application will not be reviewed. Assume the person reading and scoring the application does not know about your project, services or facility type. The following questions are provided for applicant review in preparation to complete the application in the online ZoomGrant system. Be advised that numbers for application questions and order of questions, as outlined in this NOFA, may change in the actual ZoomGrant online application.

**THIS IS NOT THE APPLICATION.**

**THRESHOLD QUESTIONS**

1. Have you reviewed the Program Guidelines and the Notice of Funding Availability, applicable to this funding opportunity, posted to the Behavioral Health Facilities website?
  - Yes
  - No
  
2. Will you create new or increased crisis stabilization services capacity with this capital facilities expansion grant? *See the NOFA for more information.*
  - Yes
  - No
  
3. Do you intend to serve rural clients?  
*See the NOFA for more information.*
  - Yes
  - No
  
4. Do you commit to provide behavioral health services at the project site where the capital facilities expansion grant is used for at least a 10-year period?
  - Yes
  - No



## GENERAL APPLICATION QUESTIONS

NOTE: There is not a number associated with these but Amount Requested and Total Project Costs are required fields in the application.

1. Please select which award type you are applying for?  
*Please select only one. If you are seeking funding for Options #1 or #2 and you also want funds for equipment, choose either Option #1 or Option #2 and include equipment costs in the Uses of Funds Budget detail later in this application. The max award amount for Options #1 or #2 cannot be added to the max award amount for Option #3.*
  - #1 New Construction or Major Renovation (max grant award amount \$1M)
  - #2 Minor Renovation or Repair (max grant award amount \$150K)
  - #3 Equipment Costs Only (max grant award amount \$150K)
  
2. Is your organization applying for more than one “project” in this funding round? If you answer ‘yes’ you must provide a list prioritizing your projects. *See the NOFA for a definition of ‘project’.*
  - Yes
  - No
  - Prioritized List of Projects Submitted:
  
3. Describe your organization’s mission.  
*Please explain.*
  
4. *What is the legal business name of the entity we will contract with if an award is made?*  
*Please explain.*
  
5. What type of business entity will we contract with if an award is made?
  - *Government*
  - *Tribe*
  - *Non-Profit Corporation*
  - *Public Benefit Corporation*
  - *General Partnership*
  - *Limited Partnership*
  - *Limited Liability Limited Partnership*
  - *Corporation*
  - *Limited Liability Company*
  
6. Is the business identified in question #4 registered with the WA State Secretary of State?
  - *Yes*
  - *No*
  - *NA*
  
7. Please provide the Unified Business Identification Number (UBI #) for the business identified in question #4:  
*This information is from the Secretary of Revenue.*
  
8. Please provide the Statewide Vendor Number (SWV#) for the business identified in question #4:  
*This information is from the Office of Financial Management. If you do not have an applicable SWV # at time of application, enter NA.*
  
9. Project Site Address? *Please answer in the following format: Address, City, State, Zip, and County*

10. Project State Legislative District?
11. What behavioral health care is currently provided at the project site?  
*Please explain.*
12. Is the project site, where the capital facility expansion grant will be used, currently licensed to operate as a behavioral health facility?
- Yes
  - No
  - NA
13. If you answered 'yes' to question #12, please list the license number(s) and expiration date(s).  
*Please explain.*
14. If you answered 'no' to question #12, provide your plan and timeline to become licensed to operate the facility and service types that will be at the project site. This timeline must include dates.  
*Please explain.*
15. Do you have a behavioral health agency license that includes a crisis stabilization certification?
- Yes
  - No
  - NA
16. If you answered 'yes' to question #15, provide your BHA license number(s) and expiration date(s).  
*Please explain.*
17. If you answered 'no' to questions #15, provide your plan and timeline to become certified to provide crisis stabilization services. This timelines must include dates.  
*Please explain.*
18. If you currently provide outpatient crisis stabilization services, how many of your providers (employed or independent contractors) who are involved in crisis stabilization services are licensed behavioral health providers? *Please explain.*
19. As part of your proposed new or increased crisis stabilization capacity, do you plan to add additional licensed behavioral health providers to be available to crisis stabilization patients? *Please explain.*
20. How much new capacity will the project create?  
*Projects must increase their service capacity, please provide an answer to at least one of the data points below. If a data point does not apply to your project, enter NA.*
- Number of new beds
  - Number of new recliners
  - Number of new outpatient clients served
21. In which county or counties will the project provide services or will clients come from?  
*In the Documents section of this application, it is required to provide supporting documentation showing the county or counties from which expected clients will come from. Please provide client count estimate if available. Note: Do not submit any personally identifiable client information.*
22. In which city or cities will the project provide crisis services or will the clients come from?

*In the Documents section of this application, it is required to provide supporting documentation showing the city or cities from which expected clients will come from. Please provide client count estimate if available.  
Note: Do not submit any personally identifiable client information.*

23. Will the project primarily serve patients residing in rural areas, or if a combination of rural and urban, approximately what percentage of each? *In the Documents section of this application, it is required to provide supporting documentation. Please provide client count estimate if available.  
Please explain.*
24. Provide an explanation of how the project will ensure that services will be accessible to clients in rural areas. *Please explain.*
25. Provide how you have assessed the demand or need for the increased capacity of crisis stabilization in the communities you will serve. *Please explain.*
26. Will this capital facilities expansion grant create new or increased capacity for inpatient, residential or outpatient services? *Select all that apply.*
- *Inpatient*
  - *Residential*
  - *Outpatient*
27. Will the project serve persons who are publicly funded?
- Yes
  - No
28. How will your organization collaborate with community agencies and other healthcare providers to support the referral of behavioral health patients to the crisis stabilization unit and the establishment of follow-up care? *Please explain.*
29. How will your organization work with local emergency rooms, first responders and DCRs to ensure a smooth referral process and open lines of communication? *Please explain.*
30. What is your plan for addressing the following aspects of crisis stabilization care?  
*Please address all of the following:*
- a. Staffing for the crisis stabilization unit or outpatient services, including clinical supervision of direct care staff
  - b. Medical services provided to patients of the crisis stabilization unit or outpatient services, when indicated
  - c. Psychotherapeutic services
  - d. Psychosocial assessment and treatment planning
  - e. Discharge planning, including follow up appointments
  - f. Psychiatric medications, when indicated
  - g. De-escalation of aggressive behaviors
31. Provide a description of the construction (and/or equipment) project's scope of work to be completed using this capital facilities expansion grant.  
*A scope of work must include how you intend to utilize the capital funds for which you are applying. Capital funds cannot be used for operations or service.*

32. Project readiness is an important aspect of your application for funding. All grant funds for this funding opportunity will expire on June 30, 2024. We must be able to understand where you are in the development process. Provide dates for the following: *Use this date format: MM/YYYY and NA if activity does not apply to your project*

\_\_\_\_\_ *Date site control achieved \*info in program guidelines will address site control*

\_\_\_\_\_ *Projected date of finalized construction budget*

\_\_\_\_\_ *Projected date of finalized equipment budget*

\_\_\_\_\_ *Projected new construction start date*

\_\_\_\_\_ *Projected renovation start date*

\_\_\_\_\_ *Projected first-date of operation*

33. Proposed projects, in facilities that provide inpatient and/or residential treatment for twenty-four hours or more, must utilize the Department of Health (DOH) Construction Review Services. Please indicated below if you have either completed or are in the process of completing a DOH Technical Assistance Review or a DOH Construction Review?

*Select all that apply.*

- *Completed DOH Construction Review Project*
- *Completed DOH Technical Assistance Review*
- *Initiated a DOH Construction Review Project*
- *Initiated DOH Technical Assistance Review*
- *NA*

34. Proposed projects, that expand service capacity of a hospital, may need to go through the DOH Certificate of Need (CoN) process. Please indicate below if you have initiated or completed a CoN specific to the proposed project.

- *Initiated a DOH Certificate of Need*
- *Completed a DOH Certificate of Need*
- *NA*

35. Proposed projects that expand services in hospitals, nursing facilities or other institutions that are primarily engaged in providing diagnosis, treatment or care of persons with mental disease, including medical attention, nursing care and related services should consult with the WA State Healthcare Authority Division of Behavioral Health Recovery (DBHR) to determine if the project will trigger the IMD designation. Have you been in contact with DBHR about the proposed expansion of services in your project site?

- *Yes*
- *No*
- *NA*

36. Are the Budget costs presented in the "Use of Funds" table in the Budget tab based on preliminary or final construction (and/or equipment) bids?

*To substantiate the Use of Funds Budget, you must upload at least one set of bids in the Documents section of the application .*

- *Preliminary bids*
- *Final bids*

## **BUDGET**

A budget outlining the capital project Sources of Funds and Uses of Funds is part of the application. The Sources of Funds is a breakdown of the sources utilized in the project and includes the Premera grant.

Funds proposed in this budget, with the exception of the Premera grant, must be substantiated with a letter of commitment. Commitment letters may come from banks, private investors, philanthropic organizations, your own organization or board, and public entities. The Uses of Funds is a breakdown of all development, construction and eligible equipment costs. Preliminary bids are required to substantiate costs. The Sources of Funds and Uses of Funds budgets must balance and must be equal to the Total Project Costs.

## DOCUMENTS

Documents must be uploaded into the ZoomGrant system by the closing date and time of the application. Applications missing documents will be considered incomplete and not reviewed.

Type of Document	Template Provided	Required
Used of Funds Budget Narrative	Yes	Yes
Commitment of Funds Statement(s)	No	Yes
Operating Budget	Yes	Yes
Rural Client Supporting Documentation	No	Yes
Preliminary Construction Bid	No	Yes – if applicable to project
Preliminary Equipment Bid	No	Yes – if applicable to project
Proof of Site Control – Deed	No	Yes – if applicable to project
Proof of Site Control – Lease	No	Yes – if applicable to project
Letters of Support	No	No
Final Construction Bid	No	No
Client Count Estimate	No	No
Other Supporting Documentation	No	No

## VII. QUESTIONS AND TECHNICAL ASSISTANCE

This publication is available in an alternative format upon request. Commerce opportunities are accessible to persons with disabilities. Accommodations may be arranged with a minimum of ten working days’ notice.

Questions specific to the ZoomGrant system, please contact ZoomGrants:

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

Phone: 866-323-5404 x2

Technical Assistance, for completing an application, may be obtained based on the timeline provided in Section II of this NOFA.

Contact BHF Program staff:

Lindsey Erickson at 564-999-3200 or [Lindsey.Erickson@commerce.wa.gov](mailto:Lindsey.Erickson@commerce.wa.gov)

Technical Assistance, for completing an application **after December 14, 2020**, may be obtained by referencing our Frequently Asked Questions (FAQ) at [Community Capital Facilities - Behavioral Health Facilities](#) webpage.

Technical assistance related to project design, licensure or certification requirements is available by contacting:

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

[Washington State Healthcare Authority - Department of Behavioral Health and Recovery](#)

[Washington State Healthcare Authority – Rural Healthcare Transformation](#)

Questions and clarifications about this NOFA, contact the NOFA Coordinator:

Tanya Mercier, Community Projects Supervisor

[Tanya.Mercier@commerce.wa.gov](mailto:Tanya.Mercier@commerce.wa.gov)

(360) 704-0139

## VIII. DISCLAIMER

Commerce reserves the right to revise this NOFA and related Guidelines at its sole discretion. If so, updated information will be published on the [Community Capital Facilities - Behavioral Health Facilities](#) webpage.