



Washington State  
Department of  
**Commerce**

**Behavioral Health Facilities  
Notice of Funding Opportunity (NOFO)  
Competitive Awards**

**Version 10/01/2021**

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

**Commerce funding materials may be available in translated formats upon request with a minimum of ten (10) working days' notice. Persons needing an accommodation should contact a Program Manager, and we will determine if the accommodation is possible.**

## DOCUMENT REVISION HISTORY

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

<b>Original Version of Document</b>	<b>Date of Revision</b>	<b>Revision</b>
9/17/21	10/1/21	Updated Funding Round Timeline
9/17/21	10/1/21	Updated the Incentivizing Projects section to include Crisis Stabilization – Trueblood Phase 2 for King County funding category
9/17/21	10/1/21	Revised language in How to Get Started and Meeting Submission Deadlines
9/17/21	10/1/21	Updated the Crisis Stabilization - Trueblood Phase 2 for King County funding category question set to provide additional application instruction.
9/17/21	10/1/21	Updated the Technical Assistance section to provide more information about upcoming webinars.

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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. Notification will be provided through the GovDelivery system to interested parties that have signed up for communications through our webpage.
- The procurement coordinator role is separate and distinct from the evaluator role; a coordinator cannot evaluate.
- 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 to applicants who request such.

## II. FUNDING ROUND TIMELINE

Notice of Funding Opportunity Posted to Web	September 17, 2021
Application Open in ZoomGrants	October 1, 2021
Informational Webinar	October 21, 2021, 10:30 AM – 12:00 PM
Live Questions & Answers Period	September 17 – November 17, 2021
Pre-Application Responses Due	Noon (PST), November 16, 2021
Complete Application Submission Due	5:00pm (PST), December 1, 2021
Commerce Review of Applications	Beginning December 2021
Subject Matter Expert Review of Applications	Beginning January or February, 2022
Notification of Award	By March 2022
Application Debrief Period	Available for a two-week period post award announcement
Contract Negotiation, Drafting and Execution	Begin after the debrief period has concluded
Grant Funds Must be Expended	June 30, 2023 NOTE: See Guidelines for more explanation.

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

NOTE: The Child and Minor Youth Funding Category, for \$1,940,000 in funding, will open at a later date, potentially sometime in November, 2021. A separate NOFO will be issued for that competitive funding round and more information will be pushed out to interested parties through our GovDelivery system. If you want to receive notifications about this funding, be sure to sign-up on our webpage.

### III. FUNDING AVAILABILITY

The 2021-2023 Legislature's [capital budget](#) appropriated \$69,258,000 for the Behavioral Health Facilities (BHF) Program competitive process. The Department of Commerce (Commerce) is soliciting applications from eligible organizations to implement Behavioral Health Facility capital projects.

### III. 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. Funding must be utilized in the manner outlined in the application.

2. Collaboration with one or more regional behavioral health entities that administer the purchasing of services is required of applicants and these relationships must be maintained.
3. Awardees must have and maintain a Washington State business license through the Department of Revenue (DOR) and be registered with the Washington Secretary of State (SOS), if applicable.
4. Awardees must obtain and maintain licensure and certification for the facility and behavioral health services provided at the facility through the Department of Social and Health Services (DSHS) and the Department of Health (DOH), depending on the facility types and services provided.
5. Awardees must commit to serve persons who are publicly funded.
6. Awardees of facilities required to treat people with involuntary treatment orders must commit to serve persons detained under the involuntary treatment act per [71.05 RCW](#) 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.
7. Grant funds are only 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 [project webpage](#).
8. Grant funds are only 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.
9. Grant funds cannot be used for costs incurred before the date of award letter. This includes acquisition costs.

10. 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. 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. 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.
11. 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).
12. The awardee must maintain and operate the facility and provide behavioral health services for the commitment period of fifteen (15) years.

#### **IV. 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

## V. INCENTIVIZING PROJECTS

For certain Funding Categories, we will incentivize projects as identified below.

The Funding Categories that we will incentivize include:

- 90 and 180-day LTCC
- Crisis Triage and Stabilization
- Crisis Stabilization – Trueblood Phase 2 for King County
- Enhanced Services Facility (ESF)
- Regional Needs

For **90 and 180-day LTCC** facilities, we will increase the total scored points for projects sited in King County, the North Central Region to include Chelan, Douglas, Grant and Okanogan counties, Pierce County and Spokane County. For **ESFs**, we will increase the total scored points for projects sited in King County, Pierce County and Snohomish County. For the **Crisis Stabilization – Trueblood Phase 2 for King County**, only projects sited in Seattle and South King County are eligible to apply for this funding category. Seattle is defined by zip codes to include: 98101-98109, 98111-98119, 98121-98122, 98124-98127, 98129, 98131-98132, 98134, 98136, 98138-98139, 98141, 98144 – 98145, 98154, 98161, 98164 – 98165, 98170-98171, 98174-98175, 98181, 98185, 98190-98191, 98194-98195 and 98199. And South King County includes: Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Pacific Renton, Tukwila, Sea Tac, White Center/Boulevard Park and Vashon Island.

For the proposed projects in the **Crisis Triage and Stabilization** and **Regional Needs** categories, we will prioritize projects either sited in a rural county or that serve clients from rural areas. We will use the [2013 Rural-Urban Continuum Codes \(RUCC\)](#), and if needed the [2010 Rural-Urban Commuting Area \(RUCA\) Codes](#), in order to determine rural 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 the Regional Needs and Crisis Triage and Stabilization 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. Below is information on how Washington State counties are classified. This only applies to the Regional Needs and Crisis Triage and Stabilization funding categories.

<b>Rural-Urban Continuum Codes</b>
<b>1 – Adjacent to Metro Area: population 1 million or more</b>
Clark King Pierce Skamania Snohomish
<b>2 – Adjacent to Metro Area: population 250,000 to 1 million</b>
Benton Franklin Kitsap Pend Oreille Spokane Stevens Thurston
<b>3 – Adjacent to Metro Area: fewer than 250,000</b>
Asotin Chelan Columbia Cowlitz

Douglas Skagit Walla Walla Whatcom Yakima
<b>4 – Adjacent to Non-metro Area: population of 20,000 or more</b>
Grays Harbor Island Kittitas Lewis Mason Whitman
<b>5 – Non-Adjacent to Non-metro Area: population of 20,000 or more</b>
Clallam Grant
<b>6 – Adjacent to Non-metro Area: population of 2,500 to 19,999</b>
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

## 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.

The maximum award for any one project is based on the Funding Category as defined below. Applicants may only apply in one Funding Category per project.

<b>Funding Category</b>	<b>Maximum Award Amount</b>
90/180-Day Long-term Civil Commitment	\$2,494,286.00
Crisis Triage and Stabilization	\$1,940,000.00
Crisis Stabilization – Trueblood Phase 2 for King County	\$5,820,000.00
Enhanced Services Facilities	\$1,875,333.00
Intensive Behavioral Health Treatment Facilities	\$2,279,500.00
Peer Respite	\$970,000
Regional Needs	\$2,328,000.00
Secure Withdrawal Management and Stabilization	\$1,940,000.00
Specialized Dementia Care	\$2,425,000.00

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).

In all cases, the “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 Contract Term of the capital contract be a licensed behavioral health facility with applicable certified behavioral health services.

## 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 table above. Commerce staff will review Pre-Application Questions and either reach out to the applicant for further information or approve an application to move forward for completion.
  - 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, 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, 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 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 will be considered non-responsive and will 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 website](#) 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' or 'required if applicable' and you do not submit the requested material, the application will be considered incomplete and not reviewed.

## VI. 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. 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, the question will be scored as a 'No Response'. 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 be slightly different in the actual application from how they appear below. The questions below are for information purposes only.

**DO NOT ENTER RESPONSES BELOW. APPLICATIONS MUST BE SUBMITTED THROUGH ZOOMGRANTS.  
THIS IS ONLY FOR INFORMATIONAL PURPOSES TO PROVIDE A LIST OF THE QUESTIONS THAT ARE IN ZOOMGRANTS.**

## 2021-2023 Behavioral Health Facilities Application Questions

### Pre-Application 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](#) webpage?
  - Yes
  - No
  
2. What type of eligible organization is the applicant?
  - Community hospital
  - Community based behavioral health provider
  
3. Is the applicant the same entity we will contract with if an award is made?
  - Yes
  - No
  
4. Has the applicant been in contact with one or more [Behavioral Health Organization](#) (BH-ASO) or [Integrated Managed Care](#) (MCO) entities that administer the purchasing of services?
  - Yes
  - No
  
5. Will the proposed project address gaps in behavioral health service needs in the region? (*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.*)
  - Yes
  - No
  
6. Does the applicant currently own or operate other licensed behavioral health sites? If 'Yes,' list the names of other sites owned or operated by the applicant. For each named site, tell us if the applicant is the:
  - Owner

- Operator
- Owner/operator

And if the site is licensed by

- DCYF
- DSHS
- DOH

In addition, tell us the licensure or certification numbers and what behavioral health services are provided. *(If the applicant does not currently own or operate a behavioral health site, answer NO.)*

7. If the applicant isn't currently licensed or certified for behavioral health services, has all applicable RCWs and WACs been reviewed? Moreover, has contact been made with all applicable state agencies regarding licensing, certification and contracting requirements applicable to the proposed site? Provide a brief description of the steps taken to date and a description and timeline for steps that will be taken, before the close date of this application on December 1, 2021, to increase your understanding about licensing, certification and service contracting. *(If this question does not apply, answer NA.)*
  
8. Will the applicant be the operator of the behavioral health service site where the BHF grant will be used? *(In the response, indicate Yes or No. If 'No' tell us the name of the entity that will operate the facility and also provide the same information from questions 6 & 7 for the entity that will operate the facility. If the operating entity is not yet known, indicate TBD and provide a plan and timeline for when the operator will be acquired.)*
  
9. Funding through the BHF program requires that once the capital project is complete, behavioral health service capacity be increased. Will the proposed project increase behavioral health service capacity as defined in [71.24 RCW](#) and [71.36 RCW](#)?
  - Yes
  - No
  
10. If an award is made, do you commit to provide licensed behavioral health services at the site where the BHF grant is used for at least a 15-year period following the last payment of reimbursable costs?
  - Yes

No

**11.** Tell us about the status of the following activities specific to the proposed project. For each activity, indicate the status of completion. (As your response, indicate NA, no start, planning, in process or completed as your answer to each of the items listed below.)

Activity	Status
Feasibility Study	
Market Study	
Fundraising or Finance in order to complete the project	
Working with a Realtor to determine costs of acquisition, if applicable	
Site control (aka ownership or leasing real property)	
Architecture & Engineering	
Zoning review	
City/County permitting	
Construction bid	
Coordination with <a href="#">DOH Construction Review Services</a>	
<a href="#">LEED</a> or <a href="#">ESDS</a>	
Finalization of construction and equipment budget	
Negotiated binding agreements with contractors	
Demolition	
Site preparation	
Construction or renovation	
Coordination with the Behavioral Health Organization (BH-ASO) and Fully Integrated Managed Care Organization (MCO) in the region	
<a href="#">Executive Order 21-02</a>	
Behavioral health services licensing review	

	<p><b>12.</b> If an award is made, the successful applicant may be required to comply with all applicable Public Works statutes (<a href="#">RCW 39.80</a> and <a href="#">39.04</a>), Prevailing Wage (<a href="#">RCW 39.12</a>) and <a href="#">Apprenticeship</a>. These requirements must be followed if applicable to the proposed project. Do you agree to abide by all applicable statutes?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>13.</b> Has a direct appropriation or competitive award through the BHF Program been awarded, for any work previously conducted at the site? If the answer is yes, tell us how the scope of work for this proposed project will be 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 NOFA. If this question does not apply, answer NA.)</p> <p><b>14.</b> Is there a housing component to the proposed project?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>15.</b> If you answered yes to question #14, tell us more about the housing component. In the response tell us about all of the following:</p> <ul style="list-style-type: none"> <li>• What kind of housing will be provided</li> <li>• Who is the demographic for the housing</li> <li>• How long can a person stay</li> <li>• What services (not including the behavioral health services) will be provided</li> <li>• Information about certifications or licensure from DOH that are required and how you will go about obtaining the required certification or licensure.</li> </ul>
<p><b>General Application Questions - Award Information</b></p>	<p><b>1.</b> The capital project will involve many development and construction-related activities. Specifically, <b>how will the BHF grant be used?</b> (Select all that apply)</p> <p><input type="checkbox"/> <u>To purchase real property</u></p> <p><input type="checkbox"/> <u>For reimbursement of acquisition costs already incurred to purchase real property</u></p> <p><input type="checkbox"/> <u>To plan and design the facility</u></p> <p><input type="checkbox"/> <u>To pay for tenant improvement capital costs</u></p>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> <u>To renovate existing square footage of a facility</u></li> <li><input type="checkbox"/> <u>For new construction of a facility</u></li> <li><input type="checkbox"/> <u>For new construction to add new square footage to an existing facility</u></li> <li><input type="checkbox"/> <u>To provision a facility with allowable equipment</u></li> </ul> <p>2. If applying for more than one “project,” in any of the funding rounds currently open for COM Behavioral Health Facilities program funding, provide a ranked list that clearly indicates your priority for funding if all projects applied for can’t be funded. In the response, indicate what funding category the other project is being applied for, the name of the project as indicated on the application for funding, and the priority of that project for funding if all projects being applied for can’t be funded.</p>
<p><b>General Application Questions - Applicant Information &amp; Organizational Capacity</b></p>	<p>3. State and describe your organization’s mission and if there is a website, provide the web address.</p> <p>4. What type of entity is the applicant? (<i>Select Only One</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Government</li> <li><input type="checkbox"/> Tribe</li> <li><input type="checkbox"/> Non-Profit Corporation</li> <li><input type="checkbox"/> Public Benefit Corporation</li> <li><input type="checkbox"/> General Partnership</li> <li><input type="checkbox"/> Limited Partnership</li> <li><input type="checkbox"/> Limited Liability Limited Partnership</li> <li><input type="checkbox"/> Corporation</li> <li><input type="checkbox"/> Limited Liability Company</li> <li><input type="checkbox"/> Sole Proprietorship</li> </ul> <p>5. If an award is made, and to contract for the grant, the awardee must be licensed to do business in the state of Washington through the <a href="#">Department of Revenue (DOR)</a>. Are you currently licensed with DOR or can become licensed by DOR?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, currently licensed</li> <li><input type="checkbox"/> No, not licensed but can become licensed</li> <li><input type="checkbox"/> No, not licensed and cannot become licensed</li> </ul>

6. What is the legal business name, as registered with the Department of Revenue (DOR), of the entity we will contract?
7. Provide the WA State Department of Revenue Unified Business Identification Number (UBI) for the business identified.
8. If the name provided as the legal business name, in questions #6, is different from the name provided as the applicant of this funding application, please provide a brief explanation.
9. If an award is made, and to contract for the grant, all non-profit or for-profit entities must be registered with the Washington State [Secretary of State \(SOS\)](#). Are you currently registered with SOS or can become registered with SOS?
  - Yes, currently registered
  - No, not currently registered but can become registered
  - No, not currently registered and cannot become registered
  - NA
10. Provide the [Statewide Vendor Number \(SWV\)](#) for the business identified in question #6.  
*(This information is from the Office of Financial Management. If you don't have an applicable SWV# at time of application, enter TBD. A SWV number, associated with the entity we contract with, will be required if the project is selected for funding.)*
11. If the applicant is a subsidiary of another organization, do you have support from the parent organization for the long-term commitment and success of this proposed project?
  - Yes
  - No
  - NA
12. This grant requires coordination with various WA State Departments during the entire grant term and the commitment period. This may include data requests, visits or audits from program staff, and communication about service changes for the site (including interruption, expansion, location updates, etc.). Please describe how the applicant will coordinate these kinds of updates and communications.

**13.** Tell us which local [BH-ASO](#) entities the applicant has started working with to support the coordination of behavioral health services for individuals served by the proposed project. *(Select all that apply)*

**BH-ASO**

- Beacon Health Options - Pierce
- Beacon Health Options – Southwest
- Beacon Health Options – North Central
- Great Rivers
- Greater Columbia
- King
- North Sound
- Salish
- Spokane
- Thurston-Mason

**14.** Tell us which local [MCO](#) entities the applicant has started working with to support the coordination of behavioral health services for individuals served by the proposed project. *(Select all that apply)*

**MCO**

- Apple Health Foster Care
- Great Rivers
- Greater Columbia
- King
- North Central
- North Sound
- Pierce
- Salish
- Southwest Washington
- Spokane
- Thurston-Mason

	<p><b>15.</b> Describe the BH-ASO and MCO’s willingness to work with your organization. Also tell us if you have a relationship with any managed care plans that you are not contracted.</p>
<p><b>General Application Questions - BH Site Location &amp; Project Readiness</b></p>	<p><b>16.</b> What is the address of the site where the grant funds will be used? <i>(Please answer in the following format: Address, City, State, Zip. If an address hasn’t been established for the site, provide the abbreviated legal description, and latitude &amp; longitude of the site. If a site is yet to be leased or purchased, enter TBD.)</i></p> <p><b>17.</b> What is the county where the proposed project will be sited? Washington counties: Adams, Asotin, Benton, Chelan, Clallam, Clark, Columbia, Cowlitz, Douglas, Ferry, Franklin, Garfield, Grant, Grays Harbor, Island, Jefferson, King, Kitsap, Kittitas, Klickitat, Lewis, Lincoln, Mason, Okanogan, Pacific, Pend Oreille, Pierce, San Juan, Skagit, Skamania, Snohomish, Spokane, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, Whitman, Yakima. <i>(Choose only one Washington county)</i></p> <p><b>18.</b> Specific to the site where the grant funds will be used, do you currently own or lease the property? If you are leasing, do you have a long-term commitment from the owner if you are leasing?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Own</li> <li><input type="checkbox"/> Lease of less than 15-years remaining on the term and owner is not aware we have applied for this funding.</li> <li><input type="checkbox"/> Lease of less than 15-years remaining on the term and owner is aware we have applied for this funding and is supportive of extending the lease to meet the requirements of the BHF Program.</li> <li><input type="checkbox"/> Lease of 15 or more years remaining on the term and owner is not aware we have applied for this funding.</li> <li><input type="checkbox"/> Lease of 15 or more years remaining on the term and owner is aware we have applied for this funding and is supportive of the requirements of the BHF Program.</li> <li><input type="checkbox"/> None of the above</li> </ul> <p><b>19.</b> If neither leased nor owned, briefly tell us about the timeline to secure real property. <i>(If this question does not apply, answer NA.)</i></p> <p><b>20.</b> Scope of Work: Tell us about the acquisition and/or construction project Scope of Work to be completed using the BHF grant. For example, what are your specific plans for the grant funds? Do not assume that</p>

anyone reading this application knows anything about you, your area or the development/construction of the project as proposed. (*REMINDER: Capital funds can't be used for operations or services so don't include this in your Scope of Work.*)

- 21.** What are your plans to acquire the zoning and permits necessary for this site? What other options or alternative are available if local jurisdiction authorization isn't obtained? If you have not already done so, please review the [Behavioral Health Model Ordinance](#) and communication toolkit on the Commerce website.
- 22.** How do you anticipate overcoming delays due to materials shortages or labor shortages and increase in materials costs?
- 23.** Project readiness is an important component in our funding decision. All grant funds for this funding opportunity will expire on June 30, 2025. We must be able to understand where you are in the development process. (*Provide dates for all of the following.*)

<b>Activity</b>	<b>Date</b> <i>Use this date format: MM/DD/YYYY.)</i>
If funds, in addition to the BHF grant, are needed in order to complete the proposed project, as outlined in Question #19, by what date is/will those funds be committed.	
If there is more work to be done on the behavioral health facility, than is outlined in Question #19, by what date is/will those funds be committed for completion of the facility.	
If the proposed 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 that portion of the project is/will be committed.	
	Date site control was or will be achieved.	
	Projected date of finalized construction budget for the proposed project, outlined in Question #19.	
	Projected date of finalized equipment budget for the proposed project, outlined in Question #19.	
	Projected date for zoning and permitting to be complete for the behavioral health facility.	
	Projected new construction start date for the behavioral health facility.	
	Projected renovation start date for the behavioral health facility.	
	Projected completion date of new construction or renovation	
	Projected date of licensure and certification for behavioral health services	
	Projected first-date of operation	
<p><b>24.</b> Proposed projects, in facilities that provide inpatient or residential treatment for twenty-four hours or more, must utilize the <a href="#">Department of Health (DOH) Construction Review Services</a>. 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?</p>		

	<p><i>(Select all that apply.)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed DOH Construction Review Project</li> <li><input type="checkbox"/> Completed DOH Technical Assistance Review</li> <li><input type="checkbox"/> Initiated a DOH Construction Review Project</li> <li><input type="checkbox"/> Initiated DOH Technical Assistance Review</li> <li><input type="checkbox"/> NA</li> </ul> <p><b>25.</b> Proposed projects, that expand the service capacity of a hospital, may need to go through the <a href="#">DOH Certificate of Need (CoN)</a> process. Please indicate the date you have had a communication with DOH about this requirement, and initiated or completed a CoN specific to the proposed project. <i>(If this question does not apply, answer NA.)</i></p> <p><b>26.</b> Proposed projects that expand inpatient or residential beds in excess of 16-beds for hospitals, nursing facilities or other community-based facilities may trigger the 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) <a href="#">Division of Behavioral Health Recovery (DBHR)</a> must occur in order to determine if the project will trigger the IMD designation. Indicate the date you have had communication with DBHR about the proposed number of beds at the proposed project site. <i>(If this question does not apply, answer NA.)</i></p>
<p><b>General Application Questions - Service Capacity</b></p>	<p><b>27.</b> Tell us what you know about all behavioral health services currently provided within the BH-ASO region where the proposed project will be sited. The response must include:</p> <ul style="list-style-type: none"> <li>• What types of services are available?</li> <li>• How effectively are people able to access services?</li> <li>• What are the disparities within your region for behavioral health services? For example what services are missing, what populations are going underserved or unserved, and how is access to services an issue?</li> </ul>

- 28.** If the site, where the BHF grant will be used, is currently operational tell us about the current behavioral health service capacity. The response must include:
- If the site is not currently operational, enter NA.
  - What services is the site licensed/certified to provide? Identify if the licensure for the services is provided by DCYF, DSHS or DOH.
  - What is the staffing pattern?
  - How do you mitigate for infectious disease outbreaks?
  - 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 you served with those beds in 2019 and 2020.
  - If recliners are in use at the site, tell us how many recliners you have and how many people you served in 2019 and 2020.
  - If you provide out-patient services, how many people did you serve in 2019 and 2020?
- 29.** Once the proposed project is complete, tell us about all of the following:
- What behavioral health services will be provided and what is the anticipated overall increase in behavioral health service capacity?
  - How does this increase in behavioral health services address gaps in services within your region?
  - If clients will come to the facility from outside of the region, what is the transportation plan to serve clients from surround areas?
  - What will the staffing pattern be?
  - How will staff be recruited and retained?
  - How will you mitigate for infectious disease outbreaks?
  - If you will provide new beds, how many total new beds and how many new beds specifically for each service type provided?
  - If you will use recliners, how many new recliners?
  - If you will do out-patient services, how many people do you anticipate serving in the first full year of operations?
  - Provide details about how the behavioral health services capacity will be maintained over time at this site.

	<p><b>30.</b> Based on your answers to question #27 and #29, what data have you used that informs those answers?</p> <p><b>31.</b> If the type of services the applicant will provide at the proposed site <b>allow</b> for services to be provided to persons detained under the involuntary treatment act under chapter <a href="#">71.05 RCW</a>, do you commit to serve these people?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> NA</p> <p><b>32.</b> If you answered yes to question #31, tell us about how you will work with local courts and prosecutors to ensure that prosecutors and courts in the area served by the hospital or community based provider site will be available to conduct involuntary commitment hearings and proceedings under chapter <a href="#">71.05 RCW</a>. <i>(If this question does not apply, answer NA.)</i></p> <p><b>33.</b> If an award is made, do you commit to serve persons who are publicly funded?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>General Application Questions - Community Benefit</b></p>	<p><b>34.</b> Describe how issues identified below will be addressed at the site. If services will not be provided directly at the site, how are you partnering with others to provide services to clients served at the facility? The response must include all of the following:</p> <ul style="list-style-type: none"> <li>• What services are available for people with co-occurring <a href="#">developmental</a> or <a href="#">intellectual</a> disabilities so they can access the mental and behavioral health services at the facility?</li> <li>• What sort of transportation assistance is available to people who will be served by the facility?</li> <li>• How will language barriers be handled?</li> <li>• How will underserved and historically marginalized communities and communities of color be served?</li> <li>• How will the facility coordinate services for Tribal members?</li> <li>• How will the facility coordinate services for people who may be experiencing homelessness?</li> <li>• How will the facility address evening or weekend needs for mental and behavioral health?</li> </ul>

	<ul style="list-style-type: none"> <li>• What other services, or coordination of services, will be provided at this site that may be lacking in the community?</li> </ul> <p><b>35.</b> Describe the applicant’s experience/expertise providing culturally competent behavioral health services. If you have no experience, how do you intend to provide culturally responsive services?</p> <p><b>36.</b> Describe the community partnerships your organization has formed through collaboration, coordination, and community networking with other organizations to strengthen your behavioral health services in the community where this project will be sited.</p>
<p><b>Application Questions for Enhanced Service Facilities</b></p>	<p><b>37.</b> Does the applicant commit to serve people with personal care &amp; challenging behaviors who are discharging or diverting from state hospitals into services provided through the <a href="#">DSHS Aging &amp; Long-Term Support (AL TSA)</a>?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>38.</b> Is the applicant working, or has worked, with AL TSA to understand the need for an ESF that serves AL TSA clients in the county in which you propose to develop an ESF?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>39.</b> Does the applicant have at least two years’ experience operating a long-term care residential setting?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>40.</b> Does the applicant have at least two years’ experience working with adults with challenging behaviors?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p><b>41.</b> Does the applicant have experience writing or implementing behavior support plans, similar to what is outlined in <a href="#">WAC 388-107-0160</a>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>Application Questions for Specialized Dementia Care</b></p>	<p><b>37.</b> Will this grant be used to create or expand <a href="#">Specialized Dementia Care Program (SDCP) Plus</a> beds?"</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>38.</b> How many years of training and experience will the staff at the facility have in serving clients with dementia?</p> <p><b>39.</b> What is the applicant’s understanding of the licensing requirements for an Assisted Living Facility found in <a href="#">WAC 388-78A</a>?</p> <p><b>40.</b> How will the applicant implement the SDCP contractual requirements and standards of care found in <a href="#">WAC 388-110-220</a>?</p>
<p><b>Application Questions for Secure Withdrawal Management and Stabilization</b></p>	<p><b>37.</b> Explain the applicant’s commitment to work with <a href="#">Designated Crisis Responders (DCR)</a>, mobile outreach teams, and other community crisis stabilization providers. Provide examples if possible.</p> <p><b>38.</b> Explain how the applicant will establish and maintain a working relationships with all applicable emergency rooms, and medical transport companies.</p> <p><b>39.</b> Demonstrate a plan for clinical understanding of <a href="#">Secure Withdrawal Management and Stabilization (SWMS)</a> facilities, including all of the following:</p> <ul style="list-style-type: none"> <li>• Staffing (including emergency staffing pattern)</li> <li>• Medical services</li> <li>• Assessment and treatment services</li> </ul>

	<ul style="list-style-type: none"> <li>• Discharge planning</li> <li>• Medication assisted treatment</li> <li>• Role of DCR and court process</li> <li>• Maintaining a secure facility addressing the population served</li> <li>• Coordination with parent, guardian, tribe, social support and any other identified individual</li> </ul> <p><b>40.</b> How will your organization update and be accountable to sustaining a successful treatment practice while State laws, Federal laws, and Washington State Department policies undergo changes?</p> <p><b>41.</b> Explain how the applicant is prepared to accept American Indian/Alaskan Native populations and sign on to a Fee for Service Contract with HCA. Additionally, how will the applicant coordinate with <a href="#">Tribes within Washington state</a> &amp; <a href="#">Urban Indian Organizations</a>?</p> <p><b>42.</b> Explain how your organization will provide and update the forms of services and treatments that meet the needs of individuals from diverse backgrounds? Examples of diversity include race, religion, country of origin, language, disabilities, cultural, economic, gender, sex, and behavioral health.</p>
<p style="text-align: center;"><b>Application Questions for Intensive Behavioral Health Facilities</b></p>	<p><b>37.</b> Did the applicant review the <a href="#">IBH Treatment Services toolkit</a> on the Commerce Behavioral Health Facilities webpage?</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No </p> <p><b>38.</b> How will your organization staff the facility adequately with an approximation of the staffing outlined in the toolkit?</p> <p><b>39.</b> Describe the plan for how the environment of the facility and services will adhere to the <a href="#">Substance Abuse and Mental Health Services Administration (SAMHSA) principles of Trauma Informed Approach</a> and how this will ensure vulnerable populations are kept safe in the milieu facility and the community without infringing on their rights.</p>

	<p><b>40.</b> Describe the plan to address limited egress while respecting resident’s rights and follow the WAC requirements.</p> <p><b>41.</b> <a href="#">Intensive Behavioral Health Treatment Facility (IBHTF)</a> is a new facility type for the State of Washington, the expectation is that IBHTFs will fill a need for people in long-term hospitalizations who have difficulty finding community placement due to their complex mental health needs and/or legal and/or clinical history. Please describe how the proposed facility will fulfill this goal.</p> <p><b>42.</b> Describe how the applicant has programmatic experience serving people with complex behavioral health needs who may have had multiple stays in a state hospital or other inpatient environment due to lack of support in the community and the services you provided to them that promote recovery and resilience that reduced the need for inpatient stays.</p> <p><b>43.</b> Will the facility serve individuals with a co-occurring mental illness and <a href="#">intellectual</a> or <a href="#">developmental</a> disabilities?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>44.</b> If you answered yes to number #43, describe the plan to provide appropriate rehabilitative and mental health treatment, detailing specific intervention/treatments that promote recovery to individuals with a mental illness and a co-occurring intellectual or developmental disabilities living in this facility. <i>(If this question does not apply, answer NA.)</i></p>
<p><b>Application Questions - 90/180-Day Long-term Civil Commitment</b></p>	<p><b>37.</b> Did the applicant review the <a href="#">90- and 180-Day Long Term Civil Commitment toolkit</a> on the Commerce Behavioral Health Facilities webpage?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>38.</b> Explain the applicant’s commitment to serving individuals on a 90- or 180-day <a href="#">Long Term Civil Commitment Order (LTCC)</a> who have traditionally struggled in their community and other community settings and may have a history of criminal offenses against person or property related to symptoms of mental illness. The response must include specific examples of what this may look like.</p>

- 39.** Please confirm the applicant understands the expectation to accommodate the physical movement needs of someone staying in the facility for a 90- or 180-day stay or longer?
- Yes
  - No
- 40.** Will the facility offer outdoor access?
- Yes
  - No
- 41.** Will the facility offer outdoor activity space?
- Yes
  - No
- 42.** Will the facility provide for large body movement?
- Yes
  - No
- 43.** Is the applicant familiar with the RCWs pertaining to due process ([71.05.300](#) and [71.05.310](#))?
- Yes
  - No
- 44.** Does the applicant have a plan in place to provide court hearings for the individuals in the 90- or 180-day beds? This would include consulting with the county's superior court.
- Yes
  - No
- 45.** Describe the applicants experience in providing care for individuals on (120 hours/14 day) short-term civil commitment orders (STCC) and (90- or 180- day) long-term civil commitment (LTCC) orders.

	<p><b>46.</b> Describe the applicants understanding of the specific programming and treatment needs for an individual on a LTCC order. Describe the clinical model(s) for providing treatment to individuals on 90- or 180-day long LTCC orders, include detail on evidence-based practices, Trauma Informed Approach and recovery-oriented treatment and interventions used. Include examples of successful intervention(s) and/or specific challenges. If the applicant has no experience, what is envisioned for this site?</p> <p><b>47.</b> How will the applicant meet the medical (routine and emergent) and personal needs (dietary restrictions, dental care, PT/OT, family visits, spiritual accommodations, haircuts, etc.) of individuals who will be admitted to the facility and occupy a 90- or 180-day long term bed?</p> <p><b>48.</b> Describe the plan to provide robust discharge planning for an individual on a 90- or 180-day LTCC order to prevent readmission? Indicate what important considerations will be addressed.</p> <p><b>49.</b> Describe the applicant’s ability, commitment, and expertise in serving the following populations, to include but not be limited to:</p> <ul style="list-style-type: none"> <li>• High acuity medical,</li> <li>• Traumatic Brain Injury,</li> <li>• Intellectual disability and/or developmental disability</li> <li>• Assaultive behaviors</li> <li>• Personality disorders</li> <li>• History of sex offense</li> <li>• History of arson</li> <li>• Neuro-cognitive disorders (e.g., dementia)</li> </ul>
<p><b>Application Questions for Peer Respite</b></p>	<p><b>37.</b> Did the applicant review the <a href="#">Peer Respite toolkit</a> on the Commerce Behavioral Health Facilities webpage?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>38.</b> Describe your organizational structure and governing body and authority.</p> <p><b>39.</b> Describe how your organization promotes and supports the <a href="#">values of recovery</a> as defined by SAMSHA.</p>

- 40.** Describe your organizations' values and practices in forming a peer respite and the planned implementation of these principles.
- 41.** Describe the applicant's plan to maintain a recovery focus while working within a Medicaid environment.
- 42.** Does the applicant intend the mental health professional to be a [certified peer counselor](#)?
- Yes
  - No
- 43.** Which best describes the applicant's model for 24 hour, 7 day a week respite?  
(Select *all that apply*)
- Two or more peers are on site at all times
  - MHP present full time
  - MHP present as needed
  - less than two peers are on site
  - MHP not present on regular schedule or as needed
- 44.** Will the applicant form relationships with any of the following?  
(Select *all that apply*)
- Local crisis responders
  - Behavioral health service providers and agencies
  - Evaluation and treatment centers/hospitals, or other behavioral health facilities
  - Managed Care Organizations and/or BH-ASOs
  - Other community groups
- 45.** Does the applicant have experience delivering peer services funded by Medicaid?
- Yes
  - No
- 46.** Which best describes the approach that will be taken to identify individuals in psychiatric distress for respite stays?

	<p>(Select <i>all that apply</i>)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-Identification</li> <li><input type="checkbox"/> Clinical Judgement</li> <li><input type="checkbox"/> Clinical Assessment</li> <li><input type="checkbox"/> Previous Diagnosis/experience with client</li> </ul> <p><b>47.</b> Select all elements of the programing that will be provided at the peer respite. (Select <i>all that apply</i>).</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Peer support</li> <li><input type="checkbox"/> Wellness Recovery Action Plans</li> <li><input type="checkbox"/> Wellness and/or Recovery Groups</li> <li><input type="checkbox"/> Arts and/or recreations classes</li> <li><input type="checkbox"/> Skills classes</li> <li><input type="checkbox"/> Employment classes</li> </ul> <p><b>48.</b> What is the applicant’s plan to operationalize the limit of seven-day respite stays, including services for those without housing. Describe at least three practices that will be used.</p> <p><b>49.</b> Please describe the applicant’s draft policy for meeting situations beyond the training or ability of staff to manage, including daily, after hours and on weekends.</p>

Applicants applying for funding in the Crisis Stabilization - Trueblood Phase 2 for King County category should be aware there are court ordered timelines for bringing these facilities online. Project readiness and operations experience are vitally important to the success of these projects and will be a significant factor in our determining the successful applicant for these funds. Successful applicants must be able to move forward in executing a contract with Commerce by June 30, 2022 for these capital funds and be under construction no later than December 2022. Please review the program guidelines to ensure you understand the pre-contracting process. At the end of the General Application Questions there is space for the applicant to provide the Seattle or South King County location where the project will be sited.

Two projects will be awarded in this funding round. One project must be sited in Seattle and that area is defined by zip codes to include: 98101-98109, 98111-98119, 98121-98122, 98124-98127, 98129, 98131-98132, 98134, 98136, 98138-98139, 98141, 98144 – 98145, 98154, 98161, 98164 – 98165, 98170-98171, 98174-98175, 98181, 98185, 98190-98191, 98194-98195 and 98199. And one project must be sited in one of the following areas of South King County: Auburn, Black Diamond, Burien, Covington, Des Moines, Enumclaw, Federal Way, Kent, Maple Valley, Normandy Park, Pacific Renton, Tukwila, Sea Tac, White Center/Boulevard Park and Vashon Island.

**Application Questions for Crisis  
Stabilization for Trueblood  
Phase 2**

- 37.** Tell us about the experience the applicant has in identifying and treating people in crisis and administering a [crisis triage and stabilization facility](#). Provide the length of time the applicant has worked in the field specific to crisis triage and stabilization and also specific examples from facilities the applicant has operated.
- 38.** The successful awardee of funds for a crisis triage and stabilization facility related to the [Trueblood settlement](#) will need to abide by certain requirements of the Trueblood Phase 2 Implementation Plan mandated by the court. The awardee will need to work with Commerce to ensure the grant is under contract no later the June 30, 2022. There are many pre-contracting requirements that must be met before Commerce can get under contract, be sure to review the Program Guidelines to ensure the pre-contracting requirements will be met. In addition, construction of the facility must begin no later than December 1, 2022. Is the applicant for these funds confident in their ability to meet the milestones outlined here?
- Yes
  - No
- 39.** Please identify how the facility will meet the behavioral health needs of residents of King County experiencing crisis, including stabilizing acute symptoms for community walk-ins as well as for assessing law enforcement drop-offs needing behavioral health assessments. Include outreach efforts to address both rural and urban communities as well as steps to return individuals to their area of origin.

	<p><b>40.</b> Explain how the facility will establish or maintain cross-system communication and collaboration with community hospitals, law enforcement agencies, tribal nations, mobile crisis teams, and community agencies? Identify how outreach, education, and status updates for the construction project will occur.</p> <p><b>41.</b> Will the facility have standard exclusion criteria for not accepting an individual?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><b>42.</b> If you answered ‘Yes’ to #41, what is the plan for individuals that do not meet the admission criteria? <i>(If this question does not apply, answer NA.)</i></p> <p><b>43.</b> How will the applicant identify and support individuals who have had multiple admissions into a crisis facility within a 30-day timeframe?</p>										
<p><b>Application Questions for Regional Needs</b></p>	<p><b>37.</b> Describe the characteristics of the population that will be served at the proposed facility and the services that will be provided to that population.</p> <p><b>38.</b> Tell us the top five zip codes where clients will come from for services at this facility.</p> <table border="1" data-bbox="619 933 1852 1136"> <tr> <td><b>Zip Code</b></td> <td></td> </tr> </table> <p><b>39.</b> At the proposed facility, explain how the program will adhere to the <a href="#">Substance Abuse &amp; Mental Health Services Administration (SAMSHA) principles for Trauma Informed Approach</a>, how services will promote recovery, independence, and ensure vulnerable populations are kept safe in the facility and the community.</p>	<b>Zip Code</b>									
<b>Zip Code</b>											
<b>Zip Code</b>											
<b>Zip Code</b>											
<b>Zip Code</b>											
<b>Zip Code</b>											

	<p><b>40.</b> Describe the type of services the proposed facility will provide to court-ordered individuals such as those under a deferred prosecution order, less restrictive alternative order, or detained under the involuntary treatment act under chapter <a href="#">71.05 RCW</a>. And tell us about your relationship with the court system. <i>(If this question does not apply, answer NA.)</i></p> <p><b>41.</b> Will the proposed facility provide step-down placement for people who are discharging from long-term hospital stays or long-term incarceration?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>42.</b> If you answered ‘Yes’ to question #41, tell us about the onsite resources available to help people discharging from long-term hospital stays or long-term incarceration reintegrate into the community? <i>(If this question does not apply, answer NA.)</i></p> <p><b>43.</b> Will the facility address any historic behavioral health inequities in the community where the facility will be sited?  <input type="checkbox"/> Yes  <input type="checkbox"/> No</p> <p><b>44.</b> If you answered yes to question #43, describe which population(s) this facility will address historic behavioral health inequities for, detail in your response specifically how this facility will address the historic issues that impact the identified population(s). <i>(If this question does not apply, answer NA.)</i></p>
<p><b>Application Questions for Child &amp; Minor Youth</b></p>	<p>TBD</p>
<p><b>Application Questions for Crisis Triage and Stabilization</b></p>	<p><b>37.</b> How will your proposed facility add capacity and fill a gap in the system of care for people needing crisis services? Please indicate what services will be provided while the person is there and how follow up services will be arranged including any transportation to the follow up appointments.</p> <p><b>38.</b> How will your facility coordinate with first responders and hospitals, law enforcement or jails, DCRs and other local crisis resources to ensure smooth referrals and admissions to the facility?</p>

**39.** Will your facility allow for walk-in or self-referral for those seeking immediate assistance for their crisis?

Yes  
 No

**40.** What services will be provided at the proposed facility to assist in resolving a crisis. For more information about the services listed below, see the [Mental Health Services Billing Guide](#).  
(Select *all that apply*)

Medication management or medication monitoring  
 Minor medical interventions (foot care, education, minor wound care.)  
 Assessments and solution focused crisis planning  
 Peer support  
 Discharge planning to follow up services  
 Brief mental health interventions (psychotherapeutic services, psychoeducation, etc.)  
 Psychosocial and/or psychoeducational groups  
 Recovery Support Services (supportive housing or employment connections)  
 Medication access problem solving (temporary refills, connecting to prescriber, etc.)

**41.** What is your plan for addressing safety precautions and de-escalating aggressive behavior within the facility? Please indicate if you plan to use seclusion and restraint or any alternative methods like the [sanctuary model](#).

**42.** Identify any underserved populations for mental health crisis services. Explain how your services will address traditionally underserved populations or populations who traditionally do not engage in “western or normal mental health services” Please indicate whether you have worked with anyone in these communities on project development.

**43.** Explain how services will be accessible to clients in rural areas.

**44.** Tell us the top five zip codes where clients will come from for services at this facility.

<b>Zip Code</b>	
<b>Zip Code</b>	

	<table border="1" data-bbox="619 191 1852 313"> <tr> <td data-bbox="619 191 1234 232">Zip Code</td> <td data-bbox="1234 191 1852 232"></td> </tr> <tr> <td data-bbox="619 232 1234 272">Zip Code</td> <td data-bbox="1234 232 1852 272"></td> </tr> <tr> <td data-bbox="619 272 1234 313">Zip Code</td> <td data-bbox="1234 272 1852 313"></td> </tr> </table> <p data-bbox="569 358 1556 391"><b>45.</b> Do you plan to use a “Living room model” to triage referrals or walk-ins?</p> <p data-bbox="808 402 905 427"><input type="checkbox"/> Yes</p> <p data-bbox="808 443 898 467"><input type="checkbox"/> No</p>	Zip Code		Zip Code		Zip Code	
Zip Code							
Zip Code							
Zip Code							
<p data-bbox="275 935 375 964"><b>Budget</b></p>	<p data-bbox="569 495 1955 678">Budgets that outline the project's Sources of Funds and Uses of Funds are a <b>required</b> part of the application. If you have not thoroughly reviewed the Program Guidelines for costs that are allowed for reimbursement by the BHF program, it is strongly suggested a review be completed before submitting this budget information. If the guidelines do not provide you enough information to determine if costs you will incur for the proposed project are allowable, you should contact a Program Manager.</p> <p data-bbox="569 716 1976 821"><b>Sources of Funds Table</b> – 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 data-bbox="619 857 1976 1409" style="list-style-type: none"> <li>• Column #1 is specific to the funding needed to complete the Scope of Work as indicated in the application. This will include the BHF grant <b>Amount Requested</b> as well as any other funding needed to complete the Scope of Work.</li> <li>• Column #2 is specific to any other additional funding needed to complete work associated with the early learning facility that is not identified in the Scope of Work of the application. This is work that will happen simultaneous to the work being completed as outlined in the Scope of Work. We want to know the funding sources associated with completing the behavioral health facility so that it will be operational. Don't include the BHF Grant Amount Requested in this column. You do not need to complete Column #2 if there is no 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.</li> <li>• 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.</li> </ul>						

- 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.

- Documents that substantiate funding commitments, as outlined in Column #1 & #2 are required, as a document upload. See the Documents tab for more instructions about uploading documents.

**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.

- Column #1 is specific to the funding needed to complete the Scope of Work as indicated in the application. The total costs will either be equal to the BHF grant Amount Requested, if there is no other funding needed to complete the project, or equal to the total of Column #1 in the Sources of Funds table above if there are additional sources needed to complete the Scope of Work.
- 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 simultaneous 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 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.
- Documents that substantiate costs, as outlined in Column #1 & #2 are required, as a document upload. See the Documents tab for more instructions about uploading documents.

Title Sources of Funds

Item Description

Behavioral Health Facilities Grant Amount Requested

Column #1

Column #2

Column #3

USDS A  
USDS A

USDS B  
USDS B

USDS C  
USDS C

A Total

B Total

C Total

Title Uses of Funds

Item Description

Acquisition Costs

Planning & Design

Architecture & Engineering

Construction Management

Construction Costs

Equipment

WA State Sales Tax

Other (please describe)

Other (please describe)

Other (please describe)

Column #1

Column #2

Column #3

USDS A  
USDS A

USDS B  
USDS B

USDS C  
USDS C

## Documents

Carefully read through each statement for a Document Requested because there are instructions associated with each type of document we are requesting.

There are two types of required documents listed below:

- 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. Don't 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 will cause the application to be considered incomplete and will not be reviewed.
- If a document is indicated "required if applicable," within the text of the description of what is being requested, this information is required for your application to be considered complete. You must upload the requested information if it is applicable to your proposed project, don't upload a document telling us you don't have the requested information. Information not provided will cause the application to be considered incomplete and will not be reviewed.

NOTE: Preliminary construction and equipment bid documents are a required part of the application and should reflect what you told us on 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 business providing the estimate, the name of the estimator and the date the estimate was developed. 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.

If required documents are not submitted with the application by the closing date and time (December 1, 2021 at 5:00pm), the application will be considered incomplete and not reviewed. For more information, please review the [Program Guidelines and NOFO](#).

If a document is indicated as "optional," you do not need to submit that information. If you do submit the "optional" information, please be sure to submit it all as one document for the specific information being requested.

Documents Requested *	Required?
Upload a complete Uses of Funds Budget Narrative, a template is provided below. If the proposed project will include predesign, pre-development or construction activities, this document is a required part of the application.	
Preliminary construction Bid: If the proposed project will include construction activities, a preliminary construction bid is a required part of the application.	
Preliminary Equipment Bid: If the proposed project includes equipping a facility with medical or behavioral health related equipment, a preliminary bid for equipment is a required part of the application.	
Final Bids: If you have final construction or equipment bids, please upload. Final bids are not a requirement of the application.	
Site Control: If the proposed project is for new construction of a behavioral health facility on property already owned by the applicant, upload the Deed indicating ownership of the real property. *Required if applicable	
Site Control: If the proposed project is to renovate real property already owned by the applicant, upload the Deed indicating ownership of the real property. *Required if applicable	
Site Control: If the proposed project is for new construction of a behavioral health facility on leased property, upload a copy of the lease. *Required if applicable	
Site Control: If the proposed project is for renovation of real property that is leased, upload a copy of the lease. *Required if applicable	
Site Control: If you have not previously uploaded documents proving site control, upload your plan and timeline for securing property. If you have documentation that supports your plan, be sure to upload those documents in addition to the plan.	
If the applicant indicated in the application that the organization applying for these funds is a subsidiary of another organization, upload a letter of support for this project from the parent organization. This is a required document if applicable	
Funding Commitment Statement: Funding sources outlined in Columns #1 & #2 of the budget must be substantiated with letters of commitment, upload letters as one document. If funds are not committed, upload a document outlining a plan and timeline.	Required
Operating Budget: Upload a complete budget, a template is provided. If you have your own budget, that follows our requirements outlined in the template, you may upload your own budget. Also allowable is a Cost Model or Proforma Income Statement.	Required
Operating Plan: Upload the behavioral health facility's plan for operations. This document is not the same as the Operating Budget but should correspond to the budget. This may be a draft but should be as detailed as possible.	Required
Upload a letter of support from at least one MCO in the region where the proposed project will be sited. The letter should be specific to the proposed project and indicate the MCO is willing to contract with the facility if funded and built.	Required
Upload a letter of support, for this specific project, from the regional BHO where the project will be sited.	Required
If the proposed project is for Secure Withdrawal Management and Stabilization, upload letters of support from local hospitals for this specific project. This is a required part of the application if applicable.	
Upload letters of support from the county and community organizations for the specific proposed project. This is an optional part of the application.	
Upload documents showing status of zoning and permitting of the site. This is an optional part of the application.	
Upload documents showing status of licensure or certifications for the proposed behavioral health services that will be provided at the site. This is an optional part of the application.	
Upload any other document to support your application. This is an optional part of the application.	

## VII. 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.

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

**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 [18.19](#) RCW;

(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." [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>

## VIII. 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

A live questions and answers period, 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 [Amanda.Sieler@commerce.wa.gov](mailto:Amanda.Sieler@commerce.wa.gov)

The BHF Program will provide a live webinar on October 21, 2021 from 10:30 AM to 12:00 PM for review of program requirements and the application process. There will also be a webinar, sometime in November, specific to the Crisis Stabilization – Trueblood Phase 2 for King County funding category. If you would like to attend these webinar, reach out to Amanda and she can provide you the details. A recording of the webinars and the PowerPoint slide deck will be available on the BHF Program [webpage](#).

Program or application questions that come up after the live questions and answers period, outlined in Section II of this NOFO, may be addressed by referencing our Frequently Asked Questions (FAQ) at the [Community Capital Facilities - Behavioral Health Facilities](#) 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](#)

Health Care Authority Contact for Rate Information – Michele Wilsie 360-725-9421 or [michele.wilsie@hca.wa.gov](mailto:michele.wilsie@hca.wa.gov)

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

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

For questions and clarifications about this NOFO, contact the NOFO Coordinator:  
Tanya Mercier, Behavioral Health Program Manager  
[Tanya.Mercier@commerce.wa.gov](mailto:Tanya.Mercier@commerce.wa.gov)

## **IX. 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 a debrief with program staff. The applicant must make a request for a debrief during the Application Debriefing Period outlined in Section II of this NOFO. We will allow applicants to request a 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 for the debrief. The meeting will be scheduled no more than ten (10) business days from the receipt of the request for a 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.

## **X. 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.

## **XI. PROPRIETARY INFORMATION AND PUBLIC DISCLOSURE**

All applicants should be aware that applications submitted in response to this NOFA shall be the property of Commerce. All applications received shall remain confidential until funding decisions are announced; thereafter, the applicants 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." This identification should be printed on the lower right hand corner of the page for supplemental information and in the right hand corner of any answer provided to a question in the application. 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.