

**2016 Community Behavioral Health Beds – Acute & Residential**

**Grant Application – State Mental Hospital Diversion Projects**

 Submission deadline: **Thursday, July 14, 2016** at 5:00 p.m.

 (must be emailed or postmarked)

**For questions regarding the application and selection process and submission of the application:**

**Pat Gibbon**

Department of Commerce

P.O. Box 42525

Olympia, WA 98504-2525

(360) 725-3023

Patricia.Gibbon@commerce.wa.gov

**For questions regarding Residential Treatment Facility, Hospital Licensing, or Construction Review:**

**Julie Tomaro**

Department of Health

(360) 236-2937

**NOTE:** If you are one of the projects listed in Section 1007(3), (4), or (7) of the 2016 Supplemental Capital Budget, please fill out this application to provide us with the information we will need to write a contract for your project. You do not have to submit this form by July 14, but the sooner you provide us with this information, the sooner we can execute a contract and start reimbursing you for eligible project costs.

**Application Due Date: Thursday, July 14, 2016 at 5:00 p.m.**

**Please read Section 1007, specifically subsection (5), of the 2016 Supplemental Capital Budget (included at the end of the application) as well as EHB 2212 prior to filling out your information and answering the questions. EHB 2212 can be found at** <http://lawfilesext.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2212.SL.pdf>

This application is for grants for construction and equipment costs directly associated with the establishment of community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities (ESFs), crisis triage facilities, and crisis stabilization facilities; secure detoxification facilities and co-occurring treatment facilities; or other transitional facilities that provide for the diversion or transition of state hospital patients.

These funds may not be used for operating costs associated with the treatment of patients using these services.

**Note:** The limit of sixteen or fewer beds only applies to ESFs and crisis stabilization facilities and not to other types of facilities.

Priority for ESF development will be given to new projects that will serve Pierce or King counties and can be ready for licensing within 6 (six) months of grant award. Consideration will also be provided to currently licensed ESFs that are expanding bed capacity.

**Grant Limit:** Each competitive award is limited to $2.0 million. If you are applying for more than one project you must indicate the priority of the projects. Based on demand, Commerce reserves the right to offer reduced award amounts in order to fully obligate the grant funding. Commerce will notify applicants prior to announcing awards to inform them of a reduced offer. Commerce also reserves the right to prioritize grants to applicants that have not previously received funding through this program.

Applicant: Click here to enter text.

Contact Name: Click here to enter text.

Phone: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

City: Click here to enter text. WA Zip: Click here to enter text.

County: Click here to enter text.

State Legislative District of the Project: Click here to enter text.

Congressional District of the Project: Click here to enter text.

Is your facility a critical access hospital? [ ]  Yes [ ]  No

Do you currently have a Certificate of Need for new beds identified in this application

([WAC 246-310](http://apps.leg.wa.gov/wac/default.aspx?cite=246-310))? [ ]  Yes [ ]  No

Would you be exempt from Certificate of Need requirements under [EHB 2212](http://lawfilesext.leg.wa.gov/biennium/2015-16/Pdf/Bills/Session%20Laws/House/2212.SL.pdf) if you receive a grant? [ ]  Yes [ ]  No

For Certificate of Need questions contact the [Certificate of Need Program](http://www.doh.wa.gov/LicensesPermitsandCertificates/FacilitiesNewReneworUpdate/CertificateofNeed.aspx) at the Washington State Department of Health at (360) 236-2955. Funds awarded through this grant process may be contingent on receiving a Certificate of Need, if required for your facility. If a Certificate of Need is required for your facility, please start the application process with the Department of Health as soon as possible. If you are developing an ESF, funds are contingent upon verification by the Aging and Long Term Support Administration that the project plans would address an identified geographic need.

Which license(s) will your project hold?

Acute Care Hospital ([WAC 246-320](http://apps.leg.wa.gov/wac/default.aspx?cite=246-320)) [ ]  Yes [ ]  No

Psychiatric Hospital ([WAC 246-322](http://apps.leg.wa.gov/wac/default.aspx?cite=246-322)) [ ]  Yes [ ]  No

Residential Treatment Facility ([WAC 246-337](http://apps.leg.wa.gov/wac/default.aspx?cite=246-337)) [ ]  Yes [ ]  No

Enhanced Services Facilities [(WAC 388-107)](http://app.leg.wa.gov/wac/default.aspx?cite=388-107) [ ]  Yes [ ]  No

1. List the Managed Care Entity or Entities (MCEs) and contact information of the person(s) you collaborated with to develop this application below. An MCE could include a: Behavioral Health Organization (BHO), Behavioral Health Administrative Services Organization

(BH-ASO) or a Managed Care Organization (MCO).

MCE(s): Click here to enter text. Click here to enter text.

MCE Contact Name: Click here to enter text. Click here to enter text.

MCE Contact Phone: Click here to enter text. Click here to enter text.

MCE Contact Email: Click here to enter text. Click here to enter text.

MCE(s): Click here to enter text. Click here to enter text.

MCE Contact Name: Click here to enter text. Click here to enter text.

MCE Contact Phone: Click here to enter text. Click here to enter text.

MCE Contact Email: Click here to enter text. Click here to enter text.

1. If the project is not at the location above, where is your project located?

Address: Click here to enter text.

City: Click here to enter text. WA Zip: Click here to enter text.

1. What rural and/or urban area(s) will the facility serve? For rural areas, please include the name of the county (or counties) to be served. For urban areas, please include the name of the cities and county (or counties) to be served.

Click here to enter text.

1. Please describe your project, including:
	1. Whether this project is a stand-alone facility or part of a larger facility;
	2. Total square footage of the project;
	3. Number of new community hospital inpatient psychiatric beds;
	4. Free-standing evaluation and treatment facilities;
	5. Enhanced services facilities;
	6. Crisis triage centers;
	7. Crisis stabilization facilities;
	8. Secure detoxification facilities;
	9. Co-occurring treatment facilities;
	10. Other transitional facilities that provide for the diversion or transition of state hospital patients;
	11. Specific use of state grant funds; and
	12. Total number of beds.

Click here to enter text.

1. List any existing licensed facilities that will be part of this project. Include license number and expiration date. If your project involves an ESF, please note that there are federal restrictions that may prohibit supporting ESFs that are attached to or on the campus of a skilled nursing facility or other institutional setting.

Click here to enter text.

1. What assessment(s) have you completed to show a clear demonstration of need?

Click here to enter text.

1. Please provide specific performance and outcome measures to ensure the greatest benefit to the region.

Click here to enter text.

1. What is your commitment to serve persons who are publicly funded?

Click here to enter text.

1. How long will your project maintain the beds or facility and how will you pay for the on-going operation of the project?

Click here to enter text.

1. Please list any local resources, including non-Medicaid operating reserves, and regional fund balances that are not contractually encumbered. Please attach Statements of Commitments for any local funding or partnership sources.

Click here to enter text.

1. What is the projected timeline for your project?

Project

Components Start Date End Date % Completed

Design Click here. Click here. Click here.

Structural Modification

or Construction Click here. Click here. Click here.

Occupancy Click here.

1. How much money are you requesting from this grant program?

 $Click here to enter text.

1. What is the total project cost? $Click here to enter text.

Cost Category Budgeted Funds

Site Acquisition $Click here to enter text.

Architecture and Engineering $Click here to enter text.

Structural Modification or Construction $Click here to enter text.

Capitalized Equipment $Click here to enter text.

Construction Management (from external sources only) $Click here to enter text.

Contingency $Click here to enter text.

**Total Project Cost $**Click here to enter text.

**NOTE:** Commerce does not pay for in-house labor.

What documentation do you have to support the total project cost and timeline?

Please include a copy of the relevant budget and timeline information used to develop the information above.

Click here to enter text.

**Sec. 1007.** 2015 3rd sp.s. c 3 s 1036 (uncodified) is amended to read as follows:

**FOR THE DEPARTMENT OF COMMERCE**

Community Behavioral Health Beds - Acute & Residential (92000344)

The appropriation in this section is subject to the following conditions and limitations:

(1) The appropriation in this section is provided solely for the department of commerce, in collaboration with the department of social and health services, to issue grants to hospitals or other entities to establish new community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities with sixteen or fewer beds for the purpose of providing short-term detention services through the publicly funded mental health system. Funds may be used for construction and equipment costs associated with establishment of the community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities. These funds may not be used for operating costs associated with the treatment of patients using these services. The department shall establish criteria for the issuance of grants and priority must be given to those proposals to establish new community hospital inpatient psychiatric beds or free-standing evaluation and treatment facilities. The criteria must include:

(a) Evidence that the application was developed in collaboration with one or more regional support networks, as defined in RCW71.24.025;

(b) Evidence that the applicant has assessed and would meet gaps in geographical access to short-term detention services under chapter 71.05 RCW in their region;

(c) A commitment by applicants to serve persons who are publicly funded and persons detained under the involuntary treatment act under chapter 71.05 RCW;

(d) A commitment by the applicant to maintain the beds or facility for at least a ten-year period;

(e) The date upon which structural modifications or construction would begin and the anticipated date of completion of the project;

(f) A detailed estimate of the costs associated with opening the beds;

(g) The applicant's commitment to work with local courts and prosecutors to ensure that prosecutors and courts in the area served by the hospital or facility will be available to conduct involuntary commitment hearings and proceedings under chapter 71.05 RCW; and

(h) A lack of local resources, including nonmedicaid operating reserves, and regional fund balances that are not contractually encumbered.

(2) To accommodate the emergent need for inpatient psychiatric services, the department of health and the department of commerce, in collaboration with the department of social and health services shall establish a concurrent and expedited process for the purpose of grant applicants meeting any applicable regulatory requirements necessary to operate inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, triage facilities, or crisis stabilization facilities.

(3) The following list is subject to the criteria in subsection (1) of this section:

Cascade mental health $3,000,000

((~~Woodmont~~)) Kent recovery center $5,000,000

Parkside conversion to behavioral health beds ((~~$3,000,000~~))

$4,000,000

((~~Navos behavioral health center for children, youth & families $2,000,000~~))

Central Washington comprehensive mental health $2,000,000

Swedish Ballard psychiatric unit $3,000,000

Substance abuse & mental health facilities $2,000,000

Fairfax behavioral health - Providence health & services facility $1,000

Daybreak Youth Services $1,500,000

(4) Multicare-Franciscan joint venture $5,000,000

(5) State Mental Hospital Diversion Projects $7,552,000

(a) The appropriation in this subsection is provided solely for the department of commerce, in collaboration with the department of social and health services and the health care authority, to issue grants to entities for the development of facilities that provide for the diversion or transition of patients from the state hospitals.

(b) Funds may be used for construction and equipment costs directly associated with the establishment of community hospital inpatient psychiatric beds, free-standing evaluation and treatment facilities, enhanced services facilities, crisis triage centers, and crisis stabilization facilities; secure detoxification facilities and co-occurring treatment facilities; or other transitional facilities that provide for the diversion or transition of state hospital patients. These funds may not be used for operating costs associated with the treatment of patients using these services.

(c) The department, in collaboration with the department of social and health services and the health care authority, shall establish criteria for the issuance of grants including but not limited to: (i) A clear demonstration of need; (ii) a commitment to serving persons who are publicly funded; (iii) a commitment to maintain the beds or facility for at least a ten-year period; and (iv) specific performance and outcome measures to ensure greatest benefit to the region. The department may only fund proposals that provide evidence that the application was developed in collaboration with one or more behavioral health organizations as defined in RCW71.24.025 or the health care authority in the case of an application submitted from a region that has become an early adopter of integrated medical and behavioral health services pursuant to RCW71.24.380(5). In awarding these funds, the department must prioritize an equitable distribution for facilities in both rural and urban areas with the greatest demonstrated need.

(6) Competitive grants $10,499,000

(7) Clallam county respite center $847,000

Appropriation:

State Building Construction Account—State ((~~$32,000,000~~))

 $44,399,000

Prior Biennia (Expenditures) $0

Future Biennia (Projected Costs) $0

TOTAL ((~~$32,000,000~~))

 $44,399,000