



# 2022 Competitive Request for Grant Applications (RFGA) Children’s Psychiatric Residential Treatment Facilities

## APPLICATION FORM

### Applicant Information

Name of Agency, Corporation or Individual or One of Nine Federally Recognized Tribes of Oregon:

Address:

City, State, Zip:

Contact Person:

Phone:

Fax:

E-mail address:

Tax ID #:

Business Name registered with Oregon Secretary of State (if Tribe, enter “NA”):

Secretary of State Registry Number (if Tribe, enter “NA”):

### Funding

Provide the proposed project’s total development costs and total amount of OHA HSD funds requested:

Total Development Project Funds Requested	\$
Total Start Up Funds Requested	\$
Total OHA HSD Funds Requested	\$

**Project Information**

<b>Project Type</b> (check one)	
New Construction	<input type="checkbox"/>
Acquisition (may include rehabilitation)	<input type="checkbox"/>
Renovation only	<input type="checkbox"/>

<b>Residential Type</b> (check one)		<b>No. of New Beds Proposed</b>
Psychiatric Residential Treatment Facility (PRTF)		

*Note: PRTF= (up to 6 beds per individual residential unit)  
(Up to 18 beds per project)*

**Status of Property**

- Property owned by Applicant
- Property secured by Applicant with Option to Purchase
- Property not identified

If Property is owned or secured by Applicant:

Address of Property	
City & Zip	
County	

If Property for Development Project is not secured, describe plans for securing of an appropriate property including city and county and status of search for that Property.

**Brief Description of Proposed Project**

Provide a brief description of the proposed project including location, site design, residential spaces and amenities. Please limit your response to one full page.

## APPLICATION REQUIRED MATERIALS

Applications must include the following documents in the Application package.

**1. Applicant's Designation of Confidential Materials** Attach Designation Form. Ensure materials requested to be exempt from public disclosure are identified (if none, enter "NA") and sign form.

### 2. Authorization to Apply

The signature below is provided by a duly authorized official of Applicant and indicates the Application has been approved for submittal.

Authorized Signature	
Print Name	
Title	
Date	

**3. Compliance Period & Security of State Investments Acknowledgement**

By signing below, Applicant acknowledges their commitment to provide Children’s Psychiatric Residential Treatment Facilities and services for the Compliance Period of not less than 20 years. Applicant also acknowledges their understanding that a Grant Agreement and Declaration of Restrictive Covenants must be executed and filed against the subject property to secure OHA HSD funding for the Compliance Period of at least 20 years. Applicant must agree to the Grant Agreement’s claw back provisions for failure to comply with the requisite occupancy requirements for the target population.

Authorized Signature	
Print Name	
Title	
Date	

#### 4. Non-Discrimination Certification

By signing below, Applicant certifies that all eligible individuals shall be considered for residency and services without regard to race, color, sex or sexual orientation, religion, creed, national origin, age, familial status, marital status, source of income, or disability.

Authorized Signature	
Print Name	
Title	
Date	

## 5. Project Authorization

Each Application submitted must include the appropriate project authorization as described in the Application Notice.

- Applicants who are a sole proprietor will provide a signed copy of the “Certificate of Authority (Sole Proprietor).” A copy of the form can be found at the OHA HSD Social Determinants of Health (SDOH) website: <https://www.oregon.gov/oha/HSD/AMH/Pages/SDOH.aspx>
- Applicants who are a corporation, limited liability company or a partnership will provide a resolution as described in the Application Notice.
- Applicants who are one of nine federally recognized tribes of Oregon will provide a resolution as described in the Application Notice.

### OHA HSD CONFIRMATIONS

Please note that OHA HSD will confirm these items:

1. Funding Compliance for Applicants who previously received OHA funding for any type of residential housing or treatment facility.
2. Licensing and Certification Findings for Applicants who have a license with OHA HSD for another residential property.
3. State Business Registration showing Applicant is registered with the Oregon Secretary of State.

# Application Questions

## CHILDREN'S PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY

Responses to items in this section will determine the application score. The maximum score available is included with each response.

Enter responses to the questions below in the boxes provided. Responses to individual questions should not be longer than one half page each.

Please note, it is important to consider in each response how the proposed project will address the need to serve individuals in a residential environment that is welcoming and inclusive of people from culturally and linguistically diverse communities. Applicants must consider how housing efforts and services will include people, so they are not disadvantaged by their race, ethnicity, language, disability, age, gender, gender identity, sexual orientation, social class intersections among these communities or identities, or other socially determined circumstances.

### 1. Applicant Qualifications and Experience

- a. Explain why Applicant is qualified to complete the proposed project for the target population. If Applicant does not have the requisite experience and skills needed to successfully develop the proposed project, explain how Applicant will access/secure resources to develop the project.

Maximum Points **25**

- b. Describe how proposed residential treatment facility will provide robust intervention and coordination of care for children? Describe how the project will support children's ability to maintain safety in community, employment/school participation, and maintain satisfying family relationships, including engagement with pro-social peers.

Maximum Points **25**



## 2. Proposed Project Site

\*Please Note: Sites in Rural and underserved locations are eligible for additional points. \*

- a. Describe the proposed project site. If a site has not been identified, describe the proposed area for siting.

Maximum Points **25**

- b. Describe how the proposed project location will benefit the target population.

Maximum Points **25**

## 3. Development Process

It is important that Applicant present a proposed project that is well into the planning phase of development.

Describe how Applicant will manage the development process. Please include development activities, either completed, underway, or in the planning stage. Include the anticipated length of time development of the property will entail from execution of a Grant Agreement and Declaration of Restrictive Covenants through occupancy, including licensing.

Maximum Points **50**

#### **4. Development Team**

Describe how Applicant will demonstrate capacity to undertake development of the proposed project through the experience and expertise of the Development Team. If applicant does not have experience, please explain plans to acquire one.

Maximum Points **50**

#### **5. Finance & Budget**

Describe how the Applicant will utilize funds to successfully develop the proposed project. How will OHA HSD funds leverage other funding sources?

Maximum Points **50**

#### **6. Property & Project Management**

Applicant must demonstrate the experience and ability to effectively manage the development project and then manage the property once operational.

Describe the Applicant's project and property management experience. Describe Applicant's experience in the operations of residential treatment facility for the target population.. If Applicant is not experienced, please describe how you will procure an experienced management company or use other partnerships or resources.

Maximum Points **50**

**7. Children’s Psychiatric Residential Treatment Facility**

- a. Describe how Applicant’s project will support children and families in optimal functioning. Include how Applicant’s project will help children and families identify, stabilize, and increase protective factors.

**Maximum Points 25**

- b. Describe how Applicant’s project will provide culturally responsive, trauma-informed, person-centered programming. Describe how Applicant’s proposal will require that planning work is led by people with lived experience of behavioral health needs and people disproportionately impacted by health inequities.

**Maximum Points 25**

- c. Describe how the Applicant's project will utilize resources to meet the needs of children, families, and staff in creating and maintaining a safe and healing environment.

Maximum Points **25**

- d. Describe how Applicant's project will integrate practices that will be supportive of healing environments. Include how Applicant will demonstrate that the environmental concepts meet the physical needs of serving "high needs" children.

Maximum Points **25**

**Applicant's Designation of Confidential Materials**

Applicant's Name (Legal Entity name):

Instructions for completing this form:

As a public entity, Oregon Health Authority (OHA) is subject to the Oregon Public Records Law which confers a right for any person to inspect any public records of a public body in Oregon, subject to certain exemptions and limitations. See ORS 192.311 through 192.478. Exemptions are generally narrowly construed in favor of disclosure in furtherance of a policy of open government. Your Application will be a public record that is subject to disclosure except for material that qualifies as a public records exemption.

It is OHA's responsibility to redact from disclosure only material exempt from the Oregon Public Records Law. It is the Applicant's responsibility to only mark material that legitimately qualifies under an exemption from disclosure. To designate a portion of an Application as exempt from disclosure under the Oregon Public Records Law, the Applicant should do the following steps:

1. Clearly identify in the body of the Application only the limited material that is a trade secret or would otherwise be exempt under public records law. If a Applicant fails to identify portions of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.
2. List, in the space provided below, the portions of your Application that you have marked in step 1 as exempt under public records law and the public records law exemption (e.g., a trade secret) you believe applies to each portion. If an Application fails to list in this Attachment a portion of the Application as exempt, Applicant is deemed to waive any future claim of non-disclosure of that information.
3. Provide, in your response to this Attachment, a justification for how each portion designated as exempt meets the exemption criteria under the Oregon Public Records Law. If you are asserting trade secret over any material, please indicate how such material meets all the criteria of a trade secret listed below. Please do not use broad statements of conclusion unsupported by evidence.

OHA, as a public body, shall determine whether any information is actually exempt from disclosure. Prospective Applicants are advised to consult with legal counsel regarding disclosure issues. Applicant may wish to limit the amount of truly trade secret information submitted, providing only what is necessary to submit a complete and competitive Application.

In order for records to be exempt from disclosure as a trade secret, the records must meet all four of the following requirements:

- The information must not be patented;
- It must be known only to certain individuals within an organization and used in a business the organization conducts;
- It must be information that has actual or potential commercial value; and,
- It must give its users an opportunity to obtain a business advantage over competitors who do not know or use it.

Keep in mind that the trade secret exemption is very limited. Not all material that you might prefer to be kept from review by a competitor qualifies as trade secret material. OHA is required to release information in the Application unless it meets the requirements of a trade secret or other exemption from disclosure and it is the Applicant's responsibility to provide the basis for which exemption should apply.

In support of the principle of an open competitive process, "bottom-line pricing" – that is, pricing used for objective cost evaluation for an award of an RFGP or the total cost of the Grant Agreement or deliverables under the Grant Agreement or the total cost of a Grant Agreement and Declaration of Restricted Covenants or deliverable under a Grant Agreement and Declaration of Restricted Covenants – will not be considered as exempt material under a public records request. Examples of material that would also not likely be considered a trade secret would include résumés, audited financial statements of publicly traded companies, material that is publicly knowable such as a screen shot of a software interface or a software report format.

To designate material as confidential and qualified under an exemption from disclosure under Oregon Public Records Law, an Applicant must complete this Attachment form as follows:

Part I: List all portions of your Application, if any, that Applicant is designating as exempt from disclosure under Oregon Public Records Law. For each item in

the list, state the exemption in Oregon Public Records Law that you are asserting (e.g., trade secret).

“This data is exempt from disclosure under Oregon Public Records Law pursuant to [insert specific exemption from ORS 192, such as a “ORS 192.345(2) ‘trade secret’”], and is not to be disclosed except in accordance with the Oregon Public Records Law, ORS 192.311 through 192.478.”

In the space provided below, state Applicant’s list of material exempt from disclosure and include specific pages and section references of your Application. Alternatively, Applicant may mark this Attachment as Not Applicable.

- 1.
- 2.
- 3.

[This list may be expanded as necessary.]

Authorized Signature	
Print Name	
Title	
Date	

## ATTACHMENTS TO APPLICATION FORM

- Attachment A      Development Project Sources and Uses and Start Up Costs Budget Excel Spreadsheet form
- Attachment B      Operating Income and Expense Budget Excel Spreadsheet form

\*Attachment A & B can be found in the Excel file included in the Application documents posted to the OHA HSD Social Determinants of Health (SDOH) website:

<https://www.oregon.gov/oha/HSD/AMH/Pages/SDOH.aspx>