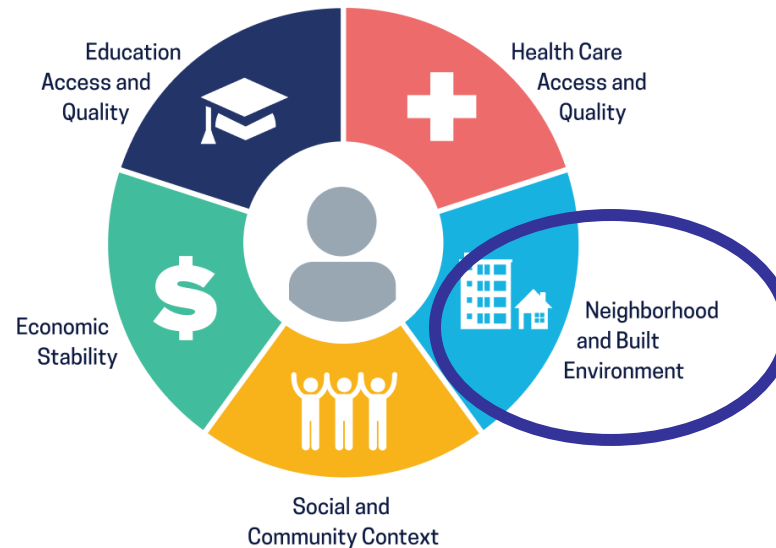


2022-2023 Competitive Housing Development Request for Grant Application Webinar

Licensed Residential Treatment Homes or Facilities

October 13, 2022



HEALTH SYSTEMS DIVISION
Social Determinants of Health

Oregon
Health
Authority

2022-2023 Competitive Housing Development Request for Grant Application Webinar



Overview

Request for Grant Applications (RFGA) for Licensed Residential Treatment Homes or Facilities

Please submit questions via the chat



Application Due Date & Resources

Important information



- Application materials must be submitted to OHA HSD no later than **11:59 pm on December 30, 2022**
- Next Review date is October 31, 2022.
- If an application has not passed Threshold review from other review dates, you may apply again.
- When submitting please send by email to Richard Malloy, Housing Investment Coordinator, Richard.F.Malloy@dhsosha.state.or.us
- Application documents, contact to submit questions, FAQs, updates to Application materials, and the Application process can be accessed through the [Social Determinants of Health Webpage](#)

REQUEST FOR GRANT APPLICATION (RFGA)

Licensed Residential Treatment Homes or Facilities

The Oregon Health Authority (OHA) Health Systems Division (HSD) is making funds available for the development of Secure Residential Treatment Facility, Residential Treatment Facility, Residential Treatment Home, and grant assistance for certain Start-Up costs for such homes and facilities.



Applicant Eligibility



Please describe your experience, skills, and resources to develop and operate a residential setting as proposed.

Applicants may contract for professional services to increase the capacity of the Applicant.

All licenses, certifications, and any other pertinent designation as may be required to develop and operate the residence will need to be secured.

To apply, Applicant will be required to register as a business with the Oregon Secretary of State.

Applicants who are sovereign Tribal governments or agents of that Tribe are not required to be registered with the Secretary of State.

Applicant may be a sole proprietor, corporation, or limited liability corporation.

Real Property Development Project

Design and Operational Requirements



Eligible residential settings include community-based homes or facilities ***licensed by OHA*** as one of the following:

- Residential Treatment Home (RTH) for up to 5 individuals
- Residential Treatment Facility (RTF) for 6 to 16 individuals
- Secure Residential Treatment Facility (SRTF) for up to 16 individuals

****Please clarify if class 1 or 2 in application***

Program Types & Priorities



OHA will consider proposals for all Licensed Residential settings. Priority will be given to Licensed residential programs serving the following individuals:

- Aid and Assist Community Restoration
- Psychiatric Security Review Board (PSRB)
- Civil Commitment

Referral sources for potential residents: Oregon State Hospital (OSH), higher levels of community residential care, psychiatric residential treatment settings, and foster homes.

Funding and Eligible Uses



Funding awards under this RFGA may be used for:

Real property development projects

“Start-up” costs that support the licensed facility, home or proposed development project.

Applicants may apply for funds for one or both forms of assistance. Applicants may also apply for other open RFGA’s

Housing Types



Development Projects Include:

- New construction
- Renovation
- Acquisition of existing property

Eligible Activity Costs Include:

- Land acquisition
- Property Acquisitions
- Construction costs
- Architect and engineer fees
- Title and closing costs
- Appraisal costs

DEVELOPMENT FUNDS CANNOT BE USED FOR

- Funding project reserves
- General administrative costs
- Provider overhead
- Facility operation costs
- Start-Up grant eligible expenses

Startup – Eligible Uses

- Applicants may apply for grant funds under this RFGA to cover ***reasonable start-up costs*** directly related to the facility or home
- Eligible start-up costs include:
 - **Furnishings and equipment for common areas, offices, kitchens, resident rooms, etc.**
 - **Vehicle purchase; operational costs including insurance and utilities for up to two months.**
 - **Repairs and renovations not in excess of \$10,000.**
- Costs related to staff recruitment, training, and salaries for on-site staff for the ***first two months of operation***.



Application Review Process

- Each Application submitted and *determined to be complete* will be scored by a review team appointed by HSD.
- Applications will be ranked by score with the highest scoring applications awarded funds. There are a total of **270 possible points**.
- **PLEASE READ CAREFULLY** in the past applications have not passed threshold due to missing signatures, missing documentation or applications not being fully completed. *Please* make sure to review all elements of application before submission.



All Documents Must be Completed and Signed

Threshold Review	
1. Project Development Authorization Applicable resolution confirming that Applicant is authorized to apply for funds to support the proposed project.	Required
2. OHA HSD Funding Compliance	Confirmed by HSD Staff
3. Letters of Endorsement Letters required if Applicant is not One of Nine Federally Recognized Tribes of Oregon: <ul style="list-style-type: none">• CCO Letter of Endorsement• CMHP Letter of Endorsement Letter required if Applicant is One of Nine Federally Recognized Tribes of Oregon: <ul style="list-style-type: none">• Tribal Health Program or Tribal Behavioral Health Program Letter of Endorsement	Required
4. Applicant's Designation of Confidential Materials	Required
5. Authorization to Apply	Required
6. Compliance Period & Securing of State Investment Acknowledgement	Required
7. Non-Discrimination Certification	Required

Examples of signature requirements

Incorrect


2. Authorization to Apply

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

Authorized Signature	Pablo Garcia <small>Digitally signed by Pablo Garcia Date: 2022.10.11 17:19:22 -07'00'</small>
Print Name	
Title	
Date	

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	Pablo Garcia
Title	Project Development Coordinator
Date	10/11/2022

Correct

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	Pablo Garcia <small>Digitally signed by Pablo Garcia Date: 2022.10.11 17:19:22 -07'00'</small>
Print Name	Pablo Garcia
Title	Project Development Coordinator
Date	10/11/2022



Just a reminder...

Tips for Strong Applications

- Provide detailed answers
 - *Give multiple examples for each question*
- If subcontracting services spell out roles for applicant and roles for subcontractor
 - *Add any contingency plans if subcontractors do not meet need.*
- Provide details for any timeframes mentioned
- Differentiate any **new beds** vs **existing beds** for the project you are applying for

Application and Required Documents

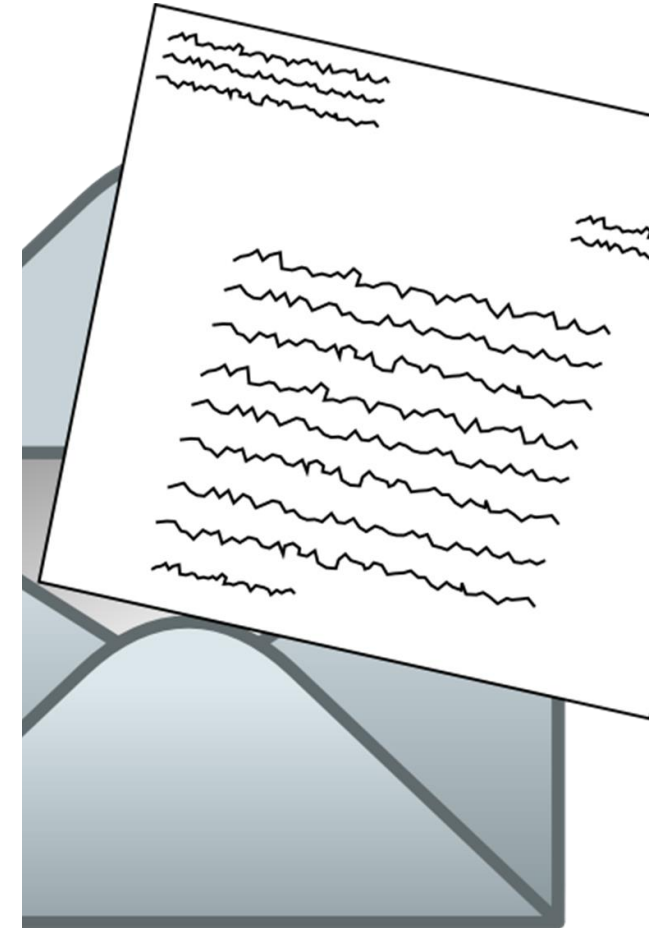
Please Note



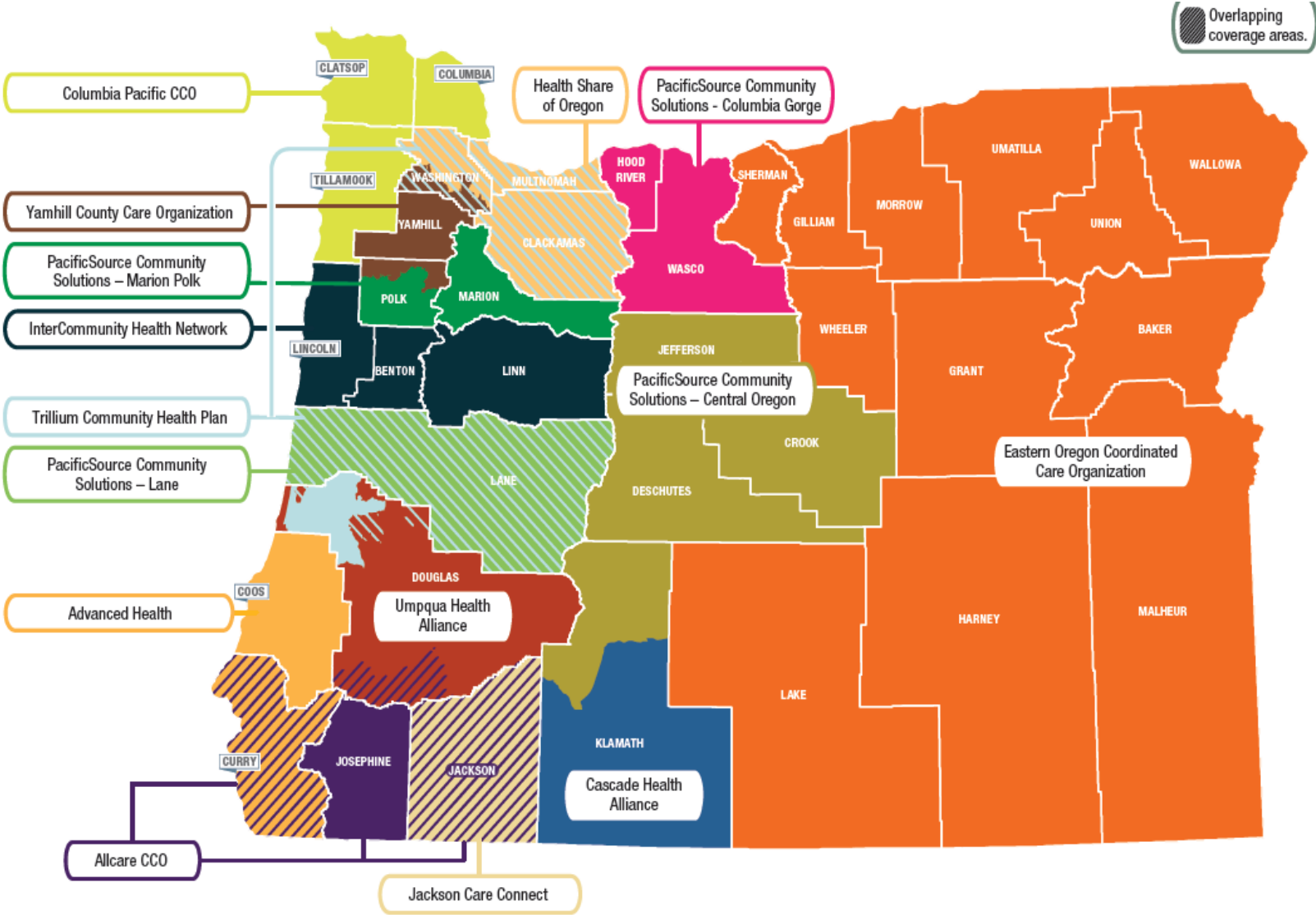
- All Application materials can be found on the OHA HSD Social Determinants of Health (SDOH) [webpage](#):
- Applications will be reviewed to determine if complete. If it is not complete, it will be returned to the person or organization who submitted it with an explanation as to why the Application is not complete.
- Ensure ***all required documents*** are included with the complete narrative responses required in the Application form.
- Applicants may apply for funds for one or both forms of assistance.
- If Applicant is applying for two or more housing projects, ***each project must be submitted as a separate application.***

Letters of Endorsement and Support

- All Applicants must provide the appropriate Letter of Endorsement, described below, with the Application materials.
- The letter needs to be specific in its support of the proposed residence.
- If Applicant is not One of the Nine Federally Recognized Tribes of Oregon, the Application must include a letter supporting the proposed licensed home or facility from:
 - *The Community Mental Health Program (CMHP) serving the location of the proposed residence.*
 - *The Coordinated Care Organization (CCO) serving the location of the proposed residence.*



CCO Coverage



Name	Contact name and # for providers
Advanced Health	Karen Gannon 541-269-7400 X118
Allcare CCO	Donna Duval 541-471-4106
Cascade Health Alliance	541-883-2947 or 888-989-7846
Columbia Pacific CCA	1-800-224-4840
Eastern Oregon Coordinated care Oreanization	Noah Perez 503-265-4786
Health Share of Oregon	503-416-8090
InterCommunity Health Network	1-888-435-2396 or 541-7685207
PacificSource Community Solutions- Central Oregon	800-422-7038
PacificSource Community Solutions- Columbia Gorge	800-422-7038
PacificSource Community Solutions- Lane	800-422-7038
PacificSource Community Solutions- Marion Polk	800-422-7038
Trillium Community Health Plan	NewProviderRequestBox@centene.com
Yamhill County Care Organization	855-722-8205

CMHP Contact info

County	CMHP name	Phone number	County	CMHP name	Phone number	County	CMHP name	Phone number
Baker	New Directions NW, Inc.	(541) 523-7400	Grant	Community Counseling Solutions	(541) 575-1466	Marion	Marion County Behavioral Health	(503) 588-5357
Benton	Benton County Behavioral Health	(541) 766-6835	Harney	Symmetry Care	(541) 573-8376	Morrow	Community Counseling Solutions	(541) 481-2911
Clackamas	Clackamas County Mental Health	(503) 742-5300	Hood	Mid-Columbia Center for Living	(541) 296-5452	Multnomah	Multnomah County Mental Health and Addiction Services	(503) 988-5464
Clatsop	Clatsop Behavioral Healthcare	(503) 325-5722	Jackson	Jackson County Health & Human Services	(541) 774-8200	Polk	Polk County Behavioral Health	(503) 623-9289
Columbia	Columbia Community Mental Health, Inc.	(503) 397-5211	Jefferson	Best Care Treatment Services	(541) 475-6575	Sherman	Mid-Columbia Center for Living	(541) 296-5452
Coos	Coos Health and Wellness	(541) 266-6700	Josephine	Options	(541) 476-2373	Tillamook	Tillamook Family Counseling Inc.	(503) 842-8201
Crook	Crook County Mental Health	(541) 447-7441	Klamath	Klamath Basin Behavioral Health Care	(541) 833-1030	Umatilla	Community Counseling Solutions	(541) 676-9161
Curry	Adapt Integrated Health Care	(877) 408-8941	Lake	Lake District Wellness Center	(541) 947-6021	Union	Center for Human Development	(541) 962-8800
Deschutes	Deschutes County Mental Health and Adult Treatment Services	(541) 322-7500	Lane	Lane County Behavioral Health Services	(541) 682-3608	Wallowa	Wallowa Valley Center for Wellness	(541) 426-4524
Douglas	Adapt Integrated Health Care	(541) 440-3532	Lincoln	Lincoln County Mental Health Program	(541) 265-4179	Wasco	Mid-Columbia Center for Living	(541) 296-5452
Gilliam	Community Counseling Solutions	(541) 296-5452	Linn	Linn County Health Services	(541) 967-3866	Washington	Washington County Health & Human Services	(503) 846-8881
			Malheur	Lifeways	(541) 889-9167	Wheeler	Community Counseling Solutions	(541) 676-9161
						Yamhill	Yamhill County Mental Health Program	(503) 434-7523

Project and Startup Budget

ATTACHMENT B - Residential Home or Facility Development Project and Start Up Budgets

Add additional lines to itemize other types of costs and to add estimated sources and cost and budget notes.

Applicant Name:	
Project Location:	

Enter Sources of Funds for Development	Amount	Budget Notes (as necessary)
OHA HSD Request for Funds		
Other:		
Other:		
Other:		
TOTAL SOURCES OF FUNDS	\$ -	

Enter Costs for Development Project and Start Up Costs		
	Estimated Cost	Budget Notes (as necessary)
DEVELOPMENT PROJECT COSTS		
Building Acquisition		
Renovation - Construction		
Site Improvements / Landscaping		
Permits & Fees		
Architectural & Engineering		
Legal		
Closing & Title Insurance		
Insurance - Property & Liability		
Financing Fees		
Developer Fee		
Other -		
TOTAL DEVELOPMENT PROJECT COSTS	\$ -	

Complete for all funding sources

Sample Project and Startup Budget.

Refer to Application Package – the full version of the Application can be accessed: [HERE](#)

Availability of Funds: Security and Repayment

Conditional Award Letter (Awardee)

Applicants who receive a **Conditional Award Letter (Awardee)**, should not expect to draw award funds until **all documents and information required** in the Conditional Award Letter have been submitted and are deemed satisfactory by OHA HSD.

In addition, award funds will only be released after Awardee has **signed the Grant Agreement** and the conditions of both the Conditional Award Letter and the Grant Agreement have been satisfied.

Licensed Residential Treatment Housing or Facilities Development

Questions & Wrap Up

If there are any additional questions, please email:
richard.F.malloy@dhsosha.state.or.us

