Behavioral Health Community Capacity Funding Opportunities Relevant to King County in 2017-19 State Capital Budget (SSB 6090/ESSB 6095) updated 3/8/2018

All funding opportunities will be administered by Commerce. Except for Housing Trust Fund, all applications must be coordinated with a BHO or successor FIMC organization.

Category	Amount	Eligible Organizations	Details	ESSB 6095 Sect
Behavioral Health	\$24.4M	Community-based	• \$24.4M for housing projects providing supportive housing and case management services to persons with chronic	Sec. 1002
Supportive Housing	statewide	nonprofits	mental illness	
		 Housing authorities 		
		Tribes		
Psychiatric Residential	\$6.6M	Community providers	• Grants to community providers to create non-IMD psychiatric residential treatment beds to serve people being	Sec. 1007
Freatment Beds	statewide		diverted from or transitioned from state hospitals	
			• Must submit proposal to, and contract with, BHO or successor FIMC organization for operating costs	
Detoxification Facilities	\$6.0M	Community hospitals	• \$4.0M for at least 2 non-IMD secure detoxification facilities	Sec. 1007
	statewide	• Other community entities	 \$2.0M for at least 1 non-IMD acute (voluntary) detoxification facility 	
Crisis Diversion or	\$12.7M	Community hospitals	Grants for non-IMD crisis diversion or stabilization facilities	Sec. 1007
Stabilization Facilities	statewide	• Other community entities	 At least 2 facilities in King County 	
			• 1 facility in Pierce County (\$3.2M earmarked for Pierce)	
ong-Term Civil	\$12.7M	Community hospitals	Grants to community hospitals or freestanding E&Ts to create non-IMD beds for people on long-term civil	Sec. 1007
Commitment Beds	statewide	 Freestanding E&Ts 	commitments transitioning from or diverted from state hospitals	
State Hospital		_	 Must contract with DSHS for operating costs 	
Alternatives)				
Services and Capacity	\$5.0M	 Community hospitals 	• Grants to increase behavioral health services and capacity for children/minor youth, including but not limited to:	Sec. 1007
for Children and Youth	statewide	• Other community entities	 SUD treatment 	
			\circ Services for sexual assault and traumatic stress, anxiety, or depression	
			\circ Interventions for children exhibiting aggressive or depressive behaviors	
			Consideration of programs with outreach and treatment for youth dealing with mental health or social isolation	
General Community	\$2.0M	 Community hospitals 	 Competitive grants; funding priority unspecified 	Sec. 1007
Behavioral Health	statewide	• Other community entities	Consideration of programs with outreach and treatment for youth dealing with mental health or social isolation	
Capacity				
armarks for Specific	\$5.5M	Valley Cities	• \$2.0M Valley Cities Recovery Place (Beacon Hill)	Sec. 1007
King County Projects	in King	• SeaMar	• \$500K SeaMar Geriatric Diversion (South Park)	
	County	Evergreen Treatment	 \$3.0M for Evergreen Treatment Services building purchase, contingent on matching funds 	
		Services		

• IMD = Institution for Mental Disease. BHO = Behavioral Health Organization. FIMC = Fully Integrated Managed Care. E&T = Evaluation and Treatment Facility. MH = Mental Health. SUD = Substance Use Disorders.

• Section 1007 also includes \$4.6M for 2 enhanced services facilities (ESFs). ESFs are a Home and Community Services (HCS) program for long-term placement of geriatric or traumatic brain injury patients. As ESFs are intended to serve HCS-identified clients with intensive behavioral support needs, and not BHO clients, King County will not have direct involvement. New ESFs could have positive impact on state/local hospital capacity.

• Section 1022 directs OFM to work with Commerce, HCA, DSHS, DOH, and BHOs to establish a statewide plan to assess/prioritize facility needs and gaps in the behavioral health continuum of care, to inform future grant allocations, due to legislative fiscal committees 12/31/18. The plan must address community hospital inpatient psychiatric beds, E&Ts, ESFs, triage facilities, crisis stabilization facilities for short-term detention, crisis walk-in clinics, residential treatment facilities, and supportive housing. The plan must include prioritization of facility type by geographic region; systematic method to distribute resources across geographic regions so that all communities' local continuums are being strengthened; and assessment of feasibility of establishing state-operated, community-based mental health hospitals. <u>Once completed on 12/31/18, this statewide plan could potentially inform project selection for the above funding opportunities.</u>