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Washington State Dept. of Commerce
Commerce Community Capital Facilities

2021-23 BEHAVIORAL HEALTH FACILITIES (BHF) CHILDREN & MINOR YOUTH

Deadline: 1/10/2022

Three Rivers Therapy Three Rivers Therapy Children's Behavioral Health Center

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USD\$ 1,881,172.56 Requested
USD\$ 2,041,173 Total Capital Project Costs

Submitted: 1/10/2022 2:36:28 PM (Pacific)

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none entered

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Pre-Application Questions [top](#)

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: 1). if the applicant is the Owner, Operator, Owner/operator 2). if the site is licensed by DCYF, DSHS and DOH 3). 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.

Three Rivers Therapy (Rikki Cook)

1. Applicant is owner

2. Site is licensed by DOH

3. License number BHA.FS.60964854

Services include:

Outpatient mental health services (individual treatment, brief intervention, group therapy, family therapy, rehabilitative case management, psychiatric medication and medication support, and day support).

Crisis mental health services (crisis stabilization, crisis outreach and crisis peer support).

Recovery support services (peer support and wraparound facilitation).

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 January 10 2022, to increase your understanding about licensing, certification and service contracting.

If this question does not apply, answer NA.

N/A

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 k

Yes

9. Funding through the BHF program requires that once the capital project is complete, behavioral health service capacity be increased. Will the proposed capital 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. 11. Tell us about the status of the following activities. For each activity, indicate the status of completion.

As your response, indicate NA, pending, planning, in process or completed as your answer to each of the items listed below.

Feasibility Study

Market Study

Fundraising or Finance

Working with a Realtor to determine costs of acquisition

Site control (aka ownership or leasing real property)

Architecture & Engineering

Zoning review

City/County permitting

Construction bid

Coordination with DOH Construction Review Services

LEED, ESDS or WSSP

Finalization of construction and equipment budget

Negotiated binding agreements with contractors

<input type="text" value="Pending"/>	Demolition
<input type="text" value="Pending"/>	Site preparation
<input type="text" value="Pending"/>	Construction or renovation
<input type="text" value="Completed"/>	Coordination with the Behavioral Health Organization (BH-ASO) and Fully Integrated Managed Care Organization (MCO) in the region
<input type="text" value="N/A"/>	Executive Order 21-02
<input type="text" value="Completed"/>	Behavioral health services licensing review
<input type="text" value="0.00"/>	TOTAL

12. If an award is made, the successful applicant may be required to comply with all applicable Public Works statutes (RCW 39.80 and 39.04), Prevailing Wage (RCW 39.12) and Apprenticeship. These requirements must be followed if applicable to the proposed project. Do you agree to abide by all applicable statutes?

- ☒ Yes
☐ No

13. 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. If this question does not apply, answer NA.

An award through the BHF Program has been received for the construction of a crisis stabilization center on the same medical campus, however the proposed youth services expansion facility for which funding is being requested is to be located on a separate parcel. The scope of services for the youth services expansion facility will include outpatient behavioral health services, peer services and intensive/wraparound services and programs specific to the BH needs of children and youth.

14. Is there a housing component to the proposed project?

- ☐ Yes
☒ No

15. If you answered yes to question #14, tell us more about the housing component. In the response tell us about all of the following: 1). What kind of housing will be provided 2). Who is the demographic for the housing 3). How long can a person stay 4). What services (not including the behavioral health services) will be provided 5). Information about certifications or licensure from DOH that are required and how you will go about obtaining the required certification or licensure.

N/A

General Application Questions [top](#)

General Application Questions

1. The capital project will involve many development and construction-related activities. Specifically, how will the BHF grant be used?

Select all that apply

- ☐ To purchase real property
☐ For reimbursement of acquisition costs already incurred to purchase real property
☐ To plan and design the facility
☐ To pay for tenant improvement capital costs
☐ To renovate existing square footage of a facility
☒ For new construction of a facility
☐ For new construction to add new square footage to an existing facility
☐ To provision a facility with allowable equipment

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.

Our organization is applying for funding under two categories. Priority (1): Children's Behavioral Health Facility - Child and minor youth funding category (this funding application). Priority (2): Peer Respite Facility - Peer respite funding category.

3. State and describe your organization's mission and if there is a website, provide the web address.

Three Rivers Therapy's mission is to provide high quality mental health services, ensuring that all individuals have equal access to appropriate mental health care which supports the least restrictive alternatives in care and allows individuals to receive care in their own community with the support of their families and peers. We aim to integrate equitable and diverse mental health services, maintaining integrity in the utilization of all available community resources and through the provision of guided services between community partners.

www.3riverstherapy.com

4. What type of entity is the applicant?

Select only one

- ☐ Government
- ☐ Tribe
- ☐ Non-Profit Corporation
- ☐ Public Benefit Corporation
- ☐ General Partnership
- ☐ Limited Partnership
- ☐ Limited Liability Limited Partnership
- ☐ Corporation
- ☒ Limited Liability Company
- ☐ Sole Proprietorship

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 Department of Revenue (DOR). Are you currently licensed with DOR or can become licensed by DOR?

Select only one

- ☒ Yes, currently licensed
- ☐ No, not licensed but can become licensed
- ☐ No, not licensed and cannot become licensed

6. What is the legal business name, as registered with the Department of Revenue (DOR), of the entity we will contract?

Three Rivers Therapy, LLC

7. Provide the WA State Department of Revenue Unified Business Identification Number (UBI) for the business identified.

603555326

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.

NA

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?

Select only one

- ☒ 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
0206752-02

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?

Select only one

- ☐ 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.

Three Rivers Therapy will provide the contact information for both of the facility owners (both are full-time onsite directors), including their direct email and phone numbers, ensuring all necessary communication is monitored and managed with the highest level of priority. This allows the facility owners and contract managers to establish a professional relationship and a direct process for engaging in collaborative efforts, coordination of tasks, or general communication and updates. In our experience, this improves the efficiency and efficacy of managing tasks such as data requests, site visits, audits and program communication or updates.

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

- ☐ 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

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

15. 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.

We are actively contracted and credentialed with each of the MCO's within the Greater Columbia Region and have attached a letter of support demonstrating this relationship. Additionally, we have a strong working relationship and several open lines of communication with our local BH-ASO. In assessing our community needs annually and determining our organization's capacity to provide additional services, we have held several collaborative discussions and have integrated all service-based input or requests from our behavioral health, SUD and housing specialists. We have further included a letter of support from the director of our regional BH-ASO.

16. What is the address of the site where the grant funds will be used?

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, latitude & longitude of the site. If a site is yet to be leased or purchased, enter TBD
10505 W. Clearwater, Kennewick, Washington, 99336-8613

17. 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.

Choose only one Washington county

Benton

18. 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?

Select only one

☒ Own

☐ Lease of less than 15-years remaining on the term and owner is not aware we have applied for this funding.

☐ 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.

☐ Lease of 15 or more years remaining on the term and owner is not aware we have applied for this funding.

☐ 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.

☐ None of the above

19. If neither leased nor owned, briefly tell us about the timeline to secure real property.

If this question does not apply, answer NA

NA

20. 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 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

Capital funds will be used for the direct (hard) costs related to the construction of a 3,200 square foot Children's Behavioral Health Facility for outpatient mental health care and integrated peer-based services. Specifically this project will include the construction of a medical office building with six child/youth outpatient therapy offices, two family outpatient therapy offices, two youth-centered resource rooms for peer-based services and group therapy/support services, required administrative areas, staff breakroom and appropriate accommodations including HIPPA compliant registration area, waiting areas and handicap accessible restrooms.

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.

We currently own and operate an outpatient facility on the same campus of which the Children's Behavioral Health Facility will be constructed. All zoning and permitting related processes for building and operating Behavioral Health Facilities have been approved for the proposed location.

22. How do you anticipate overcoming delays due to materials shortages or labor shortages and increase in materials costs?

Three Rivers Therapy has established equity in the building site and has further secured bank approval for a construction line of credit in the event that material costs increase prior to final contracting. While we recognize delays due to labor or material shortages to be outside of our control; since Three Rivers Therapy already owns the commercial site, delays in construction would not result in any unforeseen expense such as a contracted lease rate, additional tenant improvement costs or any other third-party fees that could otherwise affect our ability to complete the project and sustain our business model.

Three Rivers Therapy has also established a strong working relationship with the anticipated commercial contractor through previous construction of our outpatient facility. This relationship has supported open communication, timely change orders and fiscal responsibility.

23. Project readiness is an important component in our funding decision. Grant funds for this funding opportunity expire on June 30, 2023 but we will seek a reappropriation of funds that may extend the use to June 30, 2025. We must be able to understand where you are in the development process.

Provide dates for all of the following, use this date format: MM/DD/YYYY. If a line item is not applicable enter 00/00/0000.

01/01/2022

If funds, in addition to the BHF grant, are needed in order to complete the proposed project, as outlined in Question #20, by what date is/will those funds be committed.

01/01/2022

If there is more work to be done on the behavioral health facility, than is outlined in Question #20, by what date is/will those funds be committed for completion of the facility.

00/00/0000

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.

05/01/2018	Date site control was or will be achieved.
05/06/2022	Projected date of finalized construction budget for the proposed project, outlined in Question #20.
05/06/2022	Projected date of finalized equipment budget for the proposed project, outlined in Question #20.
05/12/2022	Projected date for zoning and permitting to be complete for the behavioral health facility.
05/16/2022	Projected new construction start date for the behavioral health facility.
00/00/0000	Projected renovation start date for the behavioral health facility.
01/06/2023	Projected completion date of new construction or renovation.
01/01/2022	Projected date of licensure and certification for behavioral health services.
01/23/2023	Projected first-date of operation.
0.00	TOTAL

24. Proposed projects, in facilities that provide inpatient or residential treatment for twenty-four hours or more, must utilize the Department of Health (DOH) Construction Review Services. 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?

Select all that apply

- ☐ Completed DOH Construction Review Project
- ☐ Completed DOH Technical Assistance Review
- ☐ Initiated a DOH Construction Review Project
- ☐ Initiated DOH Technical Assistance Review
- ☒ NA

25. Proposed projects, that expand the service capacity of a hospital, may need to go through the DOH Certificate of Need (CoN) process. Please indicate the date you have had a communication with DOH about this requirement, and if initiated or completed a CoN specific to the proposed project.

If this question does not apply, answer NA

NA

26. 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) Division of Behavioral Health Recovery (DBHR) 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.

If this question does not apply, answer NA

NA

27. 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: 1). What types of services are available? 2). How effectively are people able to access services? 3). 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?

1. Behavioral Health Services specified within the Greater Columbia BH-ASO region include outpatient mental health, intensive outpatient mental health, wraparound services, SUD recovery programs, co-responder mental health programs, peer-based mental health services, inpatient mental health facilities, and crisis response/mobile crisis response services.

2. At this time, access to the least restrictive alternatives such as outpatient care and peer-based mental health services are limited due to regional capacity. As a result, in 2021 our regional mobile crisis teams received 3x the number of crisis events as compared to the statewide average and were deployed on 39.9% of these events as compared to the statewide average of 14.8% - further resulting in a decreased capacity to ensure that each individual receives an effective and satisfactory response during a mental health crisis. Interestingly, only 5.9% of our regional crisis events required the presence of a DCR - indicating that the level of care needed in the remaining 94.1% of events was that of an outpatient or peer-based service.

3. The primary disparities identified in our regional assessment include that of child and youth behavioral health services, peer-based services, crisis services and inpatient detox and recovery (SUD recovery) facilities. Within Benton county (our proposed project site), children and youth have no access to dedicated care facilities and there are no crisis outreach or peer-based services available to the adolescent population.

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: 1). What services is the site licensed/certified to provide? Identify if the licensure for the services is provided by DCYF, DSHS or DOH. 2). What is the staffing pattern? 3). How do you mitigate for infectious disease outbreaks? 4). 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. 5). 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. 6). If you provide out-patient services, how many people did you serve in 2019 and 2020?

If the site is not currently operational, enter NA.

NA

29. Once the proposed project is complete, tell us about all of the following: 1). What behavioral health services will be provided and what is the anticipated overall increase in behavioral health service capacity? 2). How does this increase in behavioral health services address gaps in services within your region? 3). If clients will come to the facility from outside of the region, what is the transportation plan to serve clients from surrounding areas? 4). What will the staffing pattern be? 5). How will staff be recruited and retained? 6). How will you mitigate for infectious disease outbreaks? 7). If you will provide new beds, how many total new beds and how many new beds specifically for each service type provided? 8). If you will use recliners, how many new recliners? 9). If you will do out-patient services, how many people do you anticipate serving in the first full year of operations? 10). Provide details about how the behavioral health services capacity will be maintained over time at this site.

Upon project completion, Three Rivers Therapy is committed to providing children and youth services that address our community's current gaps in care. (1) The Children's Behavioral Health Facility is anticipated to increase the overall capacity of care for the children and youth population with nearly 44,000 additional direct service hours per year of dedicated outpatient and peer-based community mental health services. (2) This increase in capacity will aid in meeting the needs of an otherwise significantly underserved population, reducing unnecessary crisis events and improving upon adolescent social determinants of health. (3) Our facility's peer-based services will offer mobilized care, serving children within our county and in the surrounding counties of our region. In recognizing that the Greater Columbia region is primarily composed of rural and medically underserved counties, Three Rivers Therapy has determined a mobilized care team to be a necessity in the staffing pattern of our organization. (4) Additionally, the proposed Children's Behavioral Health Facility will staff 22 behavioral health providers including mental health therapists, family therapists, group therapy facilitators, and certified peer counselors. This staffing pattern has been designed and implemented in our adult behavioral health facility (established 2015) and has offered a stable and sustainable model which we intend to duplicate in the adolescent behavioral health model. (5) Staff will be recruited directly through established hiring processes as well as from regional universities and behavioral health training programs. Weekly provider trainings are held onsite under the direction of the clinical supervisor, with regularly scheduled case collaboration and provider support activities to promote the wellbeing and professional development of our staff - reducing healthcare worker burnout and improving retention of mental health professionals in our organization. (6) Our organization follows the sanitation recommendations and requirements set forth by the department of health to prevent the spread of infectious disease - this includes symptom screening protocols, social distancing and frequent sanitation services. (7 & 8) The outpatient Children's Behavioral Health Facility will not utilize beds or recliners specific to the population being served. (9) We anticipate outpatient services to result in approximately 6,240 adolescents served within the first year of operations. (10) Offering 44,000 service hours per year, maintaining 6,240 adolescents served each year will be achieved through an average of seven direct service hours per patient. This average is consistent with our current patient services and within the recommended standards of care for evidence-based practices in working with the adolescent population.

30. Based on your answers to question #27 and #29, what data have you used that informs those answers?

We have completed annual community needs assessments with the support of our regional BH-ASO, and have reviewed substantial regional data from the 2021 Steering Committee (Response Improvement Strategy Committee for Behavioral Health Crisis Response and Suicide Prevention). Each of these organizations have provided detailed reports of the mental health services available in our region, rate of utilization regarding mental health services in our region, and recommendations for additional services.

31. If the type of services the applicant will provide at the proposed site allow for services to be provided to persons detained under the involuntary treatment act under chapter 71.05 RCW, do you commit to serve these people?

Select only one

☐ Yes

☐ No

☒ NA

32. 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 71.05 RCW.

If this question does not apply, answer NA

NA

33. If an award is made, do you commit to serve persons who are publicly funded?

Select only one

☒ Yes

☐ No

34. 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: 1). What services are available for people with co-occurring developmental or intellectual disabilities so they can access the mental and behavioral health services at the facility? 2). What sort of transportation assistance is available to people who will be served by the facility? 3). How will language barriers be handled? 4). How will underserved and historically marginalized communities and communities of color be served? 5). How will the facility coordinate services for Tribal members? 6). How will the facility coordinate services for people who may be experiencing homelessness? 7). How will the facility address evening or weekend needs for mental and behavioral health? 8). What other services, or coordination of services, will be provided at this site that may be lacking in the community?

(1) Each of the mental/behavioral health services offered in the Children's Behavioral Health Facility will be available to all youth, including those with co-occurring developmental or intellectual disabilities who will be provided with appropriate accommodations including individual support and advocacy services. (2) Three Rivers Therapy partners with community organizations including People for People, Dial-a-Ride/Benton Franklin Transit, and Rad Cab for transportation services when needed. Youth must have a guardian to accompany them when using transportation services - however our mobilized care team will travel to the youth's location to provide services when transportation services are unavailable. (3) In the event of a language barrier, either with the youth or the youth's guardian, a translator will be utilized either by phone or onsite when available. Additionally, Spanish speaking providers will be available onsite and within our mobilized care team for individuals who require or prefer Spanish speaking. (4) Three Rivers Therapy ensures equal access to care, honoring equity and diversity in working with marginalized populations and prioritizing cultural competency throughout our facility. Our organization maintains a diverse staff and promotes the concept of "voice and choice" in encouraging patients to have an active role in selecting the provider who they feel most comfortable or connected to throughout their therapeutic journey. Furthermore, our organization participates in community outreach efforts and community events which support marginalized populations and actively demonstrate the safety and support we offer as a healthcare organization. (5) Three Rivers Therapy aids in the coordination of services for Tribal members through consultation with tribal liaisons from the ACH, GCBH, or any other Tribal Specialist who the youth and/or youth's guardian request in relation to a specific tribe or Tribal relationship held by the family. (6) For those experiencing homelessness or at the risk of becoming homeless, Three Rivers Therapy works with our local housing authority to ensure the individual's needs for housing (and any other basic needs such as food, clothing and hygiene) are met. Many times this is accomplished within the treatment planning phase by assigning one of our family peers to assist with the application and follow up process. (7) Three Rivers Therapy has peer counselors who are available by phone or text message 24 hours a day, 7 days a week as well as a rotating on-call provider for crisis support or stabilization when needed. Our mobilized care team is also available outside of normal office hours and on the weekends to provide community-based care. In the event of a medical or mental health emergency, our staff instructs individuals to call 911 or safely go to the nearest emergency room. (8) Other services and coordination of services include strengths-based wraparound services, individual and family group therapy services, integrated multi-systems mental health care (education, juvenile justice, court order, family reconciliation, etc.), recovery navigator services, sexual assault and crime victims advocacy and support, guided referral to specialized programs or facilities such as secure detox or long-term inpatient care, and integrated social support and peer support services.

35. 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?

Three Rivers Therapy was built upon a vision of equity and access to culturally competent behavioral health services for all individuals and has successfully provided culturally competent services since 2015. Our team is comprised of a diverse staff representing various cultural communities and backgrounds, including minorities and marginalized populations who work together to inform one another of community-based or culturally relevant concerns. Additionally, all staff completes training regarding cultural competencies upon orientation, and participates in ongoing (monthly) training. Our clinical supervisor oversees all staff training, and utilizes a three-year educational model of cultural competencies with curricula designed to implement cultural competencies in healthcare, expand upon cultural competencies, and master culturally relevant practices in healthcare.

36. 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.

Three Rivers Therapy has cultivated a large network of support in our community as the result of our consistent engagement and demonstration of integrity in mental healthcare. Our organization has become well aligned with the healthcare facilities and entities that share our vision of equity, diversity and equal access to care - including our regional ASO; our city and county officials including the chief of police, chief of fire and city council members; community coalitions including city advisory boards designed to reduce homelessness and substance abuse, the recovery coalition, the behavioral health coalition, the suicide prevention coalition, co-responder and crisis response teams, threat response teams (STAT); and medical service providers including several referring physicians from each of our regional hospital systems, secure detox and long-term recovery centers and private medical offices.

37. Tell us about the facility you're proposing to build or expand with this grant and the types of services that will be provided. Please be sure to include whether or not they will be outpatient or inpatient services, the approximate length of stay (i.e. short-term crisis stabilization services or long-term treatment services), the population that will be served (age range, other demographic information, etc.), and any other information related to the project and its services.

Three Rivers Therapy is proposing to build a Children's Behavioral Health Facility which will offer outpatient behavioral/mental health services, peer-based services and mobilized care teams to serve children and youth. Services will include evidence-based individual, group and family therapy, community resource referral and navigation, youth and family advocacy and support, community-based outreach, crisis outreach, youth suicide prevention programs, and mobilized mental health care. Each of these services will be offered as an outpatient day-service, with peer-based services, outreach services and mobilized care operating outside of office hours (seven days per week) including weekends and holidays. The primary population served will be children and youth minors, including transitioning age youth up to the age of 21. While our proposed site is within Benton county, we anticipate our patient population to include individuals and families from most of the remaining eight counties within the Greater Columbia region - as these counties are both rural and medically underserved.

38. Provide us information, including data, which demonstrates there is a need for this new or expanded facility and services in the community you're planning to serve. What gaps are you addressing?

In 2021 Greater Columbia crisis response received 3x the number of crisis events as compared to the statewide average and were deployed on 39.9% of these events as compared to the statewide average of 14.8% - further resulting in a decreased capacity to ensure that each individual receives an effective and satisfactory response during a mental health crisis. Of note, only 5.9% of our regional crisis events required the presence of a DCR - indicating that the level of care needed in the remaining 94.1% of events was that of an outpatient or peer-based service (however these services are severely limited regarding capacity at this time, thus requiring individuals to contact crisis upon a crisis event rather than accessing a preventative or proactive mental health service). Our region must expand upon outpatient mental health services and peer-based services. Specific to child and youth minor services, Benton county (the proposed project location) has nearly half the estimated population of Spokane county - yet offers no specialized care for children (as compared to three children's facilities in Spokane county). As we continue to expand in offering mental health services, it is imperative that children's services are included in our community's strategic plan for promoting wellness.

39. How are you going to incorporate the community into your treatment plan (i.e. connecting with other youth-serving agencies, schools, other community organizations, family members, etc.)?

Three Rivers Therapy works regularly with schools and youth-services agencies within our region. For example, we provide peer counselors at no-cost to transitioning age youth at our region's alternative education program office and collaborate with our ESD and youth behavioral health coalitions regarding the planning and implementation of youth services aimed to reduce harm, prevent suicide and address violent or aggressive behavior. Utilizing a strengths-based approach regarding evidence-based treatment, Three Rivers Therapy incorporates traditional and non-traditional caregivers and family members in the youth's individual treatment plan.

40. How do you plan to incorporate trauma-informed practices into your facility? This includes incorporating the guiding principles of a trauma-informed care approach.

Three Rivers Therapy utilizes trauma-informed practices in all aspects of care. We complete internal assessments and quality improvement processes quarterly - incorporating staff, patients/patient caregivers and community members in the evaluation and review meetings. Recognizing SAMHSA's principles of a trauma-informed care approach, our facility ensures: 1. Patient safety (both physical safety and an emotionally safe environment) with appropriate security, a zero tolerance policy for violent or aggressive behavior, and a comfortable interior design that incorporates residential-type furnishings and décor to reduce anxieties related to medical facilities or institutionalized care; 2. Trustworthiness and transparency which we build and support through patient-centered care regarding the treatment plan, equity in provision of mental health services and community resources, HIPPA and general ethical compliance, appropriate accommodations and consistency in patient care; 3. Peer support services which are integrated throughout every phase of the treatment plan and available 24 hours per day, 7 days per week; 4. Collaboration and mutuality in identifying treatment goals and treatment options together with the patient and the patient's caregivers, natural supports and peers; 5. Empowerment and choice in validating individual experiences and promoting models of self-awareness and personal advocacy within our facility and within our community; and 6. Addressing cultural, historical and gender issues in honoring the individual needs, beliefs and practices of each patient, offering culturally competent and relevant mental health care and support.

41. What are your experiences treating or providing services to children and youth with substance use & mental health challenges?

Three Rivers Therapy works regularly with children and youth with substance use and mental health challenges. Our providers participate in collaborative youth team meetings to consult one another and refine individual treatment objectives and interventions. We also offer the added support of youth group therapy options and wraparound services for children and youth experiencing significant mental health deficits related to psychological symptom severity, substance use, deviant behavior, cross systems involvement, difficulty at school, sexual abuse, neglect or other safety concerns and medical issues.

42. Please explain how your agency will sustain the increase in service capacity.

Our region is severely underserved regarding mental health care and the need for care is continuing to expand as our

community continues to grow. Recognizing a significant gap in care for the child and youth population, our organization began forming mobilized care teams, children's therapy groups and peer services to support a community-based model of care. We intend to sustain the proposed increase in service capacity through replication of this model, recruiting additional providers to offer either onsite or mobilized services and creating a network of mental health providers and programs that support one another internally and within our community. In our experience, a successful mental health program requires multiple levels of care in order to support the patient, while also supporting the team of providers to reduce provider burnout and promote program sustainability.

Budget [top](#)

Sources of Funds	Column #1	Column #2	Column #3
Behavioral Health Facilities Grant Amount Requested	USD\$ 1,881,172.56		
Three Rivers Therapy	USD\$ 160,000.00		
Total	USD\$ 2,041,172.56	USD\$ 0.00	USD\$ 0.00

Uses of Funds	Column #1	Column #2	Column #3
Acquisition Costs	USD\$ 0.00		
Planning & Design	USD\$ 388,098.62		
Architecture & Engineering	USD\$ 113,418.45		
Construction Management	USD\$ 266,975.25		
Construction Costs	USD\$ 1,150,755.40		
Equipment	USD\$ 0.00		
WA State Sales Tax	USD\$ 121,924.84		
Other (please describe)			
Other (please describe)			
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Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Other (please describe)			
Total	USD\$ 2,041,172.56	USD\$ 0.00	USD\$ 0.00

Documents [top](#)

Documents Requested *

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.

[download template](#)

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.

Required? Attached Documents *

[Uses of Funds Budget Narrative](#)

[Preliminary construction Bid](#)

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

[Deed indicating ownership](#)

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.



[Proof of Funds](#)

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.



[Operating Budget](#)

[download template](#)

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.



[Operating Plan](#)

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.



[MCO letter of support](#)

Upload a letter of support, for this specific project, from the regional BHO where the project will be sited.



[BHO letter of support](#)

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.

[Status of licensure or certifications](#)

Upload any other document to support your application. This is an optional part of the application.

[Building Renderings](#)

[Location of Behavioral Health Facilities in Washington](#)

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* ZoomGrants™ is not responsible for the content of uploaded documents.

Application ID: 378746