

Olympic Heritage Behavioral Health

Summary of Provider Interest Survey

Engrossed Substitute Senate Bill 5950; Section 215(130); Chapter 376; Laws of 2024

June 12, 2024

Legislative summary

The Washington State Health Care Authority (HCA) is submitting this report to the legislature as required by Engrossed Substitute Senate Bill (ESSB) 5950; Section 215(130):

\$100,000 of the general fund—state appropriation for fiscal year 2024 and \$3,502,000 of the general fund—state appropriation for fiscal year 2025 are provided solely for the authority to contract for community behavioral health services to be provided at the Olympic heritage behavioral health facility pursuant to the following requirements:

(a) The authority must conduct a survey of provider interest to determine service options for operating up to 40 beds at the Olympic heritage behavioral health facility, with a target opening date of April 1, 2025.

(b) The primary focus must be addressing the needs of adults with a history or likelihood of criminal legal involvement to reduce the number of people with behavioral health or other diagnoses accessing treatment through the criminal legal system.

(c) The survey must seek information from providers, including tribal governments, interested in offering one or more, but not limited to, the following types of services:

(i) Short-term or step down residential behavioral health care, particularly for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility;

(ii) Residential, transitional, or supportive services that would divert individuals from the criminal legal system or emergency departments;

(iii) Substance use or co-occurring treatment, including inpatient or outpatient programming as well as programs designed for the treatment of opioid use disorder; and

(iv) Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services.

(d) The authority must provide a summary of the survey results to the office of financial management and the appropriate committees of the legislature.

Olympic Heritage Behavioral Health

June 12, 2024

The Health Care Authority contracted with BerryDunn in April 2024 to conduct a survey to determine service options for operating community behavioral health services for up to 40 beds at the Olympic Heritage Behavioral Health (OHBH) facility. A summary of the survey is attached to this digest. The survey was completed prior to issuing a Request for Proposal which is due no later than August 1, 2024, pursuant to approval by OFM.

Background

Using funding provided in ESSB 5950, HCA contracted with BerryDunn to assist with the Olympic Heritage Behavioral Health Provider Interest Survey. The survey was open from May 3 to May 20, 2024, and invited input from:

- Tribal governments who have Purchased and Referred Care Delivery Area jurisdictions,
- Behavioral health providers who were interested or considering providing services for up to 40 beds at Olympic Heritage Behavioral Health, and
- Other stakeholders and individuals with lived experience to provide feedback on which services should be offered and best fill a gap or unmet needs within the continuum of care.

The survey specifically included the service examples noted in ESSB 5950, and an optional response for additional service recommendations.

To promote the survey, information was shared the following ways:

- At a King County Provider meeting
- To the Behavioral Health Advisory Council
- At a BH-ASO monthly meeting
- Via eleven GovDelivery listservs
- Emailed to MCO and BH-ASO leadership
- Formal letters mailed to Tribal Leaders
- At an American Indian Health Commission Delegate meeting
- At two Tribal Centric Behavioral Health Advisory meetings

Next steps

HCA is reviewing the survey results. In consultation with DSHS, HCA will compile recommendations on which community behavioral health services should be procured for up to 40 beds at OHBH and will provide the recommendations to OFM by June 30, 2024. With OFM review and approval, HCA will issue a Request for Proposal for community behavioral health services at OHBH on August 1, 2024.

Contact

If there are questions about this survey summary report or implementation of the project, please contact Tina Burrell, Special Project Administrator, at tina.burrell@hca.wa.gov or 360-481-9920.



Washington State Health Care Authority (HCA)
Olympic Heritage Behavioral Health Provider Interest
Survey Summary Report



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1. Introduction

1.1. Background

During the 2024 legislative session, the Washington State Legislature appropriated funding for Health Care Authority (HCA) in a budget proviso—5950 ESSB; Section 215 (130)—to contract with a behavioral health provider(s) to deliver community behavioral health services at the Olympic Heritage Behavioral Health (OHBH) facility. The OHBH facility—located in Tukwila—is a licensed residential treatment facility that the Department of Social and Health Services (DSHS) acquired in 2023 to serve people in State psychiatric care.

For Proviso 130, the primary focus must be addressing the needs of adults with a history or likelihood of criminal legal involvement to reduce the number people with behavioral health or other diagnoses accessing the treatment through the criminal legal system. The proviso requires HCA to oversee the implementation of up to 40 beds for community behavioral health services at OHBH by April 1, 2025.

To implement new services at OHBH and adhere to the State’s timeline, HCA has partnered with BerryDunn, an independent consulting firm, to provide project management services that will help support the completion of the required activities in the budget proviso. BerryDunn is assisting with the coordination and development of deliverables, such as a web survey and a Request for Proposal (RFP) to procure a vendor for the OHBH facility, as needed.

HCA, in collaboration with BerryDunn, designed a web survey to collect information from Tribal governments, providers interested in offering one or more types of services, and other interested parties. Services include, but are not limited to, the following:

- Short-term or step-down residential behavioral health care, particularly for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility
- Residential, transitional, or supportive services that would divert individuals from the criminal legal system or emergency departments (EDs)
- Substance use or co-occurring treatment, including inpatient or outpatient programming as well as programs designed for the treatment of opioid use disorder
- Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services

1.2. Report Purpose

The primary purpose of this report is to:

- Provide a high-level overview of the interested provider survey results.
- Identify the type and level of services that can be provided— up to 40 beds—at the OHBH facility.
- Inform the development of a recommendation for the Office of Financial Management (OFM) regarding the type of services that should be delivered at the OHBH facility.

1.3. Report Format

This report is organized into three sections and two appendices. The sections include:

- **Section 1 Introduction** provides introductory information about the interested provider survey, including details about the background of the HCA OHBH facility, report purpose, and report format.
- **Section 2 General Survey Summary** summarizes key results of the interested provider survey, such as providers' willingness to deliver services at the OHBH facility.
- **Section 3 Provider Interest Survey Summary** summarizes the key results of providers interested and disinterested in delivering services at the OHBH facility.
- **Section 4 Key Considerations** includes findings for HCA and the State to consider when determining which service type should be provided at the OHBH facility.

The appendices that provide supporting details pertaining to the report include:

- **Appendix A Glossary of Acronyms and Terms** lists the acronyms and terms used throughout this report.
- **Appendix B Web Survey** includes the web survey questions used to collect feedback from stakeholders (e.g., providers, Tribal governments, State staff, and individuals with lived experience).

2. General Survey Summary

HCA, in collaboration with BerryDunn, developed and issued a web survey to a broad group of stakeholders to collect feedback regarding:

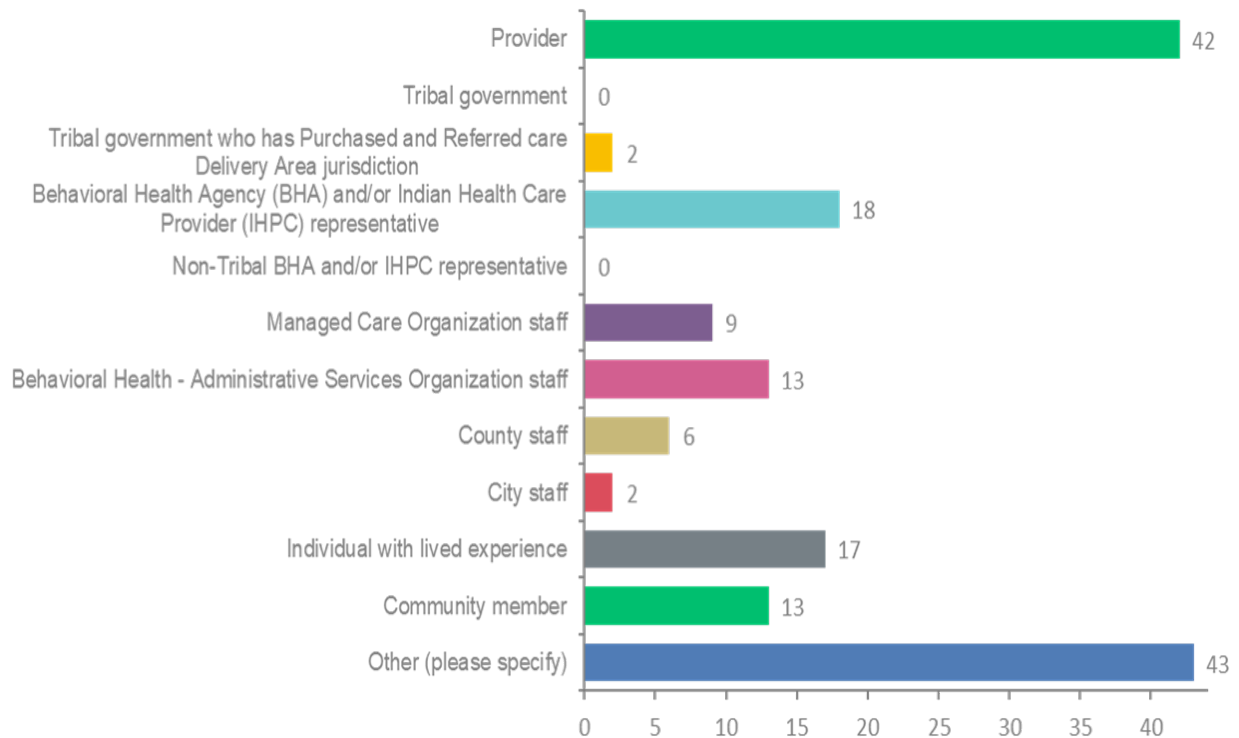
- Gaps and unmet needs in behavioral health services in the community
- Recommendations on behavioral health service prioritization for the OHBH facility

The information collected from stakeholders will help inform final recommendations related to the services that could be provided at the OHBH facility.

Figure 1, below, provides a summary of the types of stakeholders that responded to the web survey. The number of participants that selected “other” identified as one of the following:

- A combination of other options provided in the question
- Peer support specialists
- Relatives/caretakers of individuals with lived experience
- Counselors
- Other State agencies
- Case managers

Figure 1: Web Survey Participant Breakdown



2.1 Gaps and Unmet Needs in Services From Survey Responses

The stakeholders that participated in the interested provider survey shared feedback related to significant service gaps and/or unmet community needs that the OHBH facility can address.

Table 1 describes the common themes in the survey participants' feedback regarding service gaps and unmet community needs, listed in order of priority. Notably, survey participants who shared their feedback on service gaps and unmet needs in the community did not clearly provide references or justifications for why the gaps and unmet needs, mentioned above, should be considered by HCA.

Table 1: Top Three Service Gaps/Unmet Community Needs From Survey Responses

ID	Gaps/Unmet Needs	Description
1	Crisis Care Continuum	Individuals who experience a behavioral health crisis may not have access to a safe place to stabilize, recover, and reconnect with behavioral health care.
2	Housing	Individuals who complete inpatient treatment may require additional assistance securing transitional, permanent, or low-income housing to help support their continued recovery which may not be readily available or included in their discharge planning.
3	Co-occurring Behavioral Health Disorders	Individuals with co-occurring behavioral health disorders (e.g., substance use disorders (SUD), mental health, intellectual/developmental disabilities (ID/DD), and/or dementia) may not have access to the specialized services they need and are often underserved.

2.2 Service Ranking, Impact, and Barriers From Survey Responses

The stakeholders who participated in the interested provider survey and were not interested in providing services (117 out of 165) shared feedback related to priority ranking of nine service options, their top three behavioral health services recommendations, and the impacts and/or barriers to implementing these services at the OHBH facility. Eight of the nine services were called out in Proviso 130 with “culturally attuned services” added by the HCA. The service options included:

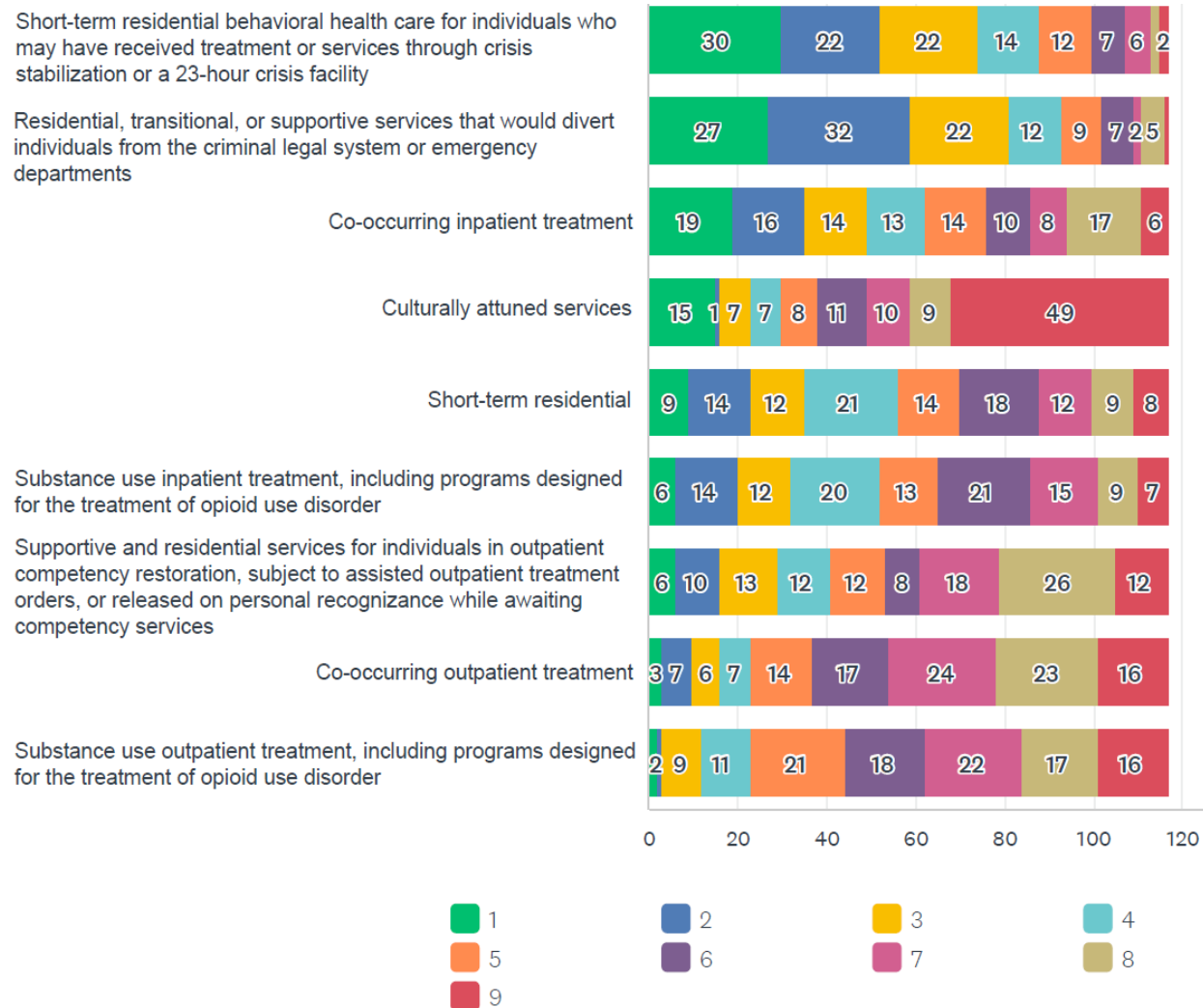
- Short-term residential;
- Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility;
- Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs;
- Substance use outpatient treatment, including programs designed for the treatment of opioid use disorder;

- Substance use inpatient treatment, including programs designed for the treatment of opioid use disorder;
- Co-occurring outpatient treatment;
- Co-occurring inpatient treatment;
- Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services; and
- Culturally attuned services.

Figure 1, on the next page, shows the results of the ranking of services—in order of priority—survey participants recommended to deliver at the OHBH facility. The service types that survey respondents ranked are listed on the left-hand side of this figure. Each color included in this figure represents the overall ranking by survey participants. The associated ranking for each color is listed on the bottom on the figure (e.g., green represents ranking number one, blue represents ranking number 2, yellow represents ranking number 3). The number listed inside the color blocks associated with each service type represents the number of participants that ranked that service type similarly.

For example, for the service type described as “short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility”, 30 out of 117 survey respondents identified this as their number one ranked service, which is visually represented by green. A second example is that for the service type described as “Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs”, 32 out of 117 survey participants identified this as their number two ranked service represented by blue.

Figure 1: Service Ranking Results From Survey Responses¹



¹ Weighted responses scores: Calculated as [number of votes] x [rank position]; lower score = more favored options.

Top three choices identified by weighted average are: (1) Criminal legal system and ED diversion (355 points); (2) Short term residential for crisis stabilization (374 points); and (3) Co-occurring inpatient treatment (521 points).

Weighted averages for all 9 options are as follows: Criminal legal system and ED diversion, 355; Short term residential for crisis stabilization, 374; Co-occurring inpatient treatment, 521; Short-term residential, 563; SUD inpatient, 581; OCRP PR, 663; SUD outpatient, 722; Co-occurring outpatient treatment, 731; and Culturally attuned services, 755.

Based on the results of the ranking of services, survey participants indicated that the following services are most recommended to deliver at the OHBH facility:

1. Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility
2. Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs
3. Co-occurring inpatient treatment

Table 2, below, provides the survey participants' feedback regarding the impacts of delivering the services that were most recommended.

Table 2: Impact of the Top Three Types of Behavioral Health Services Recommended by Survey Participants

Services	Impact
Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility	<ul style="list-style-type: none"> • This service may help increase the stabilization of individuals with mental health issues and reduce the need for behavioral health crisis services. • This service may help prevent criminalization of individuals with mental health issues who are at high risk for incarceration. • This service may lead to a placement into a level of care that is more appropriate for the individual and help reduce the required utilization of services in the future.
Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs	<ul style="list-style-type: none"> • This service may help to increase the level of success for individuals who receive wrap around support services in a residential setting. • This service may help prevent criminalization of individuals with mental health issues who are at high risk for incarceration. • This service may help reduce the over utilization of services in the future. • This service may be costly up front; however, it is perceived to be a preventative service to help avoid need for crisis interventions.
Co-occurring inpatient treatment	<ul style="list-style-type: none"> • This service may help serve the population in King County who have a co-occurring substance use disorder—specifically with stimulants and opioids—and a mental health issue. • This service may help individuals with co-occurring behavioral health disorders receive treatment in the appropriate setting. • This service may help to reduce incarceration of individuals with co-occurring behavioral health disorders. • This service may help support the development of specialized treatment plans that focus on holistic care and help identify the appropriate timing for discharges.

Table 3 describes the barriers that survey participants believe will create challenges to delivering the services that were most recommended. Please note that the barriers to implementing the most recommended services apply to the most recommended services and not one specific service.

Table 3: Barriers to Implementing the Top Three Types of Behavioral Health Services Shared by Survey Participants

Services	Barriers
<ul style="list-style-type: none"> • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs • Co-occurring inpatient treatment 	<ul style="list-style-type: none"> • There may be a barrier with appropriately staffing the OHBH facility with qualified behavioral health workers due to staff shortages across the nation. • There may be barriers with finding vendors interested in serving at the OHBH facility. • There may be barriers with appropriately training staff. • They may be barriers to achieving cross-system communication and collaboration. • There may be barriers related to cost and securing appropriate funding and reimbursement rates. • There may be barriers meeting the personal care needs of individuals, as this is not a service provided through behavioral health (e.g., activities of daily living). • There may be barriers meeting the housing needs of individuals once they are ready for discharge into the community. • There may be barriers related to community opposition to serving individuals with SUDs. • There may be challenges with mixing two populations (i.e., violent patients and vulnerable patients).

3. Provider Interest Survey Summary

3.1 Provider Disinterest in Delivering Services

Below is a list that describes why providers are not interested in delivering services at the OHBH facility. Please note providers not interested in delivering services were not required to provide identifiable information.

- Some organizations indicated they are not within the service area.
- Some organizations stated they do not have the capacity to deliver services at the OHBH facility.
- Some organizations provide other services not identified in the survey (e.g., family-based) or are already an established facility (e.g., hospital).
- An organization said it is not interested due to the potential for financial loss.
- Some organizations do not provide direct client services, but contract with providers instead.
- Some organizations said they are not designed—or appropriately credentialed—to provide the identified services.
- Some organizations expressed concerns regarding staffing adequacy given the prevalence of burnout and short staffing in behavioral health facilities.
- An organization described the need to prioritize the establishment of facilities with no more than 16 beds to reduce State expenditures on large institutions and foster improved outcomes for patients.
- Some organizations said they are limited in the types of services they can provide.

3.2 Provider Interest in Delivering Services

Table 4 and 5 includes high-level information regarding the services, number of beds, service model, etc. that providers who are willing to deliver services at the OHBH facility shared. The information within these tables will help inform HCA's recommendation for services at this facility.

Table 4: Providers Willing to Deliver Services

Provider ID	Service	Years Provided	Number of Beds	Description of Services	Impact of Services	Description of Potential Barriers
Tribal Government	<ul style="list-style-type: none"> • Short-term residential • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs • Substance use outpatient treatment, including programs designed for the treatment of opioid use disorder • Substance use inpatient treatment, including programs designed for the treatment of opioid use disorder • Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services 	20	20 – 40	<ul style="list-style-type: none"> • Intensive outpatient treatment and short-term residential needs. • Interested in providing and delivering culturally connected healthcare services to decrease the prevalence of mental and behavioral health issues with a focus on intensive outpatient treatment and short-term residential needs. • Tribal Government would be 	The selected services would promote accessibility to behavioral and mental health services, which would positively impact the health and well-being of the communities served.	<ul style="list-style-type: none"> • Qualified staffing shortages

Provider ID	Service	Years Provided	Number of Beds	Description of Services	Impact of Services	Description of Potential Barriers
	<ul style="list-style-type: none"> Culturally attuned services 			interested in operating 20-40 beds; the number of beds that can be operated depends on their ability to recruit and retain the appropriate staff to support daily operations.		
Provider One	<ul style="list-style-type: none"> Short-term residential Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs Co-occurring inpatient treatment 	60	40	<p>This provider described delivering the following services:</p> <ul style="list-style-type: none"> Detox Stabilization <p>Residential treatment levels 3.1, 3.3, 3.5, 3.7²</p> <ul style="list-style-type: none"> Provider one is interested in operating 40 beds as follows: 16 for detox 	The selected services would help to alleviate the growing need for services and reduce the barriers individuals experience when they are ready to receive help, promoting a wrong door approach.	<ul style="list-style-type: none"> Lack of sufficient and sustainable funding

² For additional information on Residential treatment levels 3.1, 3.3, 3.5, 3.7, see: [What are the ASAM Levels of Care?](#)

Provider ID	Service	Years Provided	Number of Beds	Description of Services	Impact of Services	Description of Potential Barriers
				services, 16 for residential inpatient, and 8 for stabilization services. Provider one would also prefer the ability to move beds as needed to meet the demand for either residential inpatient or detox services.		
Provider Two	<ul style="list-style-type: none"> • Short-term residential • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs • Substance use outpatient treatment, including programs designed for the treatment of opioid use disorder • Substance use inpatient treatment, including programs 	4	40	<ul style="list-style-type: none"> • Provider two can deliver both residential and outpatient MH and SUD. • Provider two is interested in operating 40 beds for two programs—20 beds for one program and 20 beds for another program depending on the need. 	This vendor stated that it is difficult to describe the impact of selected services without knowing exactly what services are needed and the delivery approach.	<ul style="list-style-type: none"> • Insufficient start-up funds

Provider ID	Service	Years Provided	Number of Beds	Description of Services	Impact of Services	Description of Potential Barriers
	<p>designed for the treatment of opioid use disorder</p> <ul style="list-style-type: none"> • Co-occurring outpatient treatment • Co-occurring inpatient treatment • Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services • Culturally attuned services 					
Provider Three	<ul style="list-style-type: none"> • Short-term residential • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or EDs • Supportive and residential services for individuals in outpatient competency restoration, subject to assisted 	59	20 – 40	<ul style="list-style-type: none"> • Provider three can deliver any of the services listed in the proviso. • Depending on the type of service, provider three would be interested in operating 20 – 40 beds if there is not an IMD exclusion. If there is an IMD 	The selected services would help to reduce the number of individuals experiencing time in jail, EDs, and homeless shelters. Time spent in these settings instead of in the appropriate level of care would negatively impact individual outcomes for	<ul style="list-style-type: none"> • Qualified staffing shortages • Varying minimum wages for staff • Institutions for Mental Diseases (IMD) exclusion considerations for operating 16+ beds

Provider ID	Service	Years Provided	Number of Beds	Description of Services	Impact of Services	Description of Potential Barriers
	<p>outpatient treatment orders, or released on personal recognizance while awaiting competency services</p> <ul style="list-style-type: none"> • Culturally attuned services • Residential • DD and ID behavioral health residential • DDA housing system gap re: co-occurring behavioral health disorders. This service would provide DD support and behavioral health support for the clients. Ideal for State hospital step-down, discharge from evaluation and treatment (E&T) beds, or discharge from ED placement • Step-down residential/transitional residential for Trueblood class members (90-180-day) • Bridge services between hospital and long-term placement 			<p>exclusion, provider three would be interested in operating up to 16 beds.</p>	<p>behavioral, developmental, and intellectual conditions.</p>	

Table 5: Non-Bed Service Capacity

Provider ID	Service	Service Capacity	Description of Service Model
Tribal Government	To Be Determined (TBD)	TBD	This provider indicated that the delivery of these services would depend on the size and availability of facility staffing.
Provider Two	Intensive outpatient treatment	TBD	There is a need for intensive outpatient treatment services. A club house model would allow this provider to accommodate more individuals.

4. Key Considerations

Stakeholders who participated in the interested provider survey shared their recommendations for behavioral health services that should be provided at the OHBH facility. Based on the rankings of the top three service types, survey participants recommend the following three service types to be provided at the OHBH facility:

1. 30 out of 117 survey participants ranked, “short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility” as their first recommended choice.
2. 27 out of 117 survey participants ranked “residential, transitional, or supportive services that would divert individuals from the criminal legal system or emergency departments” as their second recommended choice.
3. 19 out of 117 survey participants ranked “co-occurring inpatient treatment” as their third recommended choice.

The providers that responded that they are interested in offering services at the OHBH facility who are willing to provide at least two of the service types recommended by survey respondents are listed below. The providers and service types they are willing to provide are:

- The Tribal government is willing to provide the first and second recommended services
- Provider one is willing to provide the top three recommended services
- Provider two is willing to provide the top three recommended services
- Provider three is willing to provide the first and second recommended services

Table 6 on the next page provides an overview of the specific services—out of the top three services—that each provider is willing to/interested in delivering at the OHBH facility.

Table 6: Top Services Interested Providers Are Willing to/Interested in Delivering

Providers	Services		
	Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility	Residential, transitional, or supportive services that would divert individuals from the criminal legal system or emergency departments	Co-occurring inpatient treatment
Tribal Government	X	X	
Provider One	X	X	X
Provider Two	X	X	X
Provider Three	X	X	

The recommendations that HCA will develop for service types to be delivered at the OHBH facility should consider the following:

- On a whole, respondents selected a residential or inpatient service more often than outpatient services.
- “Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility” was selected as the first choice by the highest number of survey respondents.
- All four providers who are willing to provide services are willing to provide the service type selected as the first and second recommended choices by the highest number of survey participants.
- While the service type, “co-occurring inpatient treatment”, is ranked as the third recommended choice, this service type was also included as a service gap by 29 out of 117 survey participants.
- While there are four providers who are willing to provide services, provider one and three are willing to provide the three top recommended services.
- The OHBH facility is currently built for inpatient services. Some capital improvements to the OHBH facility may be necessary depending on the services selected.
- The need of the conditional use permitting process.

Appendix A: Glossary of Acronyms and Terms

This appendix defines the acronyms and terms used throughout this report.

Table A1: Glossary of Acronyms and Terms

Acronym/Term	Definition
BHA	Behavioral Health Agency
DD	Developmental Disabilities
DDA	Developmental Disabilities Administration
DSHS	Department of Social and Health Services
E&T	Evaluation and Treatment
ED	Emergency Department
HCA	Health Care Authority
ID	Intellectual Disabilities
IHPC	Indian Health Care Provider
IMD	Institutions for Mental Diseases
OFM	Office of Financial Management
OHBH	Olympic Heritage Behavioral Health
RFP	Request for Proposal
State	State of Washington
SUD	Substance Use Disorder
TBD	To Be Determined
WA	Washington

Appendix B: Stakeholder Survey Questions

This appendix includes the web survey questions utilized to collect feedback from providers.

Table B1: Stakeholder Survey Questions

Number	Question
1	<p>The expertise you bring is as a:</p> <ul style="list-style-type: none"> • Provider • Tribal government • Tribal government who has Purchased and Referred Care Delivery Area jurisdiction • Behavioral Health Agency (BHA) and/or Indian Health Care Provider (IHPC) representative • Non-Tribal BHA and/or IHPC representative • Managed Care Organization staff • Behavioral Health - Administrative Services Organization staff • County staff • City staff • Individual with lived experience • Community member • Other (please specify)
2	<p>Where do you see significant service gaps and/or unmet community needs that can be provided in this setting?</p>
3	<p>Are you a Tribal government who has Purchased and Referred Care Delivery Area jurisdiction and is interested in or considering providing services for up to 40 beds at OHBH?</p> <ul style="list-style-type: none"> • Yes • No <p><i>*Participants who respond no will be sent to question #4. Participants who respond yes will be sent to question #9.</i></p>
4	<p>Is your organization interested in or considering responding to the future procurement for providing services for up to 40 beds at OHBH?</p> <ul style="list-style-type: none"> • Yes • N/A • No (please explain) <p><i>*Participants who respond no will be sent to question #5. Participants who respond yes will be sent to question #9.</i></p>
5	<p>To best meet the primary focus of this project, what service type would you recommend? Please rank the choices from most to least preferred, with the first (top) being the most preferred choice and the last (bottom) being the least preferred choice.</p>

Number	Question
	<ul style="list-style-type: none"> • Short-term residential • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or ED • Substance use outpatient treatment, including programs designed for the treatment of opioid use disorder • Substance use inpatient treatment, including programs designed for the treatment of opioid use disorder • Co-occurring outpatient treatment • Co-occurring inpatient treatment • Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services • Culturally attuned services
6	What are the top two service(s) you selected, and why would they be most impactful?
7	Please describe any potential barriers for implementing the service(s) selected.
8	Would you like to share any additional comments?
9	<p>Please provide the following identifying information:</p> <ul style="list-style-type: none"> • Name of organization • Location • Organization type (nonprofit 501(c)(3), behavioral health organization, private, etc.) • Primary point of contact • Email • Number of years providing behavioral health services
10	What WA Department of Health licensure(s) and certification(s) does your organization hold?
11	<p>Please select what service(s) your organization can or would be willing to provide.</p> <ul style="list-style-type: none"> • Short-term residential • Short-term residential behavioral health care for individuals who may have received treatment or services through crisis stabilization or a 23-hour crisis facility • Residential, transitional, or supportive services that would divert individuals from the criminal legal system or ED • Substance use outpatient treatment, including programs designed for the treatment of opioid use disorder

Number	Question
	<ul style="list-style-type: none"> • Substance use inpatient treatment, including programs designed for the treatment of opioid use disorder • Co-occurring outpatient treatment • Co-occurring inpatient treatment • Supportive and residential services for individuals in outpatient competency restoration, subject to assisted outpatient treatment orders, or released on personal recognizance while awaiting competency services • Culturally attuned services • Other (please include type and a short description)
12	Briefly describe the services your organization can or is willing to provide.
13	Please provide any additional information about the services you described in the previous question. If you do not have any additional information to add, please indicate, not applicable.
14	Please provide the number of years your organization has provided the service(s) you have selected for this project. If the service you selected for this project is not a service your organization currently provides, please describe your interest in moving to a new service model.
15	Share more about how the service(s) you selected would be most impactful.
16	<p>For this project, how many beds is your organization interested in operating?</p> <ul style="list-style-type: none"> • 40 beds • 20 beds • 16 beds • Other (please identify the number of beds your organization is interested in operating)
17	If interested in an outpatient or day treatment service model, please describe how many clients you would intend to serve.
18	Describe any potential barriers for implementing the service selected.
19	What supports would your organization need to begin implementation on April 1, 2025?
20	Would you like to share any additional comments or other things HCA should consider in our approach?