

DENALI COMMISSION
Request For Letter of Interest
Response Form
BRING THE KIDS HOME INITIATIVE
Limited to Capital Projects

Please refer to the “Information Document” prior to completing this submission.

THIS IS AN OPEN PROCESS – NO DEADLINES APPLY. SUBMISSIONS WILL
BE REVIEWED WITHIN 30 DAYS OF RECEIPT.

FAX OR EMAIL SUBMISSIONS WILL NOT BE ACCEPTED

HARD COPY SUBMISSIONS ONLY ADDRESSED TO:

Ms. Denali Daniels
Health Facilities Program Manager
Denali Commission
510 “L” Street, Suite 410
Anchorage, Alaska 99501

Inquiries should be directed to:
Denali Daniels
Phone: 907.271.1189
Email: ddaniels@denali.gov

LOIs will be accepted through an open process. There is no deadline for submission.
Review will take place within 30 days of submission.

Name of Organization: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Type of Organization:

_____ Non-Profit _____ Government _____ Tribal _____ Other

TAX ID # _____ DUNS # _____

Name of person completing this form: _____

Title: _____ Phone: _____

PLEASE PROVIDE BRIEF RESPONSES TO THE FOLLOWING. THIS DOCUMENT CAN BE USED BY INSERTING TEXT OR ATTACHMENTS MAY BE SUBMITTED AS APPLICABLE TO THOSE QUESTIONS REQUIRING NARRATIVE RESPONSE.

MINIMUM REQUIREMENTS

1. Does your agency have a Medicaid billing number for:

- Mental Health** Number _____
- Substance Abuse** Number _____
- BRS** Number _____

If not, please explain intentions of acquiring Medicaid billing number:

2. Is your agency interested in developing a new or expanded facility to provide sustainable therapeutic residential alternatives for children and youth experiencing severe emotional disturbances (SED)?

YES _____ # of Beds/Recipients _____

NO _____ (only proposed projects that increase bed capacity will be considered)

Please describe programmatic experience providing services to SED youth.

3. If yes, please select one or multiple applicable model(s) in development.

- Crisis nursery**
- Treatment foster care**
- Therapeutic group home**
- Therapeutic transitional living**
- Residential treatment facility**
- Residential psychiatric treatment center**
- Sex offender treatment program**
- Treatment for SED with an FASD or TBI**
- Other** _____

Executive Summary (Questions 1-3)

As an attachment to this document, please provide a narrative summary (800-1000 words) describing the elements listed in MINIMUM REQUIREMENTS, specifically addressing the Targeted Services (please see Information Document for directions).

SCORED RESPONSES

1. (30 points) **Is there an unmet need in your community/region to provide sustainable therapeutic residential alternatives for children and youth experiencing Severe Emotional Disturbances (SED)?** Include the specific target sub-population your agency plans to serve, as identified by the BTKH Initiative and the CAYNA Report located on A-DHSS, Division of Behavioral Health website at www.hss.state.ak.us/dbh/
2. (30 points) **Has your organization conducted a needs assessment as part of a local behavioral health care planning process that documents this unmet need?** You may refer to the Division of Behavioral Health (DBH) website addresses and/or the ANTHC Rural Needs Assessment at www.anthc.org/cs/chs/behavioral
3. (10 points) **Does your community have a community/regional plan that documents this unmet need?** Include a status of a community/regional plan that documents your agency's efforts toward partnering with other organizations to include services and facility management. Include a copy of the document.
4. (10 points) **What is the current status of your facility planning?** Include timelines, design stage, site control or other facility related activities completed thus far.
5. (10 points) **Associate your project with the DBH behavioral health continuum of care showing that services proposed are appropriate for your community size.** The continuum is available at: http://www.hss.state.ak.us/dbh/system_redesign/service_delivery_system.htm
6. (10 points) **Please describe your organization's continued operation and sustainability plan.**

PROJECT READINESS

The following facility information will not be scored, however it will be used to determine potential planning needs and/or project readiness.

1. Please check one of the following that best describes your plan for new facilities or the increase of the number of beds for a community-based system
2. of care to better serve children with severe emotional disturbances and their families.
 - Construct new facility Number of new beds/recipients_____
 - Renovate existing facility Number of children to serve per year_____
 - Purchase facility
 - Other, please describe

- 3. Please describe planning activities your agency has conducted thus far for the proposed project.**
- 4. What is the anticipated total project cost: \$ _____**
- 5. If applicable, please indicate design status. If a contract has been procured, please explain the process used to hire contractor(s).**
- 6. What level of cost share match can your agency provide for construction or acquisition? (Denali Commission requires a minimum = 50% unless distressed, see “*Denali Commission BTKH explanation for LOP*” regarding distressed determination resources.) DHSS match funds may be available on a case by case basis, but are not guaranteed. Please provide an explanation of ability to handle debt and/or other cash match.**
- 7. Is your organization the proposed owner of the facility? If not, please explain the status of pending agreements with regard to ownership.**
- 8. Please address organization’s ability to and willingness to take on debt service for this project as a match source.**