



STATE OF WASHINGTON
DEPARTMENT OF COMMERCE

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March 8, 2022

Dear Gov. Inslee and Washington State Legislators,

Please find attached the master planning report authorized by 2021 Capital Budget (SHB 1080, Sec. 1082) subject to the following conditions and limitations:

- (1) The appropriation in this section is provided solely for an agreement with Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family centered drug treatment and housing program in western Washington that supports families staying together while they recover from addiction and rebuild their lives. Housing developers, service providers, and other stakeholders must be included in this master planning process
- (2) The master planning process under this section must model the project to be developed after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder and that are involved in the child welfare system. The site must include living quarters for families, space for services, play areas for children, and space for childcare. The program services located at the site must include, but are not limited to, case management, counseling, substance use disorder treatment, and parenting skills classes. The site must be located in King County, or located near King County, to provide services to families in the western area of the state.
- (3) The master plan developed under this section must be submitted to the appropriate committees of the legislature by December 31, 2021.

Commerce contracted with Catholic Community Services/Catholic Housing Services of Western Washington to satisfy the proviso requirements. The attached report is the sole work product of Catholic Community Services/Catholic Housing Services and reflects the Rising Strong program in Spokane. Commerce will take the findings and recommendations contained herein into consideration for future programmatic and community funding investments.

Signed,

Emily Grossman

Emily Grossman
Policy Advisor, Community Services and Housing Division
Washington State Department of Commerce

Rising Strong West Master Plan



Authorized by 2021 Capital Budget (SHB 1080, Sec. 1082)

**COMMUNITY SERVICES AND
HOUSING DIVISION**

March 8, 2022

Report to the Legislature

Director Lisa Brown

Acknowledgments

An acknowledgment to Milena Stott, Tasha Irvine, & Elizabeth Perry of Principle Allies and Brad Howell of Deacon Construction for their hard work and dedication to the development of this report.

A special acknowledgment to Dawn Kinder, Catholic Charities Eastern Washington, and her dedicated team at Rising Strong Spokane.

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Executive Summary

Overview

Purpose and Authorization

In 2021 the Legislature included a proviso in the Capital Budget (SHB 1080, Sec. 1082) that provided \$150,000 to Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family-centered drug treatment and housing program in Western Washington that supports families staying together while they recover from addiction and rebuild their lives. The legislation required the planning process be modeled after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder and that are involved in the child welfare system. See **Appendix A** for the full text of the legislative proviso.

What is Rising Strong?

Rising Strong is a holistic, family-centered drug treatment, and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

Key Findings or Highlights

This study included interviews with stakeholders from a variety of state and county agencies, Managed Care Organizations (MCOs), and potential partners, as well as an in-depth site visit, and analysis of the Spokane program. Strong interest in this model stems from the potential for cross-sector cost savings and client outcomes, both of which are necessary for overall community health.

The need for the Rising Strong program is great. Washington State Department of Social and Human Services (DSHS) analysis of 2019 data showed that of the 40,145 women in the Pregnant and Parenting Women (PPW) Medicaid program, 21% had a substance use disorder (SUD), and 8% had an opioid use disorder. Another report found of all children on Medicaid, 22% have a documented case of abuse or neglect.

Western Washington lacks facilities to provide family-centered, SUD treatment. The region does not have any programs where families can stay together while recovering from SUD.

New construction option would serve more families at a significantly lower cost per adult than the rehabilitation option. All components of the program and costs of launching in King County at the Historic Nurses Quarters Buildings at the Pacific Tower Campus in Seattle were considered alongside a new construction option:

	Rehabilitation on Pacific Tower Campus	New Construction at Skyway Site
Families Served	12	24
Total Capital Cost	\$10,080,637	\$12,315,429
Capital Cost per Adult	\$840,053	\$513,143
Annual Operating Cost (100% Capacity)	\$1,454,524	\$2,116,950
Annual Operating Costs per Adult	\$121,210	\$88,206
Daily Operating Cost per Adult	\$332	\$242

While sustainable funding for this unique approach is a challenge, Rising Strong Spokane has laid significant groundwork. The Spokane program layers income from Behavioral Health services, Mental Health services, Wrap Around with Intensive Services (WISe) program services, and foster care maintenance payments. MCOs also indicated an interest in exploring value-based service bundles. However, in all scenarios a significant startup, public, and/or private investment will be required to launch the program.

The Rising Strong approach aligns with many shared goals. These goals include cross-system collaboration, a reduction in barriers to services, alignment with Coordinated Entry’s focus on permanent supportive housing, and Health Care Authority (HCA) integrated care objectives. Highlights of strengths, weaknesses, opportunities, and threats (SWOT) for both the clinical and financial model of the program are summarized below:

<p>Strengths</p> <ul style="list-style-type: none"> • Keeps families together per the Family First Prevention Services Act (FFPSA) • Culturally-centered approach • Health and housing partnership addressing the service and housing needs of families • Social and medical model for comprehensive family services • Considers the entire treatment, housing, and services continuum, including employment, and transportation • MCOs have a strong interest in a value-based programs that align these components • Cross-system collaboration has addressed barriers across systems to ensure aligned metrics that meet the customer’s needs • Aligns with Coordinated Entry goals to secure permanent housing • Aligns with HCA goals of integrated care 	<p>Weaknesses</p> <ul style="list-style-type: none"> • It is challenging to find and blend funds that pay for the holistic nature of the model • Access is not low-barrier as a pending out-of-home placement is a required for entry • The program has limited capacity to serve all families in need • Development and start-up funding provided by local philanthropy was foundational to the program and expensive to replicate • Requires high medical service thresholds to finance the program due to lack of other operations fund sources • Dependency on availability of Permanent Supportive Housing upon program exit • May require a larger resident population to be financially sustainable • Challenging to coordinate the five MCOs
<p>Opportunities</p> <ul style="list-style-type: none"> • Foster Care Maintenance Payments • Recovery Housing Vouchers • PPW provider need in King County • Potential funds for new Perinatal SUD initiatives • Blended Funding • Fund stack for services, operations • MCOs are considering milieu management benefit • Involve HCA in coordinating MCO benefits • Capital development grants for rehabilitation and new construction 	<p>Threats</p> <ul style="list-style-type: none"> • Sustainable funding • Gaps in funding for care navigation to ensure continuity across settings (hospital, residential, housing) • Competition across vulnerable populations (housing first vs. recovery housing) • "Not in my backyard" (NIMBY) concerns • Limited workforce of behavioral health staff • King County construction costs are high • Operator capacity, knowledge, and resources • Lack of alignment in goals and resources

Recommendations or Conclusions

The Rising Strong model is a unique solution to an ongoing challenge of creating positive outcomes for families at risk of child removal due to parental alcohol and substance use disorder. While this report documents program design, implementation and funding options, there is still work to be done to identify an operator for a King County site and to finalize a location.

The new construction option is not just more cost efficient, it would also provide a more comprehensive blueprint for operators who might be interested in building a program in other parts of the state. Because of the innovative aspects of this approach, we also recognize the importance of predesign and technical assistance in developing a model prototype.

In order to successfully develop Rising Strong Spokane, a key set of system partners came together to align the coordinated system of care. Due to time constraints and the complex nature alignment, this level of coordination has not yet been possible in King County. However, we believe that the potential positive outcomes from a Rising Strong West program merit further exploration. As such, we recommend the following steps to ensure ongoing development of a coordinated and successful model:

- 1) Establish an Advisory Committee consisting of service providers, stakeholders, relevant state agencies, chairpersons of the appropriate Senate and House of Representatives Committees, and community members. State agencies should include, but not be limited, to: HCA, DSHS, Commerce, DOH, and Office of Public Defense. Community membership should include family advocates, service providers, and program alumni. The state agency members and community members should have input into who else holds an advisory committee seat.
- 2) Work with state agencies to coordinate a funding model that is easily operationalized by providers seeking to develop a similar program.
- 3) Align key measures of interest across systems with an emphasis on client outcomes at the program level.
- 4) Engage community stakeholders to address system barriers in implementation, such as ensuring seamless coordination across health, housing, and child welfare systems and agencies.
- 5) Engage private sector and philanthropic organizations in planning to determine interest in funding.
- 6) Support interested providers in understanding the model toward implementation with the goal of naming an operating agency for the King County program.
- 7) Recommend funding of an advisory committee in a subsequent legislative proviso which would be responsible for continued program development. An appropriation of \$150,000 in FY22 would support this second phase of work. Deliverables in the second phase of work include: a named operating agency, a named housing developer, a specified development site, and detailed capital requirement in anticipation of a 2023 capital request.

Introduction

Background

In 2021 the Legislature included a proviso in the Capital Budget (SHB 1080, Sec. 1082) that provided funding to Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family-centered drug treatment and housing program in King County, or located in King County, to provide services to families in western Washington that supports families staying together while they recover from addiction and rebuild their lives. The Legislation required the planning process be modeled after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder (SUD) and that are involved in the child welfare system. The master plan developed under this section must be submitted to the appropriate committees of the legislature by December 31, 2021. See **Appendix A** for the full text of the legislative proviso.

Project Team

Catholic Community Services/Catholic Housing Services contracted with Principle Allies and Deacon Construction to conduct the Master Plan Process. The process studied the need for and process to develop a family-centered drug treatment and housing program in western Washington that supports families staying together while they recover from addiction and rebuild their lives.

This study focused on the Rising Strong Spokane program that is operated by Catholic Charities of Eastern Washington as the model, as directed in the Capital Budget proviso.

Rising Strong Spokane

In 2017 Catholic Charities of Eastern Washington was awarded a Children's Bureau Regional Partnership Grant to establish a regional partnership and advisory board to ensure interagency collaboration in meeting outcomes on vulnerable children and families. As a result, the Rising Strong program in Spokane was developed and launched in fall of 2017 to positively change outcomes for families at risk of child removal due to parental SUD. As an alternative to removing children from their parent's care, and revolving door crisis care, Rising Strong is a holistic family-centered treatment and housing program for at-risk families that enables children and parents to stay together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

The program goals include:

- 1) Improve the well-being, permanency, and safety for children impacted by family substance use
- 2) Decrease the number of children in out-of-home placements
- 3) Significantly reduce or eliminate family separation by serving the entire family
- 4) Reduce trauma exposure and impacts for children and enhance parent treatment success
- 5) Timely and enduring family reunification

Rising Strong West

Because of the successful outcomes from the Spokane location, the legislature is exploring how to duplicate and bring this program to western Washington, targeting King County as an initial location. This program is being called “Rising Strong West” for the purposes of this analysis.

Goals

The purpose of this report is fourfold:

- 1) Validate the need for family-centered treatment in King County;
- 2) Document the key elements of the Rising Strong Spokane program that are required to duplicate the positive outcomes;
- 3) Evaluate the use of the Historic Quarters Buildings at the Pacific Tower Campus to house a companion program; and
- 4) Develop cost analysis for development of a “Rising Strong-Type” program using new construction models that can be used in other sites.

Because of its connection to Rising Strong Spokane, the legislative proviso named Catholic Community Services/Catholic Housing Services (CCS/CHS) to lead the development of this master plan. However, CCS/CHS intends for this report to serve as a blueprint for other agencies or organizations that may be interested in operating Rising Strong West or future companion programs in other parts of the state.

Master Plan

1. Community and Population Need Profile

Population Profile and Eligibility

The state of Washington's Department of Children, Youth, and Families (DCYF) has embraced the vision of the Families First Prevention Services Act (FFPSA), which allows states to use federal Title IV-E funds to deliver prevention services to families with children at risk of entering foster care. Similarly, the Health Care Authority (HCA) has a Pregnant and Postpartum Women (PPW) benefit design that supports the family unit. Together these programs and services work to respond to the needs of families challenged by substance use and other health challenges. This section addresses data on population demographics, caregiver substance use, youth behavioral health, family housing needs, and access to services. See **Appendix D** for a complete list of data and reports.

Substance Use Disorder among Child Welfare-Involved Caregivers

Washington State is undergoing system transformation and has been looking closely at populations of interest. Given this work, the Washington State Department of Social and Human Services (DSHS) Research and Data Analysis (RDA) Division conducted a number of analyses focused on substance use disorder (SUD). In one report of 2019 data, there were 40,145 women in the PPW Medicaid program, 21% of which had a SUD and 8% had an opioid use disorder documented in claims data. In another report they looked at caregivers involved in child welfare including, patterns of SUD, out of home placement, and access to treatment. Below are some highlights of the report:

- 27% of all child-welfare-involved caregivers had a SUD in the year prior to involvement
- 58% of caregivers with out-of-home placements had a SUD in the year prior to the child's removal
- Among all child-welfare-involved caregivers, 39% had any SUD treatment in the 12 months following CPS intake or removal

In addition to prevalence and access, RDA also reviewed the data on the types of substances consumed by caregivers for all child-welfare-involved caregivers:

All Child-Welfare-Involved Caregivers	Caregivers with Out-of-Home Placement
<ul style="list-style-type: none">• 39% of caregivers had issues related to alcohol use• 78% of caregivers had issues related to drug use<ul style="list-style-type: none">• 21% Two or more substances• 21% Opioid use• 18% Stimulant use	<ul style="list-style-type: none">• 35% of caregivers had issues related to alcohol use• 88% of caregivers had issues related to drug use<ul style="list-style-type: none">• 27% Two or more substances• 23 % Opioid use• 25% Stimulant use

Behavioral Health Treatment Needs and Outcomes among Medicaid-Enrolled Children

RDA also looked at comparative data of all children on Medicaid and those in foster care. The report found of all children on Medicaid, 22% have a documented case of abuse or neglect. Using this filter, they further explored the need for mental health (MH), substance use, co-occurring, and/or no known behavioral health BH) needs. The data shows a significantly higher prevalence of BH conditions for youth in foster care. These findings are summarized below; the full report and detailed tables are found on the [Children's BH Dashboard](#).

BH Treatment Needs of Medicaid Enrolled Children by Abuse and Neglect History, SFY 2018

Abuse/Neglect History	Ever Abuse/Neglect	No Known Abuse/Neglect	In Foster Care
Population Proportions	221,874 (22%)	782,604 (78%)	
Proportions with BH Needs			
Total Persons 0-20	221,874 (22%)	782,604 (78%)	13,630 (100%)
MH Treatment Need	86,030 (39%)	115,335 (15%)	7,731 (57%)
SUD Treatment Need	12,617 (6%)	10,041 (1%)	851 (6%)
MH + SUD Treatment Need	9,479 (4%)	6,333 (1%)	764 (6%)

2. Site and Building Description

Site Selection

The site, under the rehabilitation model, under consideration for this project is the Historic Nurses Quarters Buildings at the Pacific Tower Campus on the north end of Beacon Hill in Seattle. With close proximity to public transportation, major highways, and a variety of community resources, this site also has the unique feeling of a wooded, residential setting in the middle of the city.

Seattle Chinatown International District Preservation and Development Authority (SCIDpda) currently is developing an affordable housing, childcare and community hub in the north lot of the facility providing further opportunities for services and engagement.

The model Rising Strong Spokane facility is also located in a quiet, natural, woodsy setting, and this environment is credited with providing residents with a supportive, quiet retreat from locations where they've experienced past trauma.

The Historic Quarters include a total of ten buildings of different sizes. The largest, Building ten, was targeted as the potential site for this program because it has the largest footprint at 9,850 square feet.



Site Selection Criteria

Initial analysis of the Historic Quarters location and building showed high compatibility with program requirements.

Summary of Benefits and Concerns of Historic Quarters Site

	Benefits	Concerns
Location	<ul style="list-style-type: none">• Accessible to target demographics• Ability of site to serve as a community hub• Access to public transportation• Appropriate adjacent businesses and organizations	<ul style="list-style-type: none">• Vicinity of the facility to known homelessness encampments• Proximity to known areas of high criminal and drug trafficking activities
Building	<ul style="list-style-type: none">• Current availability and vacancy of space• Access to pre-existing utilities• Project appropriate to zoning requirements• Adequate parking• Existing, well-maintained and mature landscape and grounds	<ul style="list-style-type: none">• Limited to existing building footprint and cannot accommodate future growth• Improvement required to meet American with Disabilities Act (ADA) requirements• Preliminary costs for improvements are high compared with new construction• Privacy is limited due to sightlines from traffic to office tower
Terms	<ul style="list-style-type: none">• Currently vacant and available for lease• Motivated Leaser• Supportive, mission-driven landlord in Pacific Hospital Preservation and Development Authority	<ul style="list-style-type: none">• Preference to tenant who can lease entire campus of buildings

Facility Criteria

Through extensive interviews and an in-person visit of the Rising Strong Spokane facility, we determined the following features to be key requirements for the rehabilitation or construction of a facility. To support community-building and recovery, ideally the environment would be welcoming and homey in contrast to typical institutional settings.

Residential Facility Requirements

Feature	Why This Matters
<p><u>Bedrooms</u></p> <ul style="list-style-type: none"> • A minimum of 12-16 dormitory-style bedrooms • Sinks are included in each bedroom • Room large enough for two occupants (i.e. mother and small child) 	<ul style="list-style-type: none"> • Communal living is a key component of the Rising Strong model. Dormitory-style rooms encourage socialization among the cohort of residents which supports their recovery.
<p><u>Communal Bathrooms</u></p> <ul style="list-style-type: none"> • Communal bathrooms- several toilet/sink/shower on each floor • At least one separate bathtub room on each floor 	<ul style="list-style-type: none"> • Communal bathrooms ensure a higher level of hygiene in the facility. They also reduce the risk of illicit activities, even overdose, in private quarters. • Separate bathtub is needed for bathing children aged 10 and under. Sign-up reservations are used to manage usage.
<p><u>Kitchens and Communal Living Space</u></p> <ul style="list-style-type: none"> • One communal kitchen and living area per 5-6 families • A little bigger than traditional apartment kitchen - long galley or U-shaped with an island in middle; one stove/one microwave but larger physical prep space and storage spaces • Residential style appliances; timed stoves & ovens • At least one dishwasher (duplicate would be nice-to-have) • One fridge for each family • Congregate dining spaces on each floor for the majority of residents to gather 	<ul style="list-style-type: none"> • Communal kitchen and living space is another component of program socialization and recovery. • Ideally, each family can have their own fridge and story space to cut down on conflict and provide them the dignity of controlling their own supplies.
<p><u>Laundry</u></p> <ul style="list-style-type: none"> • At least one communal laundry facility per building - one set per floor but could use more than that/per floor if have space 	<ul style="list-style-type: none"> • Communal laundry is another component of the program socialization and recovery.

<ul style="list-style-type: none"> Additional commercial washer & dryer on-site for program needs (sheets, towels, childcare items) 	
<p><u>Program Offices and Space</u></p> <ul style="list-style-type: none"> Meeting space that can accommodate the entire resident population & program staff (approx. 80) Two conference rooms (approx. 10 people) 15 individual staff offices on-site for one-on-one meetings (including a flex office space) Public toilet - also used by staff One handicap-accessible public toilet that is larger enough for urinalysis (two people and supply cart) Storage: locked file room, locked fax/copy room, office supply room, laundry storage room, cleaning supply room, programming supplies (i.e. art therapy - can be near or in conference rooms) Food bank Donation room Secure fridge for urinalysis Staff kitchen & breakroom 	<ul style="list-style-type: none"> Two important components of the program are group sessions and one-on-one counseling. Adequate space is needed for both within the residential setting. Staff needs separate space for breaks and to rest during overnight shifts.
<p><u>Storage</u></p> <ul style="list-style-type: none"> Storage space apart from bedrooms for personal belongings 	<ul style="list-style-type: none"> Residents need enough space to store their belongings, without encouraging hoarding behaviors. Most residents have young children requiring storage space for strollers, car seats, and other childcare equipment.
<p><u>Security</u></p> <ul style="list-style-type: none"> Controlled environment with a primary, centralized entry/exit near administrative office space Two-door vestibule entry - first unlocked and then callbox with locked door No other entry point - cameras on all exit points Small lobby and waiting area 	<ul style="list-style-type: none"> Minimal hidden corners, stairways, and hallways helps minimize opportunities for illicit behaviors. Clear lines of sight for staff are important for managing residents. Controlled entry and exit ensure the safety of residents and prevent dealers from sneaking into the space.

<ul style="list-style-type: none"> • Intake/holding room close to entry (large enough for possessions search and screening) 	<ul style="list-style-type: none"> • Security cameras are used to verify activities should conflicts occur.
<u>Accessibility</u> <ul style="list-style-type: none"> • Handicap accessibility of communal spaces and at least 2 bedroom units • Elevator if multi-level building 	<ul style="list-style-type: none"> • In addition to being wheelchair accessible, this requirement makes the space user-friendly for children in strollers.
<u>Parking</u> <ul style="list-style-type: none"> • 25 staff and program partner spots • 3 visitor spots (family visitation) • 15 resident spots (may be long-term storage) • 3 spots for program transportation vehicles (large enough for passenger vans) 	<ul style="list-style-type: none"> • Most of the parking is for staff and visiting social workers and family.
<u>Childcare</u> <ul style="list-style-type: none"> • Non-licensed, drop-in childcare for children 6 months -12-year-olds • Separate bathroom • Separate kitchen • Childcare provider office space 	<ul style="list-style-type: none"> • On-site childcare reduces a typical barrier for parents seeking therapeutic services. • Drop-in childcare is also used for weekly respite care.
<u>Outdoor</u> <ul style="list-style-type: none"> • Nice-to-have: Designated outdoor play space for children, ideally secured and separate from public • Designated smoking area at least 25 feet from building exits, entrances, windows, and ventilation intakes 	<ul style="list-style-type: none"> • Separate outdoor space provides an alternative to inside meeting rooms and is therapeutic when residents need a change of scene. • Privacy is important for both recovery and security.

Site Selection Analysis

Deacon Construction provided estimates for the rehab of this site based on the facility criteria outlined above.

In order to meet the program requirements at this site, the program will need to be scaled to approximately one-third the size of Rising Strong Spokane. While Spokane can serve up to thirty-six (36) families at a time, the Historic Quarters facility would limit the program to twelve (12) families. In addition, the entire program could not be housed in Building Ten. Additional space in a nearby building, such as Building Five, would be required for provider offices, meeting space and storage. The cost estimate does not include any rehab of Building Five because that space is currently being used as office and meeting space. The program would

also rely on the meeting spaces in the Pacific Tower for periodic gatherings of the entire residential community and related staff.

New Construction

For the sake of comparison, the team also analyzed the costs of new construction on a site owned by Catholic Community Services (CCS)/Catholic Housing Services (CHS) in unincorporated Skyway (4520 S. Mead Street). The building site would accommodate a larger, purpose-built facility that could serve up to twenty-four (24) families at a time. Not only are more families served by this new site, but at a lower cost. Details of this cost comparison in ***Appendix H***.

Summary of Site Selection

Analysis indicates that new construction would serve more families at a significantly lower cost:

	Rehabilitation on Pacific Tower Campus	New Construction at Skyway Site
Families Served	12	24
Total Capital Cost	\$10,080,637	\$12,315,429
Capital Cost per Adult	\$840,053	\$513,143
Annual Operating Cost (100% Capacity)	\$1,454,524	\$2,116,950
Annual Operating Costs per Adult	\$121,210	\$88,206
Daily Operating Cost per Adult	\$332	\$242

4. Stakeholder Engagement

Stakeholder Interview Process and Selection

Community awareness, engagement, and support will be key to the success of a Rising Strong program in King County. As part of assessing the community need and identifying potential partners and operators, we conducted stakeholder interviews with programmatic stakeholders such as Key Recovery and Life Skills Center, partner organizations including the Department of Children, Youth, and Family (DCYF), Coordinated Entry for All, and financial partners such as Managed Care Organizations (MCOs). Stakeholders were identified by the Rising Strong West Technical and Advisory Support Team and by referral and recommendation from other stakeholders. In total, we conducted stakeholder interviews with individuals representing twenty-three (23) different organizations. This included ten programmatic, two partner, nine financial, and two facility stakeholder focused interviews.

Stakeholder Interview Methodology

The stakeholder interviews were primarily semi-structured. The majority of interviews included a brief presentation about the Rising Strong West program to provide context and increase awareness of the program. The interview questions were tailored to the type of stakeholder - programmatic, partner, financial, and facility. Example questions included:

- Do you see a need for a Rising Strong program in King County?
- What data is available to identify the community need for the program?
- What funding is available to support capital and operations costs for the program?

Stakeholder Interview Findings

Below is a brief summary of high-level stakeholder interview findings:

Programmatic

- There is a need for a Rising Strong program in King County.
- Currently, there are no programs allowing families in the dependency process to stay together while seeking SUD treatment in King County. There is one program with a similar mission in King County; however, it only serves women and their dependents.
- The residential/inpatient Pregnant and Parenting Women (PPW) programs are subject to medical necessity criteria and are typically thirty to ninety days in duration. The families in need of Rising Strong need supportive transitions, access to intensive services, and housing for DCYF to feel as though the children can return and safety remain in the home.

Partners

- Having transitional and supportive housing available upon resident exit for the program is essential to program and resident success. This is particularly important in King County due to the cost of housing and limited housing options.
- There were changes made to RCW [26.44.195](#) that “When evaluating whether the child has been subject to negligent treatment or maltreatment, evidence of a parent's substance abuse as a contributing factor

to a parent's failure to provide for a child's basic health, welfare, or safety shall be given great weight.” This means families in the program have high risk and high need.

Financial

- Some MCOs would be interested in funding a Rising Strong in King County and would want to see program outcomes data supporting the impact on key metrics.
- The licensing structure of the Rising Strong Spokane program limits access to funding. However, the shelter licensing structure is critical for ensuring that residents can access permanent housing upon program completion and exit.
- Funding is available across various state agencies and across programs within those agencies. These fund sources often have different eligibility, compliance, and reporting requirements so it can be challenging for agencies to know about these funds, to align them for their program, and to set up their infrastructure to receive and report accordingly.

Facility

- The facility layout, design, and location are integral to creating a program environment that supports successful resident recovery.
- Facilities are subject to Department of Health and Health Care Authority regulations, whereas shelter, transitional housing, and housing are subject to Department of Commerce regulations and coordinated entry processes.

Letters of Support

Letters of support from stakeholders can be found in ***Appendix E***.

5. Environmental Scan

Process

In order to understand the factors that are critical to creating an optimal environment for resident recovery, and to assess if the Pacific Tower Campus meets the specifications, we conducted an environmental scan of the area surrounding the Pacific Tower Campus. This process also included visiting the Rising Strong Spokane facility, St. Margaret's shelter in Spokane, and the Head Start program and supportive housing facility that are adjacent to the Rising Strong Spokane program. The purpose of the site visits was to gain first-hand knowledge of the strengths and limitations of the current Rising Strong Spokane location and view other potential facility designs. The Technical and Advisory Support Team, as well as other stakeholders, identified services and environmental factors that are critical to creating a successful program. The desired environmental factors, and Pacific Tower environmental components, can be seen below:

Environmental Scan of Pacific Tower Campus

Desired Environmental Components	Pacific Tower Complex Site Components
Access to Public Transportation	<ul style="list-style-type: none">• Two bus lines located on the edge of the Campus with access to downtown Seattle• 1 mile to King Street train station; 1 mile to a light rail station• 0.6 miles to the closest tram stop with access to both stations
Education and Employment Services for Adults	<ul style="list-style-type: none">• 0.7 Goodwill Training and Education program• 1.8 miles to Seattle Central Community College and easily accessible by public transportation
Educational Services for Children and Youth	<ul style="list-style-type: none">• 1 mile to the closest Head Start program and elementary school. Ideally, a Head Start location would be accessible on the Pacific Tower Campus or within close walking distance.• 1.1 miles to the closest middle school• 1.7 to the closest high school
Primary Care and Other Medical Services	<ul style="list-style-type: none">• Campus is co-located with Pacific Medical group and other healthcare services including a dental clinic• 1.2 miles to Harborview Medical Center and other health services focused on serving the homeless population

Adult, Child, Youth Behavioral Health and Substance Use Disorder Counseling	<ul style="list-style-type: none"> Behavioral health and substance use disorder services will be provided in the program.
Social Services and Other Community Resources	<ul style="list-style-type: none"> Many social service agencies and community resources within close proximity to the campus All downtown Seattle resources are accessible by bus
Outdoor and Greenspace	<ul style="list-style-type: none"> Building 10 is surrounded by grass and trees and there is a greenbelt around the Pacific Tower Campus. Staff at the Rising Strong Spokane program stressed the importance of having a playground and space for children to play outside and a place for residents to engage in therapeutic and recovery services outside. The closest play area is located directly outside the Campus. It isn't possible to build an additional play area on the campus due to it being a historical site.
Entertainment, Community and Culture	<ul style="list-style-type: none"> The site is located within walking distance to the International District which has a range of restaurants, coffee shops, a museum, and other cultural activities. All activities downtown and on Beacon Hill are easily and quickly accessible by bus.
Transitional and/or Permanent Housing	<ul style="list-style-type: none"> There are several transitional and permanent housing programs located near the campus. Plans are in place to build low-income housing on the Campus. Ideally, transitional and permanent housing would be located on the campus with priority access for Rising Strong residents.

6. Program Structure and Licensing

Program Structure

As communities look to build housing and programs to address homelessness, they need to provide solutions that are effective in meeting the diverse needs. In the case of homeless families involved in the child welfare system, substance use disorders (SUD) have unique impacts on youth and caregiver health and safety. Thus, effective housing and treatment should use a trauma-informed approach and consider all members of the family where they are. This can be a challenge when coordinating across systems with various roles and functions which are also limited by specific responsibilities, incentives, and fiscal structures.

Some community housing operators use a Housing First and harm reduction approach, some are treatment-oriented transitional housing programs, others might refer to themselves as “sober-living environments”, and still others refer to themselves as “Recovery Housing”. The best practice in coordinated entry systems balances both program goals and population needs. In a policy brief for their Office of Special Needs Programs (SNAP), the US Department of Housing and Urban Development (HUD) encourages analyzing the following to inform decisions:

- Current inventory of housing opportunities
- Needs within its jurisdiction (geographic area)
- Expressed preferences of people being served
- Performance of all programs to determine the appropriate mix of housing options and to ensure the most effective use of resources
- How it can provide meaningful choice to people experiencing homeless with SUD who are in all stages of recovery

As we describe the structure of the Rising Strong program, we consider these guidelines relative to the needs of the entire family unit, the opportunities offered in housing, and the best practices in services. In a later section, we discuss the strengths, weaknesses, opportunities, and threats to the model.

Referral and Access

Like all others who seek Recovery Housing or sober living environments, families entering the Rising Strong program are seeking an environment where their choice is to participate together in an abstinence-focused and peer-supported community. As safety has proved to be a concern in the dependency process, families opt into the program and depend on the program structure to support their recovery goals and the safety needs of the children. Similar to the Housing First model as a best practice for achieving housing and stability for homeless persons with serious mental illness, Rising Strong parallels that efficacy for families challenged by SUD and who are involved in the dependency process. The program blends the philosophies of permanent supportive housing, harm-reduction, low-barrier, strength-based, trauma-informed programming with elements of structure and facilitation around relapse to ensure the safety of all family members.

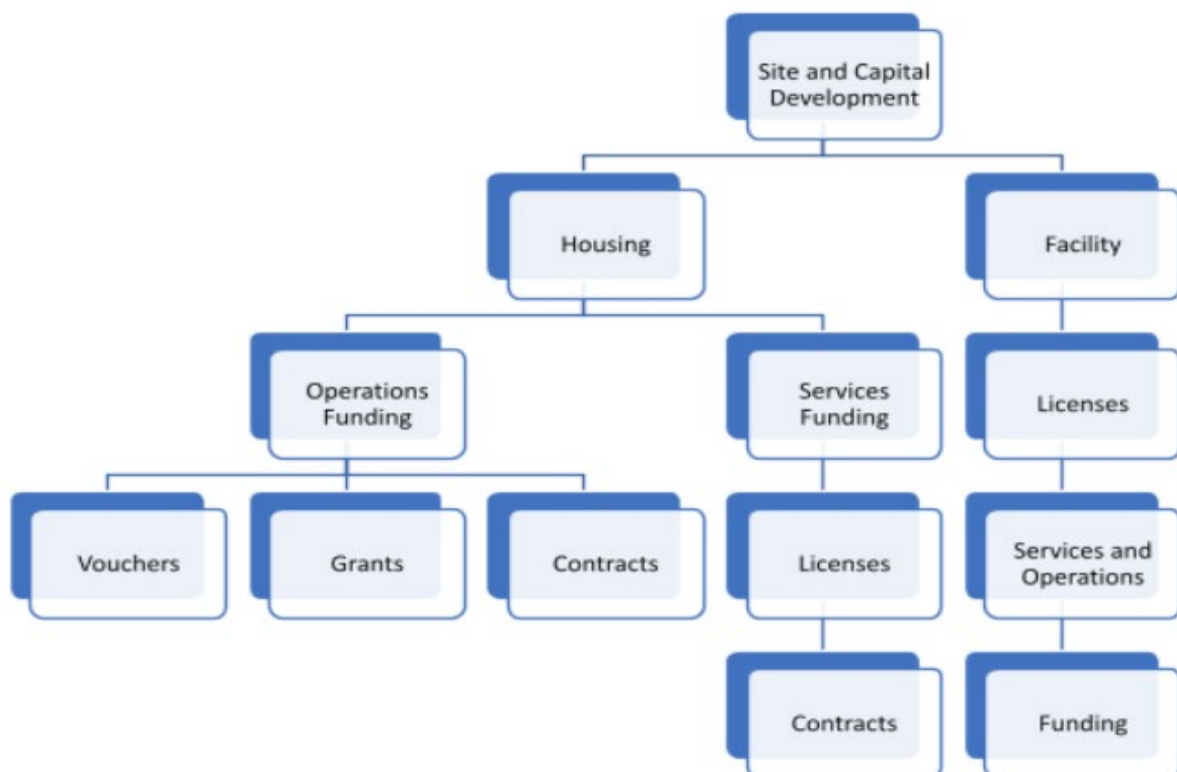
Licensing

Program design and populations served have implications for program funding and licensing. Rising Strong has intentionally not pursued a residential treatment facility (RTF) license. Instead, it operates as an

emergency shelter which does not require a license. The primary reason for this is that residents need to keep their status of being “homeless” or “at risk of homelessness” in order to qualify for permanent supportive housing at program exit. This structure also means that residents cannot use housing vouchers at this facility.

Another ramification of not holding an RTF license is that all on-site and contracted services, such as mental health, substance use, and/or recovery support services, need to be delivered through a licensed behavioral health agency. As a result, these services are billed on a fee-for-service basis, rather than the higher residential treatment rates. As illustrated in the image below, RTFs are subject to licensing requirements and must be licensed and contracted to deliver Medicaid services, based on medical necessity. The Rising Strong model is a unique hybrid of health and housing services that allows for blending fund sources across three state agencies.

Finally, on-site childcare is offered on a time-limited, drop-in basis so a childcare license is not required. This also has implications for funding as some payers (Pregnant and Postpartum Women program (PPW), for example) require licensed providers for reimbursement.



Interdependency between Facility Design, Licenses and Funding

When considering program build, Rising Strong achieved a unique model that effectively meets the health and housing needs of the entire family. As referenced above, treatment facilities are designed to provide intensive and short-term treatment, based on medical necessity criteria, that emphasizes stabilization and transition to community settings for persons with SUD. Due to our housing crisis, however, transition into safe and appropriate community settings is challenging and bound by rules, definitions, and regulations that make it difficult to meet the requirements and goals of all state agencies and fund sources. The model of housing with services enables the unique blend of resources across various departments while meeting the overall choice and goals of the family unit. The table below summarizes the requirements for contracting, credentialing, and fund sources based on selected setting and program elements.

Site	Residential Treatment Facility	Housing with Services
Licensing	DOH License 246-337 246-341	DOH License, if delivering services 246-341
Level of Care	Inpatient or residential	Partial hospitalization Intensive Outpatient program (IOP)
Contracts	Managed Care Contracts	Managed Care Contracts DCYF
Funding	<ul style="list-style-type: none"> • Department of Commerce Behavioral Health Facilities Grants • Daily rate for RTF • Operations costs are covered by daily rate 	<ul style="list-style-type: none"> • DCYF Foster Care Payment (for other populations could be substituted by HARPS) • Fee for service Medicaid benefit • Department of Commerce operational funding grants
Length of Stay	14-90 days	6-18 months
Coordinated Entry Access	May receive Foundational Community Supports	Exit to Permanent Supportive Housing or other permanent and affordable housing
Housing Subsidy	Not eligible	Foster Care Payment HARPS vouchers in like programs

7. Program Description

The Rising Strong West project seeks to replicate aspects of the Rising Strong Spokane program that have been identified as effective in delivering services and promoting resident recovery. The proposed mission, program philosophy, entry requirements, and services are modeled directly from the Rising Strong Spokane program.

Program Mission

Rising Strong is a holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma, and rebuild their lives.

Core Program Elements and Philosophy

- Safe Housing - The program provides safe, out-of-home placement to facilitate family reunification. Housing is based on a shelter/transitional housing model with the long-term goal of residents transitioning into permanent housing upon graduation from the program. Families typically reside in the Rising Strong Community for twelve to eighteen months.
- Substance Abuse Recovery - The program is abstinence-based accommodating medication-assisted treatment (MAT) such as suboxone and methadone and supports residents in avoiding relapse and creating a sober environment. Substance abuse services are provided on-site for adults and teens including non-medically assisted detox and recovery coaching.
- Clinical Support - Mental health assessments and services are provided on-site for adults and are designed based on the identified need including medication and clinician-led services (e.g. cognitive behavioral therapy and contingency management).
- Child Assessment, Treatment, and Services - All children receive comprehensive age-appropriate assessment, treatment, and services including mental health services, educational support, high-quality childcare, and recreational activities.
- Integrated Family Treatment - Services are provided to parents and children together to promote family healing and functioning. Parents are engaged and develop skills through evidence-based parenting programs.
- Education and Employment - Education support for adults and children based on the identified need. The program includes a structured employment program and often includes specific volunteer and paid employment opportunities as part of the program.
- After-Care and Long-Term Housing - Residents receive assistance with transitioning to long-term, affordable housing with ongoing support and services provided to program graduates.

Entry Criteria and Eligibility

In order to be eligible for the program, residents must be involved in the dependency process and experiencing homelessness or housing instability. Residents must also be willing and able to participate in treatment. Admission to the program is determined solely by Rising Strong in collaboration with the Family Dependency Treatment Court team and the DCYF caseworker. If all parties are in agreement, a referral is made to the program at the initial shelter care hearing.

Program Phases

Entry & Stabilization	Program Immersion	Building Momentum	Graduation
Shelter & Safety	Services & Treatment	Employment & Education	Housing & Aftercare
<ul style="list-style-type: none"> Shelter Care Hearing 	<ul style="list-style-type: none"> Engagement in chemical dependency treatment 	<ul style="list-style-type: none"> Active engagement in all treatment 	<ul style="list-style-type: none"> Family completes all court ordered services
<ul style="list-style-type: none"> Family reunification 	<ul style="list-style-type: none"> Engagement in all other court ordered services 	<ul style="list-style-type: none"> Education & vocation track begins for parents 	<ul style="list-style-type: none"> Long-term housing secured
<ul style="list-style-type: none"> CHET screen completed 	<ul style="list-style-type: none"> Mental health evaluation completed 	<ul style="list-style-type: none"> Parents serve as mentors to new parents 	<ul style="list-style-type: none"> Long-term education plans are finalized
<ul style="list-style-type: none"> Intakes, evaluations, & assessments completed 	<ul style="list-style-type: none"> Actively engaged in all Rising Strong Activities 	<ul style="list-style-type: none"> Integration into external community activities 	<ul style="list-style-type: none"> Aftercare plan in place
<ul style="list-style-type: none"> Safety plan developed 	<ul style="list-style-type: none"> Increased autonomy & skill building 		
<ul style="list-style-type: none"> Childcare for children 0-5 is secured 			
<ul style="list-style-type: none"> Children have educational placement & plan in place 			
<ul style="list-style-type: none"> Meeting with Family Success & Peer Supports 			

Staffing Model

Rising Strong utilizes a robust, person-centered staffing model that focuses on recovery, healing, and skill-building. The staffing model is built on the unique needs of the residents across the family unit and leverages the role and inclusion of peers in promoting a healthy recovery environment. The multi-disciplinary, wrap-around team includes the following roles:

- **Coordinators** - The coordinator monitors program entrance and supports residents through coordination of transportation, appointments and other resources.
- **Family Skills Coaches** - Family skills coaches provide program milieu monitoring and management. They engage with residents in practical skill-building activities such as cooking, childcare, and other activities.
- **Peer Supporters** - Peer supporters are individuals with lived experience who lead groups and engage in individual peer support with residents.
- **Masters Level Behavioral Health (BH) Therapists** - BH therapists lead therapeutic groups as well as voluntary individual and family mental health therapy.
- **Care Coordinators** - Care coordinators manage program referrals and facilitate program entry.
- **Substance Use Disorder (SUD) Providers** - SUD providers lead recovery-focused groups and offer individual SUD counseling.

RSW Staffing Model

Staff Position	Current FTE - RS Spokane	Planned FTE - RSW	Estimated Salary	Total Salary Expense for RSW
Director	1	1	\$95,000	\$95,000
Clinical Director	0.4	0.1	\$120,000	\$12,000
Admin Support	1	0	\$45,000	\$0
Coordinators	3	1	\$45,000	\$45,000
Family Skills Coaches	10	3	\$58,000	\$174,000
Peer Supports	4	1.5	\$45,000	\$67,500
Masters Level BH Therapists	3	1	\$80,000	\$80,000
Care Coordinators	2	1	\$50,000	\$50,000
SUD Provider	2	1	\$60,000	\$60,000
Vice President	0.5	0	\$120,000	\$0

Maintenance Staff	2.5	1	\$45,000	\$45,000
	29.4	10.6		\$628,500

WISe Program

The Wraparound with Intensive Services (WISe) program has been identified by Rising Strong Spokane as a critical component to resident success and currently supports the overall operations and financial sustainment of the program. In order to meet the criteria for the program, the youth must have serious behavioral or emotional needs, risk factors, and serious functional impairment. As noted in the needs assessment and in the WISe data, this is more common among systems-involved children, including those involved in child welfare. WISe is a wrap-around treatment approach to helping Medicaid-eligible children, youth, and their families with intensive mental health care. It is a voluntary program that utilizes a team approach to support families with meeting their goals. WISe services are typically available in home and community settings and therefore can be offered within the Rising Strong Model. Program peers and coaches are also trained and function as WISe providers when families are enrolled in the WISe program. More information about the WISe program can be found [here](#).

Key Community and Provider Partnerships

In addition to employed and contracted staff, service partners have a critical role in providing holistic services through the recovery continuum.

- [Catholic Charities of Western Washington](#)
- [Catholic Charities of Eastern Washington](#)
- [Washington State Department of Children, Youth and Families](#)
- [King County Superior Court](#)
- [WA State Office of Public Defense](#)
- [Court Appointed Special Advocates \(CASA\)/Juvenile Guardian Ad Litem Program Juvenile Court](#)
- [Department of Children, Youth and Families](#) Case Worker
- [Parents for Parents Program](#)
- Medications for Opioid Use Disorder (MOUD) Prescribers
- Primary Care Providers
- Washington State University and the Regional Partnership Grant Team
- [Coordinated Entry for All](#)
- [Seattle Public Schools Head Start Program](#)
- [Seattle Public Schools](#)
- [Parent Child Assistant Program \(PCAP\)](#)

8. Expected Program Outcomes and Impact

Preliminary Rising Strong Spokane program data under review by Washington State University indicates positive program outcomes. For example, two-thirds of families successfully exit the program, and more than 80% complete their treatment requirements. For those who don't complete the program, exit reasons include: a higher level of care needed, dependency case successfully closed, program violations involving safety concerns, or the family no longer feels the program meets their needs. It is anticipated that the Rising Strong model will also have a positive impact on the following program goals:

- 1) Improve the well-being, permanency and safety for children impacted by family substance use;
- 2) Decrease the number of children in out-of-home placements;
- 3) Significantly reduce or eliminate family separation by serving the entire family;
- 4) Reduce trauma exposure and impacts for children and enhance parental treatment success; and
- 5) Timely and enduring family reunification.

To measure the actual impact of the Rising Strong Program, Catholic Community Services of Spokane is partnering with Western Washington University (WSU) in a five-year Regional Partnership Grant (RPG). The RPG commenced in 2017 and WSU began studying the program impact immediately upon launch of the Rising Strong program. The study is structured as a quasi-experimental outcome study. The study group of 150 families will receive the entire scope of services for twelve to eighteen months and the comparison group of 150 families will receive typical services. Data sources include program documents, participant record reviews, administrative data, staff interviews, and use of standardized instruments at program entry (baseline data), and throughout the program at three, six, nine, twelve and at eighteen months (six months after services conclude). The impact evaluation will rely only on administrative data. Currently, longitudinal data is being collected and the outcome of the study, and program impact, are unknown. Rising Strong Spokane will receive the data after the last study month in September of 2022.

Measuring program success could be an ongoing challenge due to the complexity of measuring the impact and data not consistently being available to align across agencies and intended measures. One of our recommendations, as we move forward, is to create discussion among the various partners to ensure alignment in measurement across several levels and state agencies. When considering program measurement, there are several ways and several interests related to measurement.

Example of Shared Metrics

Client Data	Program Data	Impact Data	Fiscal Savings
<ul style="list-style-type: none">• Client Satisfaction Survey• Screening tool scores	<ul style="list-style-type: none">• Retention and completion• Average length of stay	<ul style="list-style-type: none">• Reunification• Decrease in the utilization of crisis and legal services	<ul style="list-style-type: none">• Reduction in cost of out of home placement• Reduction in cost of medical and

	<ul style="list-style-type: none"> Housing status at exit 		behavioral health services
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In general, systems are tracking the metrics they are required to track related to their goals in determining eligibility and need. Global outcomes are not tracked in a single system and systems are tracking based on their objectives toward eligibility determination and required federal reporting. The systems are currently set up to capture the following:

DCYF Metrics

DCYF is able to provide:	DCYF is not about to provide:
<ul style="list-style-type: none"> Reason for removal and outcomes # of children in care Age Race 	<ul style="list-style-type: none"> Income Employment Housing status How long with child welfare services/child protection services before removal

HCA, DOC and DSHS Metrics

Health Care Authority	Department of Commerce	Department of Social and Health Services
Treatment need and penetration	Homelessness status	Income
WISe Data: <ul style="list-style-type: none"> Cross-system involvement at entry (foster care 30%) Referral source (child welfare 7%) Reliable change at reassessment (overall, life, emotional needs, risks, and strengths) Treatment needs at entry Strengths at entry 	HUD Homelessness Management Information System (HMIS) data	Employment

9. Financial Proforma and Budget

Expenses

The expenses for this project are divided into three categories: capital investment, start-up costs and operational expenses. This section focuses on the Historic Quarters Rehabilitation option. For comparable estimates for the New Construction option, please refer to **Appendix H**.

Capital Investment

The capital investment for this project includes architectural design services, permitting, building rehabilitation construction and project management:

Construction of Nurses Quarters Building Ten Rehab	\$8,319,641 (\$678/square foot)
Development Costs (architect, permits, legal, etc.)	\$1,760,995
TOTAL	\$10,080,637

Full estimate for building rehab by Deacon Construction is located in **Appendix I**.

Start-up Costs

Additional start-up costs for the project include technical assistance on program development and initial furnishings and supplies.

Technical Assistance	\$300,000
Furnishings and Supplies	\$300,000
TOTAL	\$600,000

Operational Expenses

Ongoing operation of Rising Strong West consists of lease expenses, staffing, program expenses, administrative expenses, and ongoing maintenance and totals \$1,454,524 in the first year. A 3% cost increase and rent escalation are factored into the projections.

Income

Funding for the Rising Strong program falls into two categories: program fees for services and public or private grants. See **Appendix G** for a more detailed explanation of these revenue sources.

While this model assumes billing for individual services, bundling service codes to establish a weekly or monthly case rate has advantages for planning and providing long-term care. Managed Care Organizations (MCOs) have all expressed a willingness to engage in these conversations because treatment outcomes are found to be the same or better for individuals who have participated in a residential housing program. (Source: Logan, T., Cole, J., Miller, J. & Scrivner, A. (2019). Findings from the Recovery Center Outcome Study 2019 Report. Lexington, KY: University of Kentucky, Center on Drug and Alcohol Research.)

Program Fees for Services

Because Rising Strong is a relatively new program, the funding model is still under development. The challenge is combining funding sources across various federal, state, and county programs.

Fee Type	Estimate	Source	Type
Behavioral Health Treatment Services	\$12,801.92 per adult/year	Health Care Authority MCO	Healthcare
Mental Health Treatment Services	\$3,559.00 per adult/year	Health Care Authority MCO	Healthcare
Foundational Community Supports (FCS) - Employment	\$3,240.00 per adult/6 months	Health Care Authority MCO	Healthcare
Foundational Community Supports (FCS) - Housing	\$3,360.00 per adult/6 months	Health Care Authority MCO	Healthcare
WISe Program Services	\$3,427.20 per child/month	Health Care Authority	Healthcare

		MCO	
Foster Care Maintenance Payments	\$672.00 per child/month	DCYF	Child Welfare
Pregnant and Parenting Women (PPW) Residential	varies	Health Care Authority MCO	Healthcare
BH Operations Program	varies	Commerce Department	Infrastructure and Community Development

For the purposes of our estimates, we have assumed that all adults are eligible for behavioral health, mental health and FCS services. We've assumed all children are eligible for WISE programming and Foster Care Maintenance Payments. Our operating revenue is based on 75% capacity during the first year, growing to 100% in year two and going forward. Similarly, program revenue grows from \$1.27 million in year one to \$1.6 million in year two. The full capacity is twelve families (twelve adults and eighteen children).

Grants

Rising Strong in Spokane benefited from significant grant investments for its start-up costs, primarily from the Children's Bureau Regional Partnership Grant and Empire Health Foundation. Similar sources may be necessary to launch other Rising Strong programs. Grants may be available at the federal, state, and county levels. The Department of Commerce invests regularly in Behavioral Health facilities. King County has funding allocated to Housing First solutions for which this program may qualify. **Appendix G** details public and private grant funding opportunities.

The financial projection assumes 100% of capital and start-up costs will be covered by grant sources.

Gaps in Funding

- The structural design of the program limits some of its funding sources. These gaps include:
- Services provided outside of a Residential Treatment Facility license limit reimbursement rate, as previously explained.
- Housing Vouchers cannot be applied to this program because families need to keep their status as unhoused or at the risk of homelessness in order to qualify for permanent supportive housing upon exit. Programs typically used to assist this population, such as Housing and Essential Needs (HENS), Housing and Recovery through Peer Services (HARPS), and Consolidated Homeless Grants (CHG), cannot be applied.

Financial Projection Findings

The following financial projection shows a scenario where the program will require \$600,000 of operational grant funding to break even in the first year. This grant funding can drop to \$300,000 in year two as the program ramps to 100% capacity. Because of the smaller size of the Historic Quarters, the program does not enjoy the efficiencies of the larger Rising Strong Spokane program.

The financial projections for the New Construction option outlined in **Appendix H** show that a larger facility serving up to twenty-four (24) families can break even without external grant funding by year two.

Projected Income-Expense Statement - Historic Nurses Quarters Rehab

Nurses Quarters Rehabilitation	Year 0	Year 1	Year 2	Year 3
INCOME				
Program Service Fees				
Behavioral Health Treatment Services	0	115,217	158,232	162,979
Mental Health Treatment Services	0	32,031	43,989	45,309
Foster Care Maintenance Payments	0	108,864	149,507	153,992
WISe	0	555,206	762,483	785,358
FCS - Supported Employment	0	29,160	40,046	41,248
FCS - Supportive Housing	0	30,240	41,530	42,775
Grants				
Public (Federal, State, County)	11,000,000	300,000	150,000	154,500
Private (Foundation, Corporate, Nonprofit)	250,000	300,000	150,000	154,500
TOTAL INCOME	\$ 11,250,000	\$ 1,470,719	\$ 1,495,787	\$ 1,540,661
EXPENSES				
Facilities & Occupancy				
Land Cost	0	0	0	0
Building Rehab Construction	8,319,641	0	0	0
Development, Architect, PM, Permits	1,760,995	0	0	0
Furnishings and Equipment	300,000	0	0	0
Lease (Bldg 10 & Bldg 5)	311,420	320,763	330,385	340,297
Insurance, Maintenance & Prop Taxes	93,968	96,787	99,690	102,681
Utilities	0	5,000	5,150	5,305
Staffing Costs				
Salaries	157,125	628,500	647,355	666,776
Benefits (35%)	54,994	219,975	226,574	233,371
Program Costs				
Client Workshops & Trainings	0	7,500	7,725	7,957
Medical Supplies (UAs)	0	5,000	5,150	5,305
Program Equipment, Furnishings & Maintenance	0	15,000	15,450	15,914
Program Supplies	0	5,000	5,150	5,305
Program Meetings & Events	0	5,000	5,150	5,305
Client Supports (ie. baby formula, food, clothing)	0	7,500	7,725	7,957
Transportation for Clients	0	20,000	20,600	21,218
Staff Training & Development	0	12,000	12,360	12,731
Technical Assistance - Implementation	240,000	60,000	0	0
Administrative Costs				
Computer Equipment & Software	7,500	12,000	12,360	12,731
Insurance	0	5,000	5,150	5,305
Licenses, Dues & Fees	0	2,000	2,060	2,122
Office Equipment & Furnishings	0	15,000	15,450	15,914
Office Supplies	0	5,000	5,150	5,305
Phone, Internet, Postage & Shipping	0	7,500	7,725	7,957
TOTAL EXPENSES	\$ 11,245,642	\$ 1,454,524	\$ 1,436,360	\$ 1,479,451
NET INCOME	\$ 4,358	\$ 16,194	\$ 59,427	\$ 61,210

10. Findings

Our findings related to strengths, weaknesses, opportunities, and threats (SWOT) for both the clinical and financial model of the program are outlined below. The clinical model is structured as a system best practice, though significant challenges exist aligning funding that supports the collective outcomes across child welfare, behavioral health, and housing systems. These findings have informed our recommendations to those interested in replicating the program.

<p>Strengths</p> <ul style="list-style-type: none"> • Keeps families together per the Family First Prevention Services Act (FFPSA) • Culturally-centered approach • Health and housing partnership addressing the service and housing needs of families • Social and medical model for comprehensive family services • Considers the entire treatment, housing, and services continuum, including employment and transportation • MCOs have a strong interest in a value based programs that aligns these components • Cross-system collaboration has addressed barriers across systems to ensure aligned metrics that meet the customer's needs • Aligns with Coordinated Entry goals to secure permanent housing • Aligns with HCA goals of integrated care 	<p>Weaknesses</p> <ul style="list-style-type: none"> • It is challenging to find funds that pay for the holistic nature of the model • Access is not low-barrier as a pending out-of-home placement is a required for entry • The program has limited capacity to serve all families in need • Development and start-up funding provided by local philanthropy was foundational to the program and expensive to replicate • Requires high medical service thresholds to finance the program due to lack of other operations fund sources • Dependency on availability of Permanent Support Housing upon program exit • May require a larger resident population to be financially sustainable • Challenging to coordinate the five MCOs
<p>Opportunities</p> <ul style="list-style-type: none"> • Foster Care Maintenance Payments • Recovery Housing Vouchers • PPW provider need in King County • Potential funds for new Perinatal SUD initiatives • Blended Funding • Fund stack for services, operations • MCOs are considering milieu management benefit • Involve HCA in coordinating MCO benefits 	<p>Threats</p> <ul style="list-style-type: none"> • Sustainable funding • Gaps in funding for care navigation to ensure continuity across settings (hospital, residential, housing) • Competition across vulnerable populations (housing first vs. recovery housing) • NIMBY concerns • Limited workforce of behavioral health staff • King County construction costs are high • Operator capacity, knowledge, resource

<ul style="list-style-type: none">• Capital development grants for rehab and new construction	<ul style="list-style-type: none">• Lack of alignment in goals and resources
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Recommendations

The Rising Strong model is a unique solution to an ongoing challenge of creating positive outcomes for families at risk of child removal due to parental alcohol and substance use disorder. While this report documents program design, implementation and funding options, there is still work to be done to identify an operator for a King County site and to finalize a location.

The new construction option is not just more cost efficient, it would also provide a more comprehensive blueprint for operators who might be interested in building a program in other parts of the state. Because of the innovative aspects of this approach, we also recognize the importance of predesign and technical assistance in developing a model prototype.

Next Steps

In order to successfully develop Rising Strong Spokane, a key set of system partners came together to align the coordinated system of care. Due to time constraints, this level of coordination has not yet been possible in King County. However, we believe that the potential positive outcomes from a Rising Strong West program merits further exploration. As such we recommend the following steps to ensure ongoing development of a coordinated and successful model:

1. Establish an Advisory Committee consisting of service providers, stakeholders, relevant state agencies, chairpersons of the appropriate Senate and House of Representatives Committees, and community members. State agencies should include, but not be limited, to: HCA, DSHS, Commerce, DOH, and Office of Public Defense. Community membership should include family advocates, service providers, and program alumni. The state agency members and community members should have input into who else holds an advisory committee seat.
2. Work with state agencies to coordinate a funding model that is easily operationalized by providers seeking to develop a similar program.
3. Align key measures of interest across systems with an emphasis on client outcomes at the program level.
4. Engage community stakeholders to address system barriers in implementation, such as ensuring seamless coordination across health, housing, and child welfare systems and agencies.
5. Engage private sector and philanthropic organizations in planning to determine interest in funding.
6. Support interested providers in understanding the model toward implementation with the goal of naming an operating agency for the King County program.
7. Recommend funding of an advisory committee in a subsequent legislative proviso which would be responsible for continued program development. An appropriation of \$150,000 in FY22 would support this second phase of work. Deliverables in the second phase of work include: a named operating agency, a named housing developer, a specified development site, and detailed capital requirement in anticipation of a 2023 capital request.

Appendix A: 2021 Legislative Proviso Language

SUBSTITUTE HOUSE BILL 1080

Chapter 332, Laws of 2021

67th Legislature

2021 Regular Session

CAPITAL BUDGET

EFFECTIVE DATE: May 18, 2021

Sec. 1082. FOR THE DEPARTMENT OF COMMERCE

Substance Use Disorder Recovery Housing (91001675)

The appropriation in this section is subject to the following conditions and limitations:

(1) The appropriation in this section is provided solely for an agreement with Catholic Community Services/Catholic Housing Services to fund a master planning process for the development of a family-centered drug treatment and housing program in western Washington that supports families staying together while they recover from addiction and rebuild their lives. Housing developers, service providers, and other stakeholders must be included in this master planning process.

(2) The master planning process under this section must model the project to be developed after Rising Strong in Spokane and must include units for families that are experiencing substance use disorder and that are involved in the child welfare system. The site must include living quarters for families, space for services, play areas for children, and space for child care. The program services located at the site must include, but are not limited to, case management, counseling, substance use disorder treatment, and parenting skills classes. The site must be located in King County, or located near King County, to provide services to families in the western area of the state.

(3) The master plan developed under this section must be submitted to the appropriate committees of the legislature by December 31, 2021.

Appropriation:

State Building Construction Account—State. \$150,000

Prior Biennia (Expenditures). \$0

Future Biennia (Projected Costs). \$0

TOTAL.....\$150,000

Appendix B: Glossary of Terms/Acronyms

BH - Behavioral Health

BHA - Behavioral Health Agency

BHASO - Behavioral Health Administrative Services Organization

CBT - Cognitive Behavioral Therapy

CEA - Coordinated Entry for All

DCYF - Department of Children, Youth and Families

DOH - Department of Health

DSHS - Department of Social and Human Services

FCS - Foundational Community Supports

HARPS - Housing and Recovery through Peer Services

HCA - Health Care Authority

HEN - Housing and Essential Needs

HMIS - Homeless Management Information System

IOP - Intensive Outpatient Program

MCO - Managed Care Organization

MH - Mental Health

MI - Motivational Interviewing

OP - Outpatient Program

PCIT - Parent Child Interaction Therapy

PPW - Pregnant and Parenting Women

RDA - Research and Data Analysis

RTF - Residential Treatment Facility

SUD - Substance Use Disorder

WAC - Washington Administrative Codes

Appendix C: List of Technical and Advisory Support Team

- Brad Howell, Deacon Construction
- Tasha Irvine, Principle Allies
- Chris Jowell, Catholic Community Services of Western Washington
- Dawn Kinder, Catholic Community Services of Eastern Washington
- Laurie Lippold, Partners for Our Children
- Bob Murphy, Deacon Construction
- Elizabeth Perry, Principle Allies
- Kenny Pittman, Catholic Community Services of Western Washington
- Nolita Reynolds, Catholic Community Services of Western Washington
- Will Rice, Catholic Community Services of Western Washington
- Mary Stone-Smith, Catholic Community Services of Western Washington
- Milena Stott, Principle Allies

Appendix D: List of Key Stakeholder Organizations Interviewed and Documents Referenced

Programmatic Stakeholders

- Catholic Community Services of Eastern Washington
- Key Recovery and Life Skills Center
- King County Behavioral Health and Recovery Division
- King County Coordinated Entry for All
- King County Superior Court, Family Treatment Court Program
- Washington State Department of Children, Youth and Families, Child Welfare Intake
- Washington State Department of Children, Youth and Families, Early Support for Infants and Toddlers

Partnership Stakeholders

- Local Foster Care Provider
- HealthierHere Accountable Community of Health
- Washington Alliance of Quality Recovery Residences

Facility Stakeholders

- Washington State Department of Children, Youth and Families, Substance Use Prevention, Treatment, and Recovery Services
- Washington State Department of Health, Pregnant and Parenting Program

Financial Stakeholders

- Amerigroup
- Community Health Plan of Washington
- Coordinated Care
- Empire Health Foundation
- Molina Healthcare
- United Healthcare
- Washington State Health Care Authority, Foundational Community Supports
- Washington State Health Care Authority, Recovery Residence, HARPS and Peer Support Programs
- Washington State Department of Commerce, Office of Supportive Housing

List of Department of Social and Health Services Research and Data Analysis Reports Reviewed:

- [Prevalence of Substance Use Disorder Diagnoses among Medicaid Beneficiaries](#)
- [Variations in Behavioral Health Treatment Penetration Rates](#)
- [Variations in Utilization of Substance Use Disorder Treatment Modalities](#)
- [Physical Health and Social Outcomes among Medicaid Beneficiaries with and without Behavioral Health Diagnoses](#)
- [Substance Use Disorder Treatment Penetration Rates Among Child Welfare Involved](#)
- [Behavioral Health Treatment Needs and Outcomes among Medicaid Enrolled Children in WA](#)
- [WISe Dashboards and Reports](#)
- [WISe King County Trends and Data](#)

Appendix E: Letters of Support

The following letters of support for Rising Strong West were received from:

Health Care Authority - Beth Tinker, PhD, MPH, RN, Clinical Nurse Consultant

King County Behavioral Health and Recovery Division - Kelli Nomura, Division Director

King County Family Treatment Court - Jill Murphy, LICSW

Molina Healthcare - Tory Gildred, LICSW, SUDP, Associate Vice President



**STATE OF WASHINGTON
HEALTH CARE AUTHORITY**

626 8th Avenue, SE • P.O. Box 45502 • Olympia, Washington 98504-5502

December 16th, 2021

Beth Tinker, PhD, MPH, RN
Clinical Nurse Consultant
WA State Health Care Authority
626 8th Avenue SE, PO Box 45502
Olympia, WA 98504-5502

Dear Legislative Committee Members:

I am writing this letter in support of the replication and development of Rising Strong West, an innovative and already tested program that is evidence-informed, supports family preservation, drives positive dual generation health outcomes, and makes sound fiscal sense. As a result of their organization's master planning process, we became engaged in discussions about the need and utility of this program in King County.

In your consideration for this program, here is some information about the role we serve in supporting homeless and unstably housed parents/caregivers with Substance Use Disorders, and their families, through the dependency process:

- We are the largest health care purchaser in the state, covering 1 in 3 Washington residents between our Medicaid programs, the School and Public Employees and retiree benefits.
- The Medicaid/Apple Health program in WA is the insurer for just under half of the maternity care in our state and about 40% of children and youth.
- People with substance use disorder are overrepresented in our members and those numbers are rising, similar to overall population level trends and driven by the ongoing opioid crisis.
- We are the insurer for all children and youth in foster care, our state Coordinated Care managed care plan.

The Rising Strong model aligns with our agency goals, priorities, and current initiatives we have to improve the health and well being of Washingtonians, with a focus on the most vulnerable or those who face the greatest barriers in achieving wellness.

- Intentionally focusing on early life – infants, young children, and their loving adults/caregivers in order to improve population level health, maximizing impact and cost effectiveness of services across the promotion, prevention and treatment continuum.
- Providing dyadic or dual generation services to children and their caregivers, following the science, and recognizing that these paths are reciprocal, dependent and central to wellness are stable, sensitive and responsive relationships.
- Building out our care systems for substance use disorder and behavioral health more broadly are key to meeting community needs in ways that are flexible and family-centered.
- A strengths based, culturally adaptable and compassionate frame recognizes that family separation is a harmful strategy (occasionally necessary, but still harmful).
- Addressing unmet social needs (with housing arguably the most important) is foundational to stability and the road to wellness.

We have a host of current initiatives to improve care and care models for the pregnant, post-partum and children/youth populations. We collaborate with other state agencies including the Department of Health and the Department of Children, Youth and Families, who also have strong intersection with this population and this broader systems level work. We can work with Rising Strong to identify services being provided that are Medicaid reimbursable and allowable under our State Plan. We strongly encourage Rising Strong to include dyadic mental health (Infant and Early Childhood Mental Health) services as part of their model, recognizing the critical importance of the relationship between infant/child and parent/s. We have expertise at the Health Care Authority and would be very pleased to offer support and consultation in this space.

In conclusion, we fully support and would participate in future discussion and collaboration toward successful development and implementation of Rising Strong West.

Sincerely, Beth Tinker

Beth Tinker
 Clinical Nurse Consultant
 Clinical Quality and Care Transformation
Elizabeth.tinker@hca.wa.gov



King County

Behavioral Health and Recovery Division

Department of
Community and Human Services

CNK-HS-0400
Chinook Building
401 Fifth Avenue, Suite 400
Seattle, WA 98104

206-263-9000

206-296-0583 Fax (Reception)
206-205-1634 Fax (Clinical Services)
7-1-1 TTY/TDD

December 17, 2021

Dear Legislative Committee Members:

King County Behavioral Health and Recovery Division (BHRD) is committed to meeting the behavioral health needs and supporting the recovery of pregnant, postpartum, and/or parenting women (PPW) and their families. BHRD's experience funding programs which serve this community and as well as our consultation with community partners, has led to the identification of the needs and opportunities for increased support within the PPW population of the community within our region.

BHRD supports programs which offer family-centered treatment with a focus on the needs of the parent, child, and family unit. This includes the utilization of evidenced-based assessments and practices to identify and respond to the needs of both the parent and child. Programs can best support the PPW community by offering co-occurring services, when clinically indicated, and through active coordination of care with other supports, systems, and service providers involved in a family's network of care.

There is currently a need for residential treatment options for the PPW community in King County. There are limited residential treatment programs which offer housing options for the entire family unit, and the options that are available in Washington State are generally located outside of the King County region, which is a barrier to treatment for many families. BHRD recognizes the importance of families staying together as well as the benefit of receiving support and treatment in one's community. BHRD supports the development of additional residential treatment options for the PPW community in the King County region.

In conclusion, BHRD supports the continued development and growth of programs that will benefit the PPW community within our region. BHRD is committed to continuing to collaborate with these partners to best support our community.

Sincerely,

Kelli Nomura
Division Director



Family Treatment Court

1211 E. Adler St. Seattle WA 98122

Phone: (206) 477-2311

24-Hour FAX: (206) 432-3694

December 9, 2021

Jill Murphy
King County Family Treatment Court
1211 E. Alder St.
Seattle, WA 98122

Dear Legislative Committee Members:

We at King County Superior Court's Family Treatment Court Program are writing this letter in support of the replication and development of Rising Strong West, an innovative and value based program that supports family preservation, ensures health outcomes and makes sound fiscal sense. As a result of this master planning process our, we became engaged in discussions about the need and utility of this program in King County.

In your consideration for this program, here is some information about the role we serve in supporting homeless and unstably housed caregivers with Substance Use Disorders, and their families, through the dependency process:

Family Treatment Court (FTC) is an alternative to regular dependency court and is designed to improve the safety and well being of children in the dependency system by providing parents access to drug and alcohol treatment, judicial monitoring of their sobriety and individualized services to support the entire family.

Through a collaborative, strength-based approach, Family Treatment Court integrates substance abuse treatment and increased accountability into the dependency process. It is expected that parents will remain in the FTC between 12 months and two years.

King County Family Treatment Court has four primary goals:

- To ensure that children have safe and permanent homes within permanency planning guidelines or sooner;
- To ensure that families of color have outcomes from dependency cases similar to families not of color;
- To ensure that parents are better able to care for themselves and their children and seek resources to do so; and
- That the cost to society of dependency cases involving substances is reduced.

Over half the parents who join FTC are unstably housed and all have severe or moderate substance use disorders and have lost custody of their children due to drug use and the safety considerations that come with that use. While all parents in FTC are in need of substance use treatment and more than half also need mental health treatment, it is important to note that sixty-five percent of the parents in our program are ultimately recommended to long term inpatient treatment. Without a program in King County able to serve this need for our pregnant and parenting population, a program like Rising Strong West, will be able to help fill that gap. The current alternative is to send these parents out of county, which makes providing Family Time with their children difficult due to long distance considerations and transportation barriers of the children. We know from research that stable housing is the platform on which people stand to engage in treatment services and move toward reunifying with their children. Rising Strong West would provide this platform along with those parental treatment services and children's services all in one location, solving multiple needs in a convenient way for these very scheduled, court-involved families, who usually without easy transportation. Currently FTC families must go to multiple agency locations to access behavioral health treatment services for themselves and their children and in a county as large and with the traffic and public transportation barriers evidenced in King County, this is a burden of time and logistics.

As such, the following are ways we would like to support the development of this program in our community:

As this idea and need was identified, in large part, through discussions at the FTC Executive Board level throughout 2019, 2020 and 2021, FTC has been supporting this process from the beginning and would continue to do so throughout development and implementation of Rising Strong West. FTC can convene and collaborate with both State and County providers along with having direct contact with the families in need. Our governance structure spans the width and depth of both aspects and can be called upon to support this process as needed. FTC would participate in the identification and referral of dependency court involved families and provide both a housing and treatment liaison to the family and the FTC engaged families. As an evidenced based and data driven court program, FTC would commit to tracking and providing data on these referrals and FTC case outcomes.

In conclusion, we fully support and would participate in future discussion and collaboration toward successful development and implementation of Rising Strong West.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jill K. Murphy', with a stylized flourish at the end.

Jill K. Murphy, LICSW
Program Supervisor
Family Treatment Court
Parents for Parents

December 21, 2021

Tory Gildred
Molina Healthcare
21540 30th Drive SE
Bothell, WA 98021

Dear Legislative Committee Members:

We at Molina Healthcare of Washington are writing this letter in support of the replication and development of Rising Strong West, an innovative and value-based program that supports family preservation, ensures health outcomes and makes sound fiscal sense. Rising Strong's approach to integrating behavioral, physical health and social determinants of health (SDOH) is aligned with the transformational goals of Medicaid plans in Washington State. As a result of this master planning process, we became engaged in discussions about the need and utility of this program in King County.

Molina has been providing government-funded care for low-income individuals in Washington for over 20 years. As of October 2021, Molina serves over 1 Million members through Medicaid, Medicare and the Health Benefit Exchange programs across the state of Washington, including more than 215,000 individuals in King County.

In recent years, Molina has invested in our communities to support the important work of our community partners supporting families impacted by addiction. Notable highlights include:

- 1) Catholic Charities of Eastern WA - Rising Strong - Financial contribution to support families experiencing addiction (Q1 2020)
- 2) Family Education & Support Services – Parent-Child Assistance Program (PCAP) - 750 care packages donated to support for women experiencing pregnancy and addiction. These care packages were delivered to all 15 PCAP sites across the state. (Q4 2020)
- 3) Blue Mountain Heart to Heart – financial contribution funding eviction prevention for members and families experiencing addiction (Q4 2020).
- 4) Excelsior Wellness – 2021 Molina Cares Grant supporting MEET Excelsior - a wellness focused engagement continuum for both identified participants and their support systems by building resilience and independence through recovery skill building.

In conclusion, we fully support and would participate in future discussion and collaboration toward successful development and implementation of Rising Strong West.

Sincerely,



Tory Gildred, AVP Behavioral Health

Appendix F: Implementation Rubric

Eligibility and Population	
Philosophy	<p>Rising Strong is a strength-based, trauma-informed, holistic, family-centered drug treatment and housing program supporting families in staying together while they begin to recover from addiction, heal from trauma and rebuild their lives.</p> <ul style="list-style-type: none"> • Shelter or "transitional housing" with the goal of transitioning into permanent housing after program • Abstinence-focused program with capacity to address relapse and medication assisted treatment (MAT) • Treatment philosophy is informed by best practices • Access to the program is determined at the court level or in some cases by the DCYF caseworker • The family has chosen participate in treatment as required by the dependency process
Collaborators	<ul style="list-style-type: none"> • Family • Attorney • DCYF case worker • Family Court/Family Treatment Court • Coordinated Entry • Community partners (see services sections) • State Agencies (see infrastructure)
Entry Points	<ul style="list-style-type: none"> • DCYF case worker • Dependency shelter care hearing • Family Treatment Court • Parent attorneys
Prioritization	<ul style="list-style-type: none"> • Determined by resources and need • Definitions of homelessness • Fund sources and related regulations/criteria • Coordinated entry resources • Court goals (limit separation time, conditions under which offered) • Populations of interest

Program Entry	
Screening and Assessment Tools	<ul style="list-style-type: none"> • GAIN SS • CANS for WISe - CANS Data Fields • Background check – Subject to state agency rules and WAC • Referral and Eligibility Determination Form - CEA • List of exclusions that arise in the background check process
Partner Communication and Collaboration	<ul style="list-style-type: none"> • Process between the court, DCYF and RS program • Timeline and preparation for program entry among partners • Monthly report on every parent to DCYF • Probation reports and parent report • Safety and communication • Commissioner and court leadership
Rising Strong Intake Packet	<ul style="list-style-type: none"> • Stages of Change Assessment Tool • Trauma Symptom Checklist for Young Children • Sensory Profiles • Child Behavioral Checklist (CBCL) • Behavioral Rating Inventory of Executive Functioning (BRIEF) and BRIEF Preschool Version • Vineland Adaptive Behavior Scales • Adult Severity Index (ASI) • Trauma Symptom Checklist 40 • Center for Epidemiological Studies Depression Scale • Adult-Adolescent Parenting Inventory • Parenting Stress Index • Intake and Belongings Search Procedure • Participant Handbook • Clinical Schedule • Notice of Accountability

Services and Progress Monitoring	
Required Partners	<ul style="list-style-type: none"> • Family court and others connected to legal process • Intensive Case Management - Family Success Approach • Childcare, early intervention, and education organizations • Mental health, substance use, and primary health providers • Parent educators and other recreation facilitators • Education and employment partners • Coordinated entry and housing providers
Dyadic Relationships	<ul style="list-style-type: none"> • Play and Learn – certified Infant Mental Health Specialists • Family based therapy • Parent Child Assistance Program – Home Visiting • Parent Child Interaction Therapy • Focused curriculum on development
Childcare and Education	<ul style="list-style-type: none"> • Head start • Required to engage in daycare for program participation – priority access • Early Risers Program, Certified Baby 101 • Trained family peers with background in childcare and Montessori
Recreation	<ul style="list-style-type: none"> • Ranch Partners
Services	<ul style="list-style-type: none"> • Mental health and substance use screening and services for youth and caregivers • Physical health services • See services and programs section for full description
Progress Monitoring	<ul style="list-style-type: none"> • Phases and Treatment Goals • Treatment milestones • Treatment outcomes • Functional outcomes - decrease in symptoms, school attendance, health outcomes

Development and Implementation	
Needs	<ul style="list-style-type: none"> • Data sources – DCYF, DSHS, HCA (See data and needs assessment section)
Leadership	<ul style="list-style-type: none"> • Organizational leaders • Community leaders • Political leaders • Advocates
Site	<ul style="list-style-type: none"> • Definition of being “homeless” or “at risk of homelessness” required to gain access and is required to be maintained to gain permanent housing when exiting the program
Licenses	<ul style="list-style-type: none"> • Shelter - no facility license • On-site behavioral health and SUD services will be licensed through agency partners • Time-limited, drop-in childcare (license not required)
Fund Sources	<ul style="list-style-type: none"> • Predevelopment • Capital development, Start Up, Operations, Services
Policies and Procedures	<ul style="list-style-type: none"> • Emergency procedure • Transport procedure • Notice of violations • Safety protocol for domestic violence • Procedures for unsafe behaviors
Curriculum and Evidence Based Practices	<ul style="list-style-type: none"> • Motivational Interviewing • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy • Eye Movement Desensitization and Reprocessing • Seeking Safety - A Treatment Manual for Post Traumatic Stress Disorder (PTSD) • Circle of Security • Certified baby 101 curriculum • Incredible Years • Promoting First Relationships • Triple P • Functional Family Therapy for Adolescent Alcohol and Drug Abuse

Community Partners	<ul style="list-style-type: none"> • See Advisory committee section
Cultural considerations	<ul style="list-style-type: none"> • Prioritization – see data and recommendation
Housing Continuum	<ul style="list-style-type: none"> • Current inventory of housing opportunities; • Needs within its jurisdiction (geographic area) • Expressed preferences of people being served • Continuity to permanent supportive and affordable housing

Data, Outcomes, Cost Savings	
Data Governance	<ul style="list-style-type: none"> • State agency • Community • Provider • Limited aggregated reports AND ability to align across systems
Data Collection Methods	<ul style="list-style-type: none"> • DCYF – Reasons for removal and outcomes • HCA – Treatment need and treatment penetration • COM – Homeless status • DSHS – Income, Employment
Program Data	<ul style="list-style-type: none"> • # of referrals eligible • # accepted and reasons for decline • # of completions and reasons for attrition • Average length of stay • Exit reason • Identified barriers • Situation at exit • Employment • Housing • Custody • Health
Cost Savings	<ul style="list-style-type: none"> • Emergency Department Visits • Jail • Out of home placement in foster care

Additional Resources

Coordinated Entry Information from Commerce:

- <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf> (HUD Coordinated Entry Core Elements)
- <https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/>
- <https://www.hudexchange.info/resource/5182/sample-chronic-homelessness-documentation-checklist/>
- <https://www.hud.gov/sites/documents/17-01CPDN.PDF>
- <https://www.commerce.wa.gov/program-index/> (WA – Commerce)
- <https://deptofcommerce.app.box.com/s/z5km1qwohx23u1c7fa5tv9spjx0gtxyd> (CEA Plan)

Appendix G: Detailed Analysis of Revenue Sources

Following are more detailed descriptions of the revenue sources included in the financial projections.

Program Fees

Behavioral Health Treatment Services

Services received in the program for behavioral health treatments will be reimbursed by Managed Care Organizations. The rate for these services varies depending on the stage of care being provided, and the financial projections include tapered benefits depending on treatment stages. Because the program is not a residential treatment facility, daily rate facility codes cannot be used. Instead, services are billed based on encounters.

Summary of Reimbursement Modeling for Behavioral Health Services (2021)

Treatment Time Frame	Reimbursement per Resident
Day 0-30	\$3,401.60
Day 30-60	\$1,530.72
Day 60-90	\$1,530.72
Day 90-120	\$1,530.72
Day 120-150	\$1,092.48
Day 150-180	\$1,092.48
Day 180-210	\$1,092.48
Day 210-240	\$510.24
Day 240-270	\$510.24
Day 270-300	\$510.24
Day 300-360	FCS only

These are an aggregation of the following fee-for-service units:

Treatments through Stages of Progress and Family Model of Care (2021)

Proposed Units and Rates	Typical Interventions and Rates
<p>Entry and Stabilization (2-4 weeks)</p> <p>\$42.52 per hour x 20 hours</p> <p>\$850.40 per week x 4 =</p> <p>\$3,401.60 per month</p>	<p>Pre-recovery and stabilization (fewer than 30 days)</p> <ul style="list-style-type: none"> • Hospital or Secure Withdrawal Management Facility (\$938.40 per day) • Acute Withdrawal Management (\$298.36 per day) • Sub-acute Withdrawal Management (\$144.36 per day) • Adult Intensive Residential Program (\$183.46 per day) • Residential PPW with child (\$214.96 per day) • SUD Residential Child Care Services (\$174.96 per day) • H0019 - Adult Long Term Residential (\$58.36 per day) • H0018 – Adult Recovery House (\$42.36 per day) <p>Avoidable cost:</p> <p>\$298 x 5 = \$1,490 & \$214.96 x 28 = \$6,019</p>
<p>Active Treatment (1-3 months)</p> <p>\$42.52 per hour x 9 hours</p> <p>\$382.68 per week x 4 =</p> <p>\$1,530.72 per month</p>	<p>Recovery initiation and active treatment (1–3 months)</p> <ul style="list-style-type: none"> • Intensive Outpatient (\$42.52 per hour) • 9 hours per week for 3 months • Mental health services (\$3,559 per year or \$296.58 per month)
<p>Active Engagement and Rehabilitation (3-12 months)</p> <p>\$42.52 per hour x 6 hours</p> <p>\$273.12 per week x 4 =</p> <p>\$1,092.48 per month and</p> <p>\$42.52 per hour x 3 hours</p> <p>\$127.56 per week x 4</p> <p>\$510.24 per month</p>	<p>Active Engagement and Rehabilitation (3-12 months)</p> <ul style="list-style-type: none"> • Intensive Outpatient (\$42.52 per hour) • 6 hours per week for 3 months • Outpatient (\$42.52 per hour) • 3 hours per week for 3 months • Mental health services (\$3559 per year or \$296.58 per month) • Primary care services (\$300 encounter rate) • MOUD (\$500 per month bundled rate)

Treatment Services - Mental Health

In addition to Behavioral Health services, residents are eligible for Mental Health Services, with a maximum reimbursement of \$3,559 total for Days 0-360. The financial model assumes all adult residents receive mental health services.

Foundational Community Supports

There are two types of Foundational Community Supports (FCS) services - Supported Employment and Supportive Housing. These services can be offered to residents during their final months of stay in the program, assuming Day 300-360 in the current financial model.

FCS Reimbursement Rates (2021)

Supported Employment Benefit	Supportive Housing Benefit
1 unit = 15 minutes of service	Per diem rate
Limit of 120 units (30 hours) of service per 6 month authorization period	Limit of 30 days of service per 6 month authorization period
Reimbursement rate of \$27/unit of service	Reimbursement rate of \$112/day
Services may be reauthorized if a participant continues to need services	Services may be reauthorized if a participant continues to need services

Under both [FCS programs](#), there is an “Exception to Rule” authorization process available for additional service units within a 6-month period for participants who have exceptional service needs.

WISe Program Services

[Wraparound with Intensive Services \(WISe\)](#) is an approach to helping Medicaid-eligible children, youth, and their families with intensive mental health care. Geared toward minors, these services are reimbursed in addition to other behavioral and mental health services. Monthly Case Rate provided for WISe per youth, per month is \$3,427.20 (2021). We assume that all children in the program are eligible for and receive WISe services. Note that those children eligible for tribal affiliated care options may receive a higher reimbursement because those services are billed on a fee-for-service basis.

Foster Care Maintenance Payments

Rising Strong in Spokane worked with the legislature to ensure its program could qualify for Foster Care Maintenance Payments because children who stay with their parents at Rising Strong as an alternative to foster care enrollment.

The language added in March 2020 reads: “The Department of Children, Youth, and Families shall make foster care maintenance payments to programs where children are placed with a parent in a residential program for

substance abuse treatment. These maintenance payments are considered foster care maintenance payments for purposes of forecasting and budgeting at maintenance level as required by RCW 43.88.058 2.”

Foster Care Maintenance Payment Rates - Monthly

Child's Age	Basic	Level II (incl. Basic Rate)	Level III (incl. Basic Rate)	Level IV (incl. Basic Rate)
0 to 5 years	\$672.00	\$849.92	\$1,195.51	\$1,474.30
6 to 11 Years	\$796.00	\$973.92	\$1,319.51	\$1,598.30
12 & Older	\$810.00	\$987.92	\$1,333.51	\$1,612.30

[DCYF Foster Care](#) lists the basic rate payment (Level one) to all foster parents for costs related to food, clothing, shelter, and personal incidentals. In addition, there are three levels of supplemental payments (Levels two, three and four) which are paid to foster parents who care for children with varying degrees of physical, mental, behavioral or emotional conditions that require increased effort, care or supervision that are above the needs of a typically developing child. Rising Strong children typically receive the basic rates, which is prorated based on time in the facility.

Pregnant and Parenting Women Residential

Pregnant and Parenting Women (PPW) housing support services provide housing support services for women who are pregnant, postpartum, or parenting, and for their children, in drug and alcohol-free residences for up to eighteen months at an enhanced rate. Housing is classified as support services rather than treatment. King County has a childcare rate and pays for services in the residential setting. The fund source also covers extended eligibility and additional services in outpatient settings to ensure family focus. Note that child care licensing may be required for reimbursement.

Grant Funding

Following are examples of available public and private grant funding sources:

Federal: HUD Recovery Housing grants

HUD's Office of Special Needs Assistance Programs (SNAPS) funds over 1,600 projects across the country through its Continuum of Care (CoC) Program that serve people with chronic substance use disorders, including projects funded as both transitional housing and permanent supportive housing. Some programs target specific priority populations, such as families with children. HUD emphasizes that unless court ordered, CoC Program-funded projects should not require any homeless person to enter Recovery Housing or be offered or provided this type of program as the only housing option, but rather should offer them choices. This choice is key to long-term, stable recovery.

State: Housing Grants

Although the Department of Commerce has been focused on permanent supportive housing under the Housing First model, some specialized opportunities exist, such as the Commerce Behavioral Health Facilities Serving Children and Minor Youth grants (currently reviewing 2021-2023 round of applications). Another current Commerce program assists pilot programs by helping fund operating costs of new Recovery Residence projects.

State: Health Care Authority Programs

The Health Care Authority's (HCA) funding is focused on medical necessity and is driven by the length of stay. As stated above, bundling services presents an opportunity to leverage this revenue source. HCA also provides technical support; one example is the current [partnership with the Corporation for Supportive Housing](#) (CSH) to build capacity of SUD treatment providers in supportive housing partnerships.

County: King County Mental Illness and Drug Dependency Behavioral Health Sales Tax Fund

The King County Mental Illness and Drug Dependency (MIDD) program is a countywide 0.1% sales tax-generating about \$136 million per two-year biennium. It is specifically for programs and services for people living with or at risk of behavioral health conditions. Project-based grant opportunities are available.

Managed Care Organizations Innovation Funds

Most of the Managed Care Organizations have budgets for innovative or pilot programs which may be available to fund a study of a bundled service model. One example is the United Healthcare Foundation.

Private Grants

Philanthropic foundations with an interest in recovery programs for families might include:

- Ballmer Group
- Cambia Health Foundation
- Group Health Foundation
- M.J. Murdock Charitable Trust
- Pacific Hospital PDA Health Equity Fund
- Perigee Fund
- Premera Social Impact Grants
- The Tulalip Foundation
- Washington Women's Foundation
- Wells Fargo Foundation

Appendix H: Comparative Budget for New Construction Option

As a comparison to the Historic Nurses Quarters Rehabilitation option, we also examined the costs for the project based on new construction. This facility has higher overall expenses, but the per adult cost is lower because the population that could be served is double at twenty-four adults.

Expenses

The expenses for this project are divided into three categories: capital investment, start-up costs, and operational expenses.

Capital Investment

The capital investment for this project includes architectural design services, permitting, building rehabilitation construction, and project management:

New Construction	\$9,679,319 (\$768/square foot)
Development Costs (Architect, Permits, Legal, etc.)	\$1,886,110
TOTAL	\$10,080,637

Full estimate for building rehab by Deacon Construction is located in **Appendix I**.

Start-up Costs

Additional start-up costs for the project include technical assistance on program development and initial furnishings and supplies.

Technical Assistance	\$300,000
Furnishings and Supplies	\$600,000
TOTAL	\$900,000

Operational Expenses

Ongoing operation of Rising Strong West consists of lease expenses, staffing, program expenses, administrative expenses, and ongoing maintenance and totals \$2,116,950 in the first year. A 3% cost increase and rent escalation are factored into the projections.

Income

Funding for the Rising Strong program falls into two categories: program fees for services and public or private grants. See **Appendix G** for a more detailed explanation of these revenue sources.

While this model assumes billing for individual services, bundling service codes to establish a weekly or monthly case rate has advantages for planning and providing long-term care. Managed Care Organizations (MCOs) have all expressed a willingness to engage in these conversations.

Program Fees for Services

Because Rising Strong is a relatively new program, the funding model is still under development. The challenge is combining funding sources across various federal, state and county programs.

Fee Type	Estimate	Source	Type
Behavioral Health Treatment Services	\$12,801.92 per adult/year	Health Care Authority MCO	Healthcare
Mental Health Treatment Services	\$3,559.00 per adult/year	Health Care Authority MCO	Healthcare
Foundational Community Supports (FCS) - Employment	\$3,240.00 per adult/6 months	Health Care Authority MCO	Healthcare
Foundational Community Supports (FCS) - Housing	\$3,360.00 per adult/6 months	Health Care Authority MCO	Healthcare
WISe Program Services	\$3,427.20 per child/month	Health Care Authority MCO	Healthcare

Foster Care Maintenance Payments	\$672.00 per child/month	DCYF	Child Welfare
Pregnant and Parenting Women (PPW) Residential	varies	Health Care Authority MCO	Healthcare
Behavioral Health Operations Program	Varies	Commerce Department	Infrastructure & Community Development

For the purposes of our estimates, we've assumed that all adults are eligible for behavioral health, mental health, and FCS services. We've assumed all children are eligible for WISE programming and Foster Care Maintenance Payments. Our operating revenue is based on 75% capacity during the first year, growing to 100% in year two and going forward. Similarly, program revenue grows from \$2.14 million in year one to \$2.39 million in year two. The full capacity is twenty-four families (twenty-four adults and thirty-six children).

Grants

Rising Strong in Spokane benefited from significant grant investments for its start-up costs, primarily from the Children's Bureau Regional Partnership Grant and Empire Health Foundation. Similar sources may be necessary to launch other Rising Strong programs. Grants may be available at the federal, state, and county levels. Commerce invests regularly in behavioral health facilities. King County has funding allocated to Housing First solutions for which this program may qualify. **Appendix G** details public and private grant funding opportunities.

The financial projection assumes 100% of capital and start-up costs will be covered by grant sources.

Gaps in Funding

The structural design of the program limits some of its funding sources. These gaps include:

- Services provided outside of a Residential Treatment Facility license limit reimbursement rates, as previously explained.
- Housing Vouchers cannot be applied to this program because families need to keep their status as unhoused or at the risk of homelessness in order to qualify for permanent supportive housing upon exit. Programs typically used to assist this population, such as Housing and Essential Needs (HENS), Housing and Recovery through Peer Services (HARPS) and Consolidated Homeless Grants (CHG), cannot be applied.

Financial Projection Findings

The following financial projection shows a scenario where the program will require \$200,000 of operational grant funding to break even in the first year. This grant funding will not be needed after year one as the program ramps to 100% capacity.

New Construction Alternative	Year 0	Year 1	Year 2	Year 3
INCOME				
Program Service Fees				
Behavioral Health Treatment Services	0	230,435	316,463	325,957
Mental Health Treatment Services	0	64,062	87,978	90,618
Foster Care Maintenance Payments	0	217,728	299,013	307,984
WISe	0	1,110,413	1,524,967	1,570,716
FCS - Supported Employment	0	58,320	80,093	82,496
FCS - Supportive Housing	0	60,480	83,059	85,551
Grants				
Public (Federal, State, County)	13,500,000	200,000	0	0
Private (Foundation, Corporate, Nonprofit)	250,000	200,000	0	0
TOTAL INCOME	\$ 13,750,000	\$ 2,141,437	\$ 2,391,574	\$ 2,463,321
EXPENSES				
Facilities & Occupancy				
Land Cost	750,000	0	0	0
Building Rehab Construction	9,679,319	0	0	0
Development, Architect, PM, Permits	1,886,110	0	0	0
Furnishings and Equipment	600,000	0	0	0
Lease	0	0	0	0
Insurance, Maintenance & Prop Taxes	100,000	103,000	106,090	109,273
Utilities	0	10,000	10,300	10,609
Staffing Costs				
Salaries	314,250	1,257,000	1,294,710	1,333,551
Benefits (35%)	109,988	439,950	453,149	466,743
Program Costs				
Client Workshops & Trainings	0	15,000	15,450	15,914
Medical Supplies (UAs)	0	10,000	10,300	10,609
Program Equipment, Furnishings & Maintenance	0	30,000	30,900	31,827
Program Supplies	0	10,000	10,300	10,609
Program Meetings & Events	0	10,000	10,300	10,609
Client Supports (ie. baby formula, food, clothing)	0	15,000	15,450	15,914
Transportation for Clients	0	40,000	41,200	42,436
Staff Training & Development	0	24,000	24,720	25,462
Technical Assistance - Implementation	240,000	60,000	0	0
Administrative Costs				
Computer Equipment & Software	15,000	24,000	24,000	24,000
Insurance	0	10,000	10,000	10,000
Licenses, Dues & Fees	0	4,000	4,000	4,000
Office Equipment & Furnishings	0	30,000	30,000	30,000
Office Supplies	0	10,000	10,000	10,000
Phone, Internet, Postage & Shipping	0	15,000	15,000	15,000
TOTAL EXPENSES	\$ 13,694,667	\$ 2,116,950	\$ 2,115,869	\$ 2,176,555
NET INCOME	\$ 55,334	\$ 24,487	\$ 275,705	\$ 286,767

Appendix I: Construction Cost Estimates from Deacon Construction

Rising Strong West - PDA Site Sample Development Proforma 12/31/2021

Land Costs:

Prepaid Land Lease	n/a
Lease Execution	n/a
	\$0

Construction Costs:

Basic Construction Contract	\$6,795,050
Construction Services - Other/Inspections/Reports	\$33,975
FF&E Furnishings & Play Equipment	\$339,753
Hazardous Materials Abatement	\$50,000
Sitework/Infrastructure	in Const.
Sales Tax	\$739,925
Contingency	\$360,939
	\$8,319,641

Development Costs:

Appraisal & Marketing Studies	\$7,500
Architect	\$679,505
Bidding Costs	\$500
Boundary/Topo/ALTA Survey	n/a
Developer Fee	\$400,000
Developer Reimbursables	\$2,500
Development Period Utilities	\$5,000
Engineering/Pre-Construction	\$100,000
Environmental Assessment & Reports	\$20,000
Geotech	n/a
Legal - Construction	\$5,000
Legal - Real Estate	\$5,000
Other Consultants	\$50,000
Permits/Fees/Utilities	\$339,753
Contingency	\$80,738
	\$1,695,495

Other Development Costs

Administrative General	\$500
Accounting and Audit	\$10,000
Loan Fees	\$50,000
Soft Cost - Indirect Other	\$5,000
	\$65,500

Total Development Cost **\$10,080,637**



Conceptual Estimate

Documents & Dates: n/a

Building:	12,267 sf	
Schedule:	9 mo.	

Building Shell	\$6,795,050	\$553.93 /sf
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Key Clarifications:

- 1) Above prices do not include Washington St. Sales Tax
- 2) Construction Costs only included. Soft costs including design, permits, etc. not included.

Detailed Breakdown - Building 10 Renovation

12,267 sf

1 Site Utilities	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Street Cut/Patch	300	SF	40.00	12,000
Sidewalk Cut/Patch	400	SF	25.00	10,000
Patch Landscaping (Lawn)	800	SF	5.00	4,000
Fire Line to Bldg.	120	LF	125.00	15,000
DDC Vault	1	EA	30,000.00	30,000
<i>Subtotal:</i>				\$71,000
2 Demolition	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Interior Demolition	12,267	SF	8.00	98,136
Hazardous Material Abatement	1	LS	75,000.00	75,000
Demo Floors for Elevator Shaft	2	EA	3,200.00	6,400
Demo/Shore/Excavate for Elevator Pit	1	LS	15,000.00	15,000
Demo portion of Basement Slab	1,500	SF	12.00	18,000
<i>Subtotal:</i>				\$212,536
3 Site Concrete	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Exterior Repairs for ADA Ramp/Steps	1	LS	10,000.00	10,000
<i>Subtotal:</i>				\$10,000
4 Landscaping & Irrigation	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Landscape Repairs Post Construction	1	LS	10,000.00	10,000
<i>Subtotal:</i>				\$10,000
5 Site Amenities	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Play Area	1	EA	50,000.00	50,000
Other Misc. Amenities	1	LS	5,000.00	5,000
<i>Subtotal:</i>				\$55,000

6 Building Concrete	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Elevator Pit Concrete	1	LS	13,688.89	13,689
Walls @ Elevator Shaft	720	SF	67.89	48,884
Pour Back Slabs	1,500	SF	15.00	22,500
<i>Subtotal:</i>				\$85,073
7 Masonry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Masonry Restoration	10,640	SF	20.00	212,800
<i>Subtotal:</i>				\$212,800
8 Structural Steel & Misc. Metals	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Support Floors @ Elevator Openings	2	EA	1,500.00	3,000
Seismic Upgrades	12,267	SF	20.00	245,340
Elevator Steel	1	LS	20,000.00	20,000
<i>Subtotal:</i>				\$268,340
9 Rough Carpentry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Misc. Backing/Blooming	12,267	SF	0.50	6,134
<i>Subtotal:</i>				\$6,134
10 Finish Carpentry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Kitchen Base Cabinetry/Tops	32	LF	396.25	12,680
Kitchen Wall Cabinetry	48	LF	200.00	9,600
Restroom Counters/Supports	60	LF	300.00	18,000
Lav Cabinets/Tops - Units	72	LF	330.00	23,760
Office Cabinets	4	EA	1,500.00	6,000
Other Misc. Millwork	1	LS	25,000.00	25,000
<i>Subtotal:</i>				\$95,040
11 Roofing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Misc. Roof Patch/Repair	1	LS	10,000.00	10,000
<i>Subtotal:</i>				\$10,000

12 Water / Dampproofing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Waterproofing - Elevator Pit	1	LS	6,500.00	6,500
<i>Subtotal:</i>				\$6,500
13 Caulking	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
General Building Caulking	12,267	SF	0.15	1,840
<i>Subtotal:</i>				\$1,840
14 Doors & Hardware	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Doors/Frames/Hardware	56	EA	3,500.00	196,000
<i>Subtotal:</i>				\$196,000
15 Glass & Glazing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Window Renovation	57	EA	3,750.00	213,750
<i>Subtotal:</i>				\$213,750
16 Metal Studs & Sheetrock	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Partition Walls	1,124	LF	130.00	146,120
Perimeter Walls incl. Repairs	950	LF	29.00	27,550
Drywall Ceilings	12,267	SF	8.00	98,136
Temporary Heat	12,267	SF	1.50	18,401
<i>Subtotal:</i>				\$290,207
17 Acoustical	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Suspended Ceilings - Basement	1,804	SF	6.00	10,824
Suspended Ceilings - Corridors	1,762	SF	6.00	10,572
<i>Subtotal:</i>				\$21,396

18 Insulation	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Exterior Walls	9,500	SF	1.25	11,875
Roof Insulation	4,580	SF	2.00	9,160
Sound Insulation	11,240	SF	1.00	11,240
Crawl Space Insulation	1,295	SF	2.00	2,590
Firestopping/Firesafing	12,267	SF	1.00	12,267
			Subtotal:	\$47,132
19 Floor Coverings	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
LVT	6,310	SF	5.00	31,550
Carpet Tile - Corridors	1,414	SF	5.00	7,070
Ceramic Tile - Floors	1,581	SF	15.00	23,715
Ceramic Tile - Walls	2,940	SF	20.00	58,800
Shower Tile	8	EA	5,000.00	40,000
Concrete Floor Sealer	403	SF	0.50	202
Stair Treads	514	SF	10.00	5,143
Rubber Base	3,198	LF	2.75	8,795
Elevator Tile	48	SF	15.00	720
Floor Prep.	12,267	SF	0.50	6,134
			Subtotal:	\$182,127
20 Paint & Wall Coverings	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Interior Walls & Ceilings Paint	44,247	SF	1.75	77,432
Exterior Masonry / Concrete Sealer	9,500	SF	2.00	in restoration
Doors & Frames	56	EA	200.00	11,200
Misc Exterior Painting	1	LS	5,000.00	5,000
			Subtotal:	\$93,632
21 Toilet Accessories	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Accessory Sets	13	EA	1,000.00	13,000
			Subtotal:	\$13,000

22 Toilet Partitions	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Stalls	12	EA	1,000.00	12,000
<i>Subtotal:</i>				\$12,000
23 Other Specialties	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Fire Extinguishers	6	EA	250.00	1,500
Lockers	36	EA	200.00	7,200
Knox Boxes	1	EA	400.00	400
Window Blinds	57	EA	150.00	8,550
<i>Subtotal:</i>				\$17,650
24 Residential Appliances	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Refrigerators	4	EA	3,500.00	14,000
Freezers	4	EA	3,500.00	14,000
Ranges	4	EA	1,500.00	6,000
Range Hoods	4	EA	250.00	1,000
Microwaves	4	EA	300.00	1,200
Dishwashers	4	EA	750.00	3,000
Office Appliances	1	LS	2,050.00	2,050
Install	25	EA	150.00	3,750
<i>Subtotal:</i>				\$45,000
25 Elevators & Escalators	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Hydraulic Elevators	3	STOP	40,000.00	120,000
<i>Subtotal:</i>				\$120,000

26 Building Plumbing

	Quantity	Unit	Unit Price	Total Cost
Plumbing incl. Waste/Water/Vent				
Shower Plumbing	8	EA	5,000.00	40,000
Tubs	2	EA	6,500.00	13,000
Toilets	13	EA	3,500.00	45,500
Sinks - Restrooms	17	EA	3,000.00	51,000
Floor Drains	9	EA	1,500.00	13,500
Room Sinks	18	EA	3,000.00	54,000
Other				
Water Risers/Heaters/Pumps/Other Plumbing	12,267	SF	15.00	184,005

Subtotal: \$401,005

27 HVAC

	Quantity	Unit	Unit Price	Total Cost
VRF System	48	tons	10,000.00	480,000
DOAS	12,267	SF	30.00	368,010
Kitchen Exhaust	8	EA	750.00	6,000
Restroom Exhaust	9	EA	750.00	6,750
Machine Room Cooling	1	LS	7,500.00	7,500
Other	12,267	SF	5.00	61,335

Subtotal: \$929,595

28 Fire Protection

	Quantity	Unit	Unit Price	Total Cost
Sprinkler Riser & 5' Out	1	LS	7,500.00	7,500
Shell Sprinkler System	12,267	SF	5.00	61,335
Drop Head @ Ceilings	3,566	SF	2.00	7,132

Subtotal: \$75,967

29 Electrical	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
All Electrical/Low Voltage	12,267	SF	50.00	613,350
Primary to Bldg.:				
Excavation/Backfill	130	LF	25.00	3,250
Tree Root Protection	1	LS	2,500.00	2,500
Primary Conduits	160	LF	40.00	6,400
Cut/Demo/Patch Sidewalk	400	SF	25.00	10,000
Patch Landscaping (Lawn)	800	SF	5.00	4,000
Power Vault	1	EA	3,500.00	3,500
Install Vault	1	LS	5,000.00	5,000
<i>Subtotal:</i>				\$648,000
30 Allowances / Other	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Permits & Fees		LS		by owner
Testing & Inspections		LS		by owner
<i>Subtotal:</i>				
31 General Conditions	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Job Expense				972,485
<i>Subtotal:</i>				\$972,485
32 Insurance & Bonds	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Insurance	1.30	%		69,202
Builder's Risk Gap Insurance	0.13	%		7,010
B & O Tax (State)	0.471	%		25,431
B & O Tax (Local)	0.222	%		12,043
Material Escalation				Excluded
Performance/Payment Bonds				85,291
<i>Subtotal:</i>				\$198,977
33 Overhead & Profit	7.00	%		386,553
34 Contingency	15.00	%		886,311
Total Construction Costs :				\$6,795,050

**Rising Strong West - Skyway Site
Sample Development Proforma
12/31/2021**

Land Costs:

Cost of Land (varies by location)	\$750,000
	\$750,000

Construction Costs:

Basic Construction Contract	\$6,796,982
Construction Services - Other/Inspections/Reports	\$33,985
FF&E Furnishings & Play Equipment	\$339,849
Hazardous Materials Abatement	\$50,000
Sitework/Infrastructure	\$1,188,670
Sales Tax	\$849,358
Contingency	\$420,474
	\$9,679,319

Development Costs:

Appraisal & Marketing Studies	\$7,500
Architect	\$798,565
Bidding Costs	\$500
Boundary/Topo/ALTA Survey	n/a
Developer Fee	\$400,000
Developer Reimbursables	\$2,500
Development Period Utilities	\$5,000
Engineering/Pre-Construction	\$100,000
Environmental Assessment & Reports	\$20,000
Geotech	n/a
Legal - Construction	\$5,000
Legal - Real Estate	\$5,000
Other Consultants	\$50,000
Permits/Fees/Utilities	\$339,849
Contingency	\$86,696
	\$1,820,610

Other Development Costs

Administrative General	\$500
Accounting and Audit	\$10,000
Loan Fees	\$50,000
Soft Cost - Indirect Other	\$5,000
	\$65,500

Total Development Cost	\$12,315,429
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Conceptual Estimate

Documents & Dates: n/a

<i>Building:</i>	12,600 sf	
<i>Schedule:</i>	12 mo.	

Building Shell	\$6,796,982	\$539.44 /sf
Sitework	\$1,188,670	\$94.34 /sf
Total Construction Cost	\$7,985,652	\$633.78 /sf

Key Clarifications:

- 1) Above prices do not include Washington St. Sales Tax
- 2) Construction Costs only included. Soft costs including design, permits, etc. not included.

Detailed Breakdown - Sitework

43,874 sf

1 Surveying/Public Protection/Traffic Control

	Quantity	Unit	Unit Price	Total Cost
Survey & Layout	1	LS	15,000.00	15,000
Traffic Control	1	LS	3,000.00	3,000

Subtotal: **\$18,000**

2 Excavation

	Quantity	Unit	Unit Price	Total Cost
Mobilization	1	LS	20,000.00	20,000
Clearing & Grubbing	43,874	SF	0.35	15,356
On Site Cut to Fill	4,875	CY	8.00	38,999
Misc. Import/Export	1,625	CY	25.00	40,624
Prep & 4" Gravel Site Sidewalks	3,038	SF	1.50	4,557
Import Fill at Wall Backfill		Ton	25.00	
Erosion Control & Temporary Detention	1	LS	6,000.00	6,000
Storm Water Detention/Treatment	1	LS	25,000.00	25,000
Fine Grade Asphalt Paving	11,003	SF	0.35	3,851
Fine Grade Landscaping	17,233	SF	0.50	8,617
Fine Grade Building Pads	12,600	SF	0.35	4,410
Excavate for Vertical Curbing	647	LF	5.00	3,235
Haul Roads/Laydown Area		Ton	15.00	
Street Sweeping	10	Trip	500.00	5,000

Subtotal: **\$175,649**

3 Site Utilities

	Quantity	Unit	Unit Price	Total Cost
Storm Drain				
Piping	260	LF	50.00	13,000
CBs	4	EA	2,500.00	10,000
Detention Allowance	1	LS	50,000.00	50,000
Tie In at Road	1	LS	10,000.00	10,000
Other	1	LS	10,000.00	10,000
Sanitary Sewer				
Piping	150	LF	65.00	9,750
Manhole	1	EA	5,000.00	5,000
Tie In at Road	1	EA	10,000.00	10,000

Water				
Fire/Domestic Excavation/Cut/Patch	1	LS	25,000.00	25,000
Fire/Domestic Tie in				by SPU
Fire Line	150	LF	125.00	18,750
Domestic Line	150	LF	65.00	9,750
DDC Vault	1	EA	30,000.00	30,000
Power/Low Voltage				
Trenching	150	LF	25.00	3,750
Power/Cable/Phone Conduits	1,200	LF	10.00	12,000
Power Vault	1	EA	3,500.00	3,500
Install Vault	1	LS	5,000.00	5,000
Misc. Cut/Patch	1	LS	5,000.00	5,000
Pole Lights	3	EA	4,000.00	12,000
			<i>Subtotal:</i>	\$242,500
4 Demolition				
	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Building Demolition	2,000	SF	8.00	16,000
Hazardous Material Abatement	1	LS	5,000.00	5,000
			<i>Subtotal:</i>	\$21,000
5 Retaining Walls				
	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Segmental Walls	800	SF	35.00	28,000
Layout	200	LF	3.00	600
Import for Backfill	213	Tons	30.00	6,400
			<i>Subtotal:</i>	\$35,000
6 Asphalt Paving				
	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Paving (3" AC over 6" Rock)	12,600	SF	5.55	69,930
			<i>Subtotal:</i>	\$69,930
7 Pavement Markings & Signs				
	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Striping/Signs	1	LS	3,000.00	3,000
			<i>Subtotal:</i>	\$3,000

8 Site Concrete	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Cast In Place Curbs	647	LF	30.00	19,410
Site Sidewalks	3,038	SF	10.00	30,380
Concrete Stairs	80	LFR	70.00	5,600
Trash Enclosure Pads	400	SF	12.00	4,800
Trash Enclosure Footings	3	CY	600.00	1,956
<i>Subtotal:</i>				\$62,146
9 Landscaping & Irrigation	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
All Landscaping & Irrigation	17,233	SF	8.00	137,864
<i>Subtotal:</i>				\$137,864
10 Site Amenities	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Street Benches	2	EA	1,200.00	2,400
Bike Racks	2	EA	800.00	1,600
Trash Receptacles	1	EA	800.00	800
<i>Subtotal:</i>				\$4,800
11 Masonry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
8" Split Face Gray Block - Trash Corral	267	SF	35.00	9,333
Rebar Supply	267	SF	2.00	533
<i>Subtotal:</i>				\$9,867
12 Structural Steel & Misc. Metals	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Trash Gates	1	LS	3,500.00	3,500
<i>Subtotal:</i>				\$3,500

13 Allowances / Other	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Permits & Fees		LS		by owner
Testing & Inspections		LS		by owner
<i>Subtotal:</i>				
14 General Conditions	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Job Expense				190,289
<i>Subtotal:</i> \$190,289				
15 Insurance & Bonds	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Insurance	1.30	%		12,656
Builder's Risk Gap Insurance	0.13	%		1,282
B & O Tax (State)	0.471	%		4,651
B & O Tax (Local)	0.222	%		2,203
Management Software		%		0
Material Escalation				Excluded
Performance/Payment Bonds				15,580
<i>Subtotal:</i> \$36,372				
16 Overhead & Profit	7.00	%		70,694
17 Contingency	10.00	%		108,061
Total Construction Costs :				\$1,188,670

Detailed Breakdown - New Building

12,600 sf

1 Surveying/Public Protection/Traffic Control	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Survey & Layout - Bldg.	12,600	SF	0.15	1,890
<i>Subtotal:</i>				\$1,890
2 Excavation	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Gravel at S.O.G.	280	Ton	40.00	11,189
Footing Excavation & Backfill	12,600	SF	2.00	25,200
<i>Subtotal:</i>				\$36,389
3 Site Amenities	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Play Area	1	EA	50,000.00	50,000
Other Misc. Amenities	1	LS	5,000.00	5,000
<i>Subtotal:</i>				\$55,000
4 Building Concrete	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Foundations/Slabs - Std.	12,600	SF	20.00	252,000
Retaining Walls	261	LF	200.00	52,200
<i>Subtotal:</i>				\$304,200
5 Structural Steel & Misc. Metals	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Misc. Steel	12,600	SF	1.50	18,900
<i>Subtotal:</i>				\$18,900
6 Rough Carpentry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Framing	12,600	SF	40.00	504,000
<i>Subtotal:</i>				\$504,000

7 Finish Carpentry	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Kitchen Base Cabinetry/Tops	48	LF	396.25	19,020
Kitchen Wall Cabinetry	72	LF	200.00	14,400
Restroom Counters/Supports	84	LF	300.00	25,200
Lav Cabinets/Tops - Units	96	LF	330.00	31,680
Office Cabinets	6	EA	1,500.00	9,000
Other Misc. Millwork	1	LS	25,000.00	25,000
<i>Subtotal:</i>				\$124,300
8 Roofing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Composite Shingle Roofing	15,860	SF	6.50	103,088
<i>Subtotal:</i>				\$103,088
9 Sheetmetal	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Gutters	560	LF	25.00	14,000
Downspouts	20	EA	320.00	6,400
Wall Flashing	538	SF	15.00	8,070
<i>Subtotal:</i>				\$28,470
10 Skylights	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Skylights	6	EA	2,500.00	15,000
<i>Subtotal:</i>				\$15,000
11 Caulking	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
General Building Caulking	12,600	SF	0.15	1,890
<i>Subtotal:</i>				\$1,890
12 Doors & Hardware	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Doors/Frames/Hardware	60	EA	3,500.00	210,000
<i>Subtotal:</i>				\$210,000

13 Glass & Glazing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Vinyl Windows	43	EA	1,440.00	61,920
Storefront at Entry	300	SF	100.00	30,000
<i>Subtotal:</i>				\$91,920
14 Metal Studs & Sheetrock	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Partition Wall - GWB	1,576	LF	65.00	102,440
Perimeter Walls - GWB	538	LF	25.00	13,450
Drywall Ceilings - GWB	12,600	SF	4.00	50,400
Temporary Heat	12,600	SF	1.50	18,900
<i>Subtotal:</i>				\$185,190
15 Acoustical	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Suspended Ceilings - Office/Community	1,898	SF	6.00	11,388
Suspended Ceilings - Corridors	2,479	SF	6.00	14,874
<i>Subtotal:</i>				\$26,262
16 Insulation	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Exterior Walls	5,380	SF	1.25	6,725
Roof Insulation	12,600	SF	2.00	25,200
Sound Insulation	15,760	SF	1.00	15,760
Firestopping/Firesafing	12,600	SF	1.00	12,600
<i>Subtotal:</i>				\$60,285
17 Siding	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Cement Board Siding incl. WRB	3,790	SF	28.00	106,120
Soffits	1,345	SF	25.00	33,625
<i>Subtotal:</i>				\$139,745

18 Floor Coverings	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
LVT	6,467	SF	5.00	32,335
Carpet Tile - Corridors	2,479	SF	5.00	12,395
Carpet Tile - Office/Community	1,898	SF	5.00	9,490
Ceramic Tile - Floors	1,188	SF	15.00	17,820
Ceramic Tile - Walls	2,568	SF	20.00	51,360
Shower Tile	12	EA	5,000.00	60,000
Concrete Floor Sealer	568	SF	0.50	284
Rubber Base	3,690	LF	2.75	10,148
Floor Prep.	12,600	SF	0.50	6,300
<i>Subtotal:</i>				\$200,132
19 Paint & Wall Coverings	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Interior Walls & Ceilings Paint	49,500	SF	1.75	86,625
Siding/Soffit Paint	5,135	SF	2.00	10,270
Doors & Frames	60	EA	200.00	12,000
Misc Exterior Painting	1	LS	5,000.00	5,000
<i>Subtotal:</i>				\$113,895
20 Toilet Accessories	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Accessory Sets	15	EA	1,000.00	15,000
<i>Subtotal:</i>				\$15,000
21 Toilet Partitions	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Stalls	15	EA	1,000.00	15,000
Urinal Screens	3	EA	350.00	1,050
<i>Subtotal:</i>				\$16,050

22 Other Specialties	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Fire Extinguishers	6	EA	250.00	1,500
Lockers	48	EA	200.00	9,600
Knox Boxes	1	EA	400.00	400
Window Blinds	43	EA	150.00	6,450
<i>Subtotal:</i>				\$17,950
23 Residential Appliances	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Refrigerators	6	EA	3,500.00	21,000
Freezers	6	EA	3,500.00	21,000
Ranges	6	EA	1,500.00	9,000
Range Hoods	6	EA	250.00	1,500
Microwaves	6	EA	300.00	1,800
Dishwashers	6	EA	750.00	4,500
Office Appliances	1	LS	2,050.00	2,050
Install	37	EA	150.00	5,550
<i>Subtotal:</i>				\$66,400
24 Building Plumbing	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Plumbing incl. Waste/Water/Vent				
Shower Plumbing	12	EA	5,000.00	60,000
Tubs	3	EA	6,500.00	19,500
Toilets	18	EA	3,500.00	63,000
Sinks - Restrooms	15	EA	3,000.00	45,000
Floor Drains	9	EA	1,500.00	13,500
Room Sinks	24	EA	3,000.00	72,000
Other				
Water Risers/Heaters/Pumps/Other Plumbing	12,600	SF	15.00	189,000
<i>Subtotal:</i>				\$462,000

25 HVAC	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
VRF System	48	tons	10,000.00	480,000
DOAS	12,600	SF	30.00	378,000
Kitchen Exhaust	8	EA	750.00	6,000
Restroom Exhaust	9	EA	750.00	6,750
Other	12,600	SF	5.00	63,000
<i>Subtotal:</i>				\$933,750
26 Fire Protection	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Sprinkler Riser & 5' Out	1	LS	7,500.00	7,500
Shell Sprinkler System	12,600	SF	5.00	63,000
Drop Head @ Ceilings	4,377	SF	2.00	8,754
Attic Sprinklers	12,600	SF	3.00	37,800
<i>Subtotal:</i>				\$117,054
27 Electrical	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
All Electrical/Low Voltage	12,600	SF	50.00	630,000
Primary to Bldg.:				in site
<i>Subtotal:</i>				\$630,000
28 Allowances / Other	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Permits & Fees		LS		by owner
Testing & Inspections		LS		by owner
<i>Subtotal:</i>				

29 General Conditions	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Job Expense				1,088,099
<i>Subtotal:</i>				\$1,088,099
30 Insurance & Bonds	<i>Quantity</i>	<i>Unit</i>	<i>Unit Price</i>	<i>Total Cost</i>
Insurance	1.30	%		72,369
Builder's Risk Gap Insurance	0.13	%		7,331
B & O Tax (State)	0.471	%		26,595
B & O Tax (Local)	0.222	%		12,594
Management Software		%		0
Material Escalation				Excluded
Performance/Payment Bonds				89,088
<i>Subtotal:</i>				\$207,978
31 Overhead & Profit	7.00	%		404,239
32 Contingency	10.00	%		617,907
Total Construction Costs :				\$6,796,982