Prompt 1	How can BHCIP: Round 4 support the infrastructure needs specific to different populations of children and youth?
Participant Responses	 Provide funding for infrastructure needs such as predevelopment, technology, planning, feasibility studies, and training costs Broaden funding eligibility to include therapeutic foster care, mobile vans, transitional housing, recreational interventions, nontraditional providers and services, CBOs Prioritize youth-serving agencies to ensure family involvement, use of evidence-based practices, and youth-friendly places Include wellness/prevention centers Ensure that youth voices are part of infrastructure design Other responses: Address social determinants of health Develop a social media campaign to promote services to youth Make sure non-traditional providers are made aware of grant opportunity Focus on prevention

Prompt 2	How does DHCS ensure that it selects applicants that will primarily serve children and youth ages 25 and younger?
Participant Responses	 Prioritize agencies that serve children and youth Consider agency expertise and experience working with children and youth Conduct site visits; require reporting and documentation of service delivery quality Request letters of support to demonstrate involvement in and support from community and partners Other responses: Require youth involvement Workforce development issues - agencies need staff to provide services for any facility/program Ensure applicants describe plan for serving youth aged 25 and younger and how they will demonstrate it

Prompt 3	Are there other facilities that primarily provide BH services for children and youth not listed here for BHCIP Round 4 funding?
Participant Responses	Facilities requested to be included (# of responses): 14 – Transitional/supportive/recovery housing (9 specific for TAY) 11 – Youth drop-in centers/clubhouse (2 mentioned Alcove) 9 - Mobile crisis/MH urgent care 8 - Schools 4 – Respite; Family Resource Center; Children's hospitals; FQHC 6 – Eating disorders; 3 – Autism/ID/DD Sobering Centers, facilities that do home-based care, equine therapy, IOPs, MAT, Digital Health, TAY MH Rehabilitation Center, Therapeutic Foster Care, Psychiatric Residential Treatment Facility, perinatal facility Other responses: • Use CBO as an umbrella term for facilities that do a variety of services listed above • Programs that include families and provide wraparound services

Prompt 4	How can DHCS encourage regional approaches or collaborative partnerships to expand behavioral health facilities for children and youth?
Participant Responses	 Most Common Themes: Provide funding/incentives to support partnerships, extra points for partnerships, require partnership to show geographic footprint Relax/align billing requirements; allow Medi-Cal billing across county lines Create a platform for providers to find each other such as a summit, learning collaboratives, regional meetings/projects Include youth and family voices, advocacy groups Other responses: Support public/private partnerships Social media to combat stigma Surveys of regional needs Co-located facilities that include public and nonprofit organizations with wraparound services for children, youth, and their families Create partnerships with schools and centers Allow for staged approach to building partnerships; allow providers to add partners as the facility develops; allow for satellite sites Need for continued funding for services

Prompt 5	What are the barriers to using this funding opportunity to expand behavioral health services for children and youth?
Participant Responses	 Licensing requirements and regulations, paperwork, red tape Recruiting and paying staff living wages Ensuring sustainable funding for programs Costs of construction often exceed funding Billing rules (prohibition on same day billing) 30-year service use commitment Other responses: Joint certification for MH and SUD would be helpful Match requirements are too high Organizational capacity to manage large construction project Funding for non-traditional services not covered by Medi-Cal

Prompt 6	DHCS is considering using the same Launch Ready requirements for Round 4. What is your feedback on the proposed match for Round 4: Children and Youth?
Participant Responses	Most Common Responses (# of respondents): 23 – Allow for flexibility in match amounts and what counts as a match (long term maintenance costs); increase match for for-profits and decrease for non-profits (5%) and tribes; adjust match to size of operating budget 10 – Match is difficult for smaller non-profit organizations and tribes; accept in-kind and services as match 8 – Match is reasonable Comments/Suggestions: • Resources tend to go to those that already have resources – "the under resourced usually remain under resourced" • For-profit entities working with government subsidies should be considered separately from other for-profit agencies • Have clear guidelines established for how assessed property value over time will (or will not) affect committed match.

Prompt 7	What is your feedback on the proposed funding methods for Round 4: Children and Youth?
Participant Response Themes	 Special consideration of youth population within geographic regions; certain regions have higher concentrations of youth; are the geographic regions prorated by youth population? Geographic funding should take into consideration location of programs and ability to reach underserved populations Extra points for applicants who can demonstrate successful services to underserved populations to achieve equity Access is very different by region. Access should be a factor in funding decisions Ensure that applicants are providing services for youth within region and consider applicants experience in providing services for underserved populations

Prompt 8	What are the TA needs for applicants in administering Round 4: Children and Youth funds?
Participant Responses	 Support for licensing and certification requirements Introduction to affordable developers and securing partnerships Real estate acquisition, construction, renovation Complying with prevailing wage contracts Regional specific TA who understands complexities counties must manage to achieve milestones and obtain licenses/certifications Cultural specialists Support for Not In My Backyard issues Community outreach and engagement