Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4: Children and Youth Informational Webinar

Hosted by:
Marlies Perez, Chief, Community Services Division
Department of Health Care Services

Patrick Gauthier, Director, AHP Healthcare Solutions
Advocates for Human Potential, Inc. (AHP)

♥ DHCS

June 2022

Today's Agenda

- » Meet the Team
- » Statewide Needs Assessment and Initiatives
- » BHCIP Guiding Principles and Priorities
- » Project Requirements
- » Match, Set-asides, and Funding Regions
- » Application Process
- » Ongoing Technical Assistance
- » Q & A

Meet the Team

Marlies Perez, Chief, Community Services Division, Department of Health Care Services

Patrick Gauthier, Director, AHP Healthcare Solutions

Advocates for Human Potential, Inc.

» Consulting and research firm with over 35 years of experience improving health and human services systems

» The administrative entity for BHCIP

» Provides technical assistance with our real estate and community development financial institution partner, Capital Impact Partners

» Provides system, program development, workforce and resource development and dissemination

» Provides pre-application consultations and technical assistance (TA) to all BHCIP applicants beginning this month, as well as training and TA throughout the life of the projects.

Melodie Pazolt,
BHCIP Project Director

- 35+ years in community rehabilitation for people with behavioral health issues and developmental disabilities
- 25+ years administering numerous federal, state and county grants to consumers for Washington State
- Former Recovery Support Services Section Manager for the Division of Behavioral Health and Recovery
- Specializes in recovery support services, homeless outreach, supportive housing, supported employment, recovery residences, medical respite and peer respite initiatives, and forensic mental health systems administration and management

Mark Faucette,
BHCIP Deputy Director

- 30 years experience in various social service efforts in three states along with Argentina, Mexico, El Salvador, Guatemala, and Japan
- Co-founder of the most significant reentry collaboration in the United States, the Los Angeles Regional Reentry Partnership
- Published several papers with the UCLA School of Nursing focusing on health interventions for homeless men and women and formerly incarcerated individuals
- Specializes in training and technical assistance (TTA) to projects with a focus on alternatives to incarceration, substance use, and community building

Deborah Jean Parsons, Lead, Round 4: Children & Youth

- 30+ years experience in program design, operation, and management for people with complex behavioral health, physical, and social conditions

- 25+ years in children's mental health services

- Implemented two multi-million-dollar grants to reduce hospital utilization for high-cost, high-need patients and integrate primary care, behavioral health, and social services for Medicaid recipients in Massachusetts

- Published dissertation on connection between public schools and community-based mental health services

Brian Jones, Senior Manager of Real Estate Acquisition & Development

- 20+ years of real estate leadership, strategy, and multifamily property development of $500M+

- MBA in Sustainable Real Estate Development

- Areas of expertise include multifamily project management & leadership in site design, civil design management, government agency coordination, sub-contractor supervision, construction administration, facility analysis, construction drawing coordination, land planning, permitting, property rezoning presentations, comprehensive plan amendments, alternative energy & water resource analysis, and design-build management.

Statewide Needs Assessment and Initiatives

Assessing the Continuum of Care for Behavioral Health Services in California

» To provide data and stakeholder perspectives as DHCS implements major behavioral health initiatives and expands the behavioral health infrastructure through BHCIP

» Released by DHCS on January 10, 2022

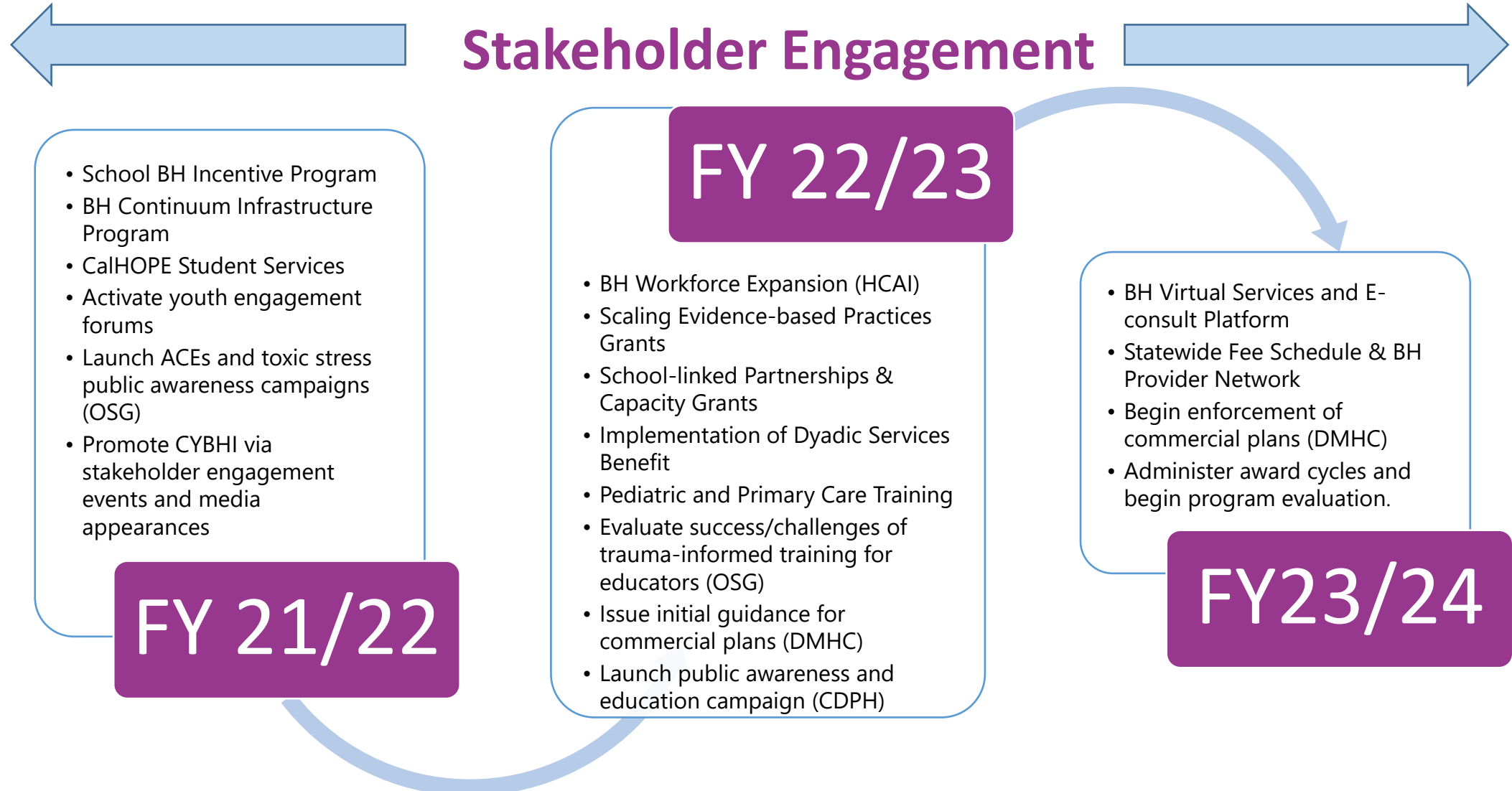» [Assessing the Continuum of Care for Behavioral Health Services in California](#)

The Behavioral Health and Well-being of California's Children and Youth

» Data from the needs assessment demonstrates that the mental health and well-being of California's children (age 25 and younger) is a ***rising concern***

» **One in 13 children has a serious emotional disturbance**, with higher rates for low-income children and those who are Black or Latino

» The **suicide rate among youth continues to rise** and has been worsened by the pandemic

» **Visits to emergency departments due to a mental health crisis have climbed 31%** for children between the ages of 12 and 17

Data from Needs Assessment

» 75% of stakeholders report an urgent need for psychiatric acute care and inpatient treatment beds for youth

» 32% of outpatient facilities do not treat children and youth

» 25% of counties report issues with finding providers who are willing to treat youth involved in the justice system

» 75% of counties lack residential beds specifically for youth

» 68% of counties lack providers with the training and experience to meet the needs of youth with SUDs

Children and Youth BH Initiative (CYBHI)

Stakeholder Engagement

FY 21/22

- School BH Incentive Program
- BH Continuum Infrastructure Program
- CalHOPE Student Services
- Activate youth engagement forums
- Launch ACEs and toxic stress public awareness campaigns (OSG)
- Promote CYBHI via stakeholder engagement events and media appearances

FY 22/23

- BH Workforce Expansion (HCAI)
- Scaling Evidence-based Practices Grants
- School-linked Partnerships & Capacity Grants
- Implementation of Dyadic Services Benefit
- Pediatric and Primary Care Training
- Evaluate success/challenges of trauma-informed training for educators (OSG)
- Issue initial guidance for commercial plans (DMHC)
- Launch public awareness and education campaign (CDPH)

FY23/24

- BH Virtual Services and E-consult Platform
- Statewide Fee Schedule & BH Provider Network
- Begin enforcement of commercial plans (DMHC)
- Administer award cycles and begin program evaluation.

BHCIP Guiding
Principles and Priorities

BHCIP Guiding Principles and Priorities

» Invest in behavioral health and community care options that advance racial equity

» Seek geographic equity of behavioral health and community care options

» Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and **children and youth**

» Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization

BHCIP Guiding Principles and Priorities

» Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement

» Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy

» Leverage county and Medi-Cal investments to support ongoing sustainability

» Leverage the historic state investments in housing and homelessness

BHCIP Overview

» Passed in FY 2021-22 State budget

» $2.1B total

» Amends Welfare and Institutions Code

» Provides competitive grants for counties, tribal entities, cities, nonprofit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities

» Funding will be **only** for new or expanding infrastructure (brick and mortar) projects and not behavioral health services

Project Requirements

Round 4: Children and Youth

» This round authorizes $480.5 million in funding opportunities through competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets that will **expand program capacity** for children and youth.

» The population for this round is children and youth ages 25 and younger and pregnant/postpartum women and their children. Applicants must demonstrate that facility expansion will only be for this population.

Populations for Round 4

Perinatal Pregnant/postpartum women and their children	**Children** Under age 18
Transition-age youth (TAY) Age 18 - 25	**Family-based clinical and support services**

For the purposes of this funding, according to the Perinatal Practice Guidelines, perinatal SUD services refers to pregnant women, women with dependent children, women attempting to regain custody of their children, postpartum women and their children, and women with substance-exposed infants.

Eligible Entities

Counties

Cities

Tribal entities
(including 638s and urban clinics)

Nonprofit organizations

For-profit organizations

Round 4 Eligible Facilities

- Adolescent Residential Treatment Facility for Substance Use Disorder (SUD)
- Children's Crisis Residential Program (CCRP)
- Community Mental Health Clinic (outpatient)
- Community Treatment Facility (CTF)
- Community Wellness/ Prevention Center

- Crisis Stabilization Unit (CSU)
- Outpatient Treatment for SUD
- Partial Hospitalization Program
- Perinatal Residential SUD Facility
- Psychiatric Acute Care Hospital
- Psychiatric Health Facility (PHF)
- School-Linked Health Center
- Short-Term Residential Therapeutic Program (STRTP)

Correctional facilities and schools are NOT eligible

Voices of Youth (RFA Section 3.1)

- Applicants are required to involve youth in the design of the project

- Examples of youth involvement
  - Youth Advisory Council
  - Youth focus group
  - Survey of youth
  - Youth invited to stakeholder meetings

County and Stakeholder Support: All Applicants (RFA Section 3.1)

For all applicants, organizational support and community engagement should be demonstrated by the following:

» Completion of application Form 7: Community and Youth Engagement Tracking and

» A letter of support by any of the following: county board of supervisors, county behavioral health director, county executive, city council, tribal council resolution, community stakeholders, and/or other community-based organizations as applicable.

Letters of Support (RFA Section 3.1)

» City, nonprofit, or for-profit applicants must include a letter of support from their county behavioral health agency or, if a tribal entity, the tribal board at the time of application.

» School-linked health centers must submit a letter of support from the school district or county office of education with a demonstrated history of providing behavioral health services for students

» If applicable, a letter of support from the applicant's CEO and/or board must be provided.
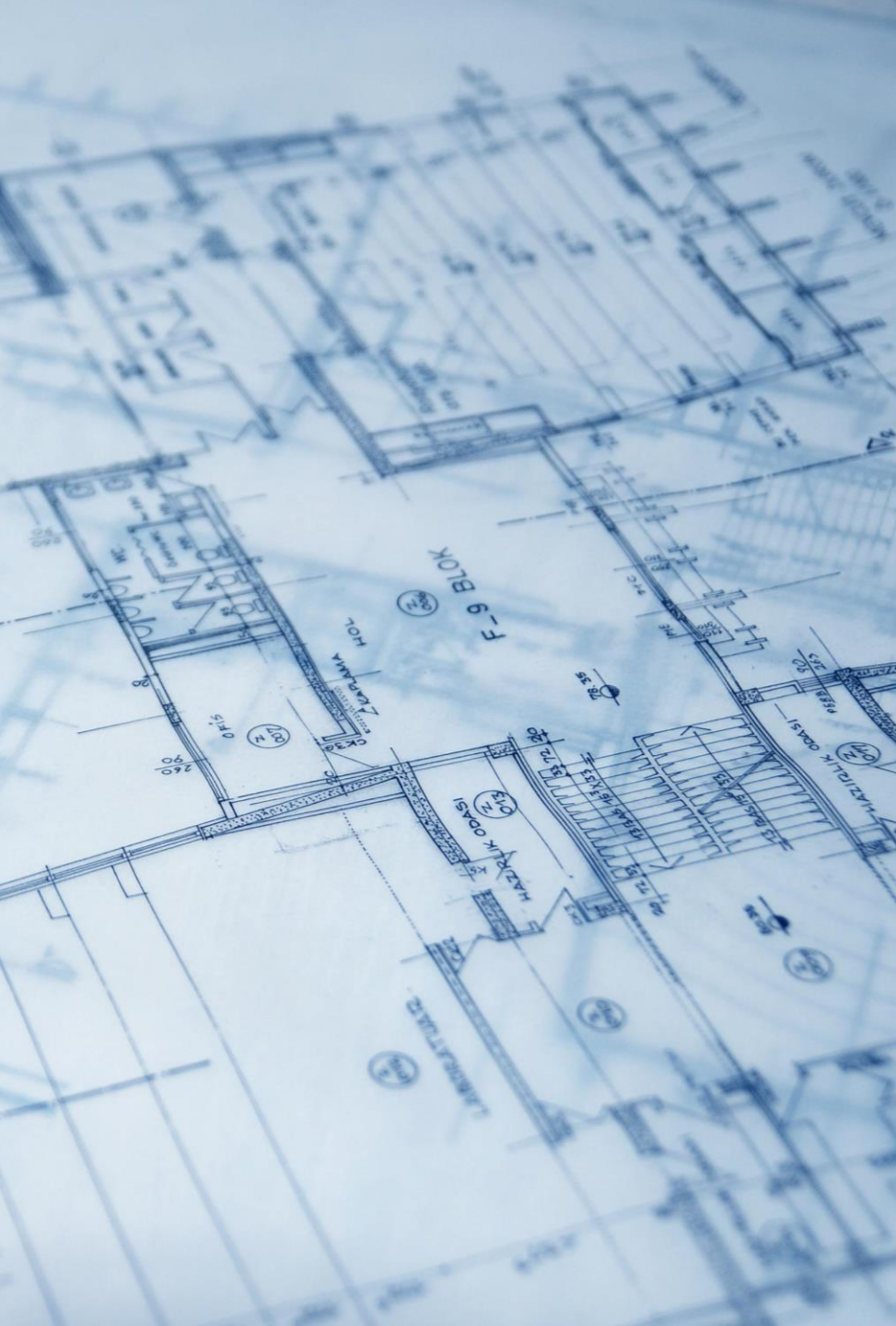
Project Phases
(RFA Section 3.2)

» Phase 1: Planning and pre-development

» Phase 2: Design development

» Phase 3: Shovel ready

» Final Phase: Construction

Applicants must be in one of the three phases; applicants in later phases will be scored higher.

All applicants must meet minimum threshold requirements for "project readiness."

"Project Readiness" *Minimum Requirements* (RFA Section 3.2)

» Sustainable business plan

» Conceptual site plan

» Stakeholder support

» County and Medi-Cal investments to support behavioral health program

» Identified match amount

» Initial budget – one for each phase and total budget

Partnerships

Applicants may submit applications with a variety of partners to encourage innovative comprehensive local and regional approaches.
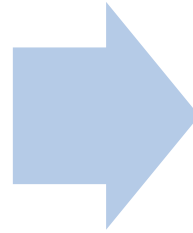
For applicants with partners, including co-applicants, all proposed partners must submit letters of commitment with the application.

For-Profit Organizations (RFA Section 3.1)

For-profit organizations with no prior experience **must** apply with a nonprofit organization, tribal entity, city, or county partner, with proof of the following:

» A Memorandum of Understanding (MOU) or other agreement with the non-profit organization, tribal entity, city, or county to confirm the organization's role in the project, including that they are working on behalf of the service provider.

» Related prior experience, reflected in the successful development, ownership, or operation of a relevant project for individuals who qualify as members of the target population.

Service Use Restriction (RFA Section 3.1)

Commitment to provision of services and building use restriction for entire 30-year period.

Project property APN will be encumbered with a deed restriction for 30-year behavioral health service term.

Match, Set-asides, and Funding Regions

Match (RFA Section 3.4)

Tribal entities	Counties, cities, and nonprofit providers	For-profit providers and/or private organizations	Partnership match will be determined by the types of applicants
5% match	10% match	25% match	Example: If a for-profit organization has a collaboration with a county the project qualifies for the county match amount, as long as supporting documentation is submitted.

Match

» Match in the form of cash and real property – such as land or existing structures – to the real costs of the project will be allowed

» The state must approve the match source

» Unallowable forms of match
  » Services, Behavioral Health Subaccount funding, and state general funds will *not* be allowed as a match

Match

Cash match may come from:

» American Rescue Plan Act (ARPA) funds granted to counties and cities

» Mental Health Services Act (MHSA) funds in the 3-year plan (considered "other local")

» Opioid settlement funds for SUD facilities

» Incentive payments from managed care plans

» Foundation/philanthropic support

» Local funding

» Cash on hand

» Other

Set-asides (RFA Section 2.2)

» 20% of funds available for BHCIP will be set aside for use in regions at the state's discretion to ensure funding is effectively aligned with need

» 5% of funds will be set aside for tribal entities

» Amounts available per region will be determined based on the Behavioral Health Subaccount

Funding Regions (RFA Section 2.2)

Counties by Geographic Distribution
Los Angeles County
Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Southern California: Imperial, Orange, Riverside, San Bernardino, San Diego, Ventura
San Joaquin Valley: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
Sacramento Area: El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba
Central Coast: Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz
Balance of State: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne
Tribal
Discretionary: The discretionary set-aside may also be used to fund high-scoring projects in regions that have met their funding reserve.

Application Process

Timeline

Review the RFA and attached document templates

→

June 1
Application Portal opens

→

June 2 – August 26
Request a Pre-Application Consultation (PAC)

→

August 10
Last day to request a PAC

→

August 31 at 5:00 pm PT
Deadline for applications
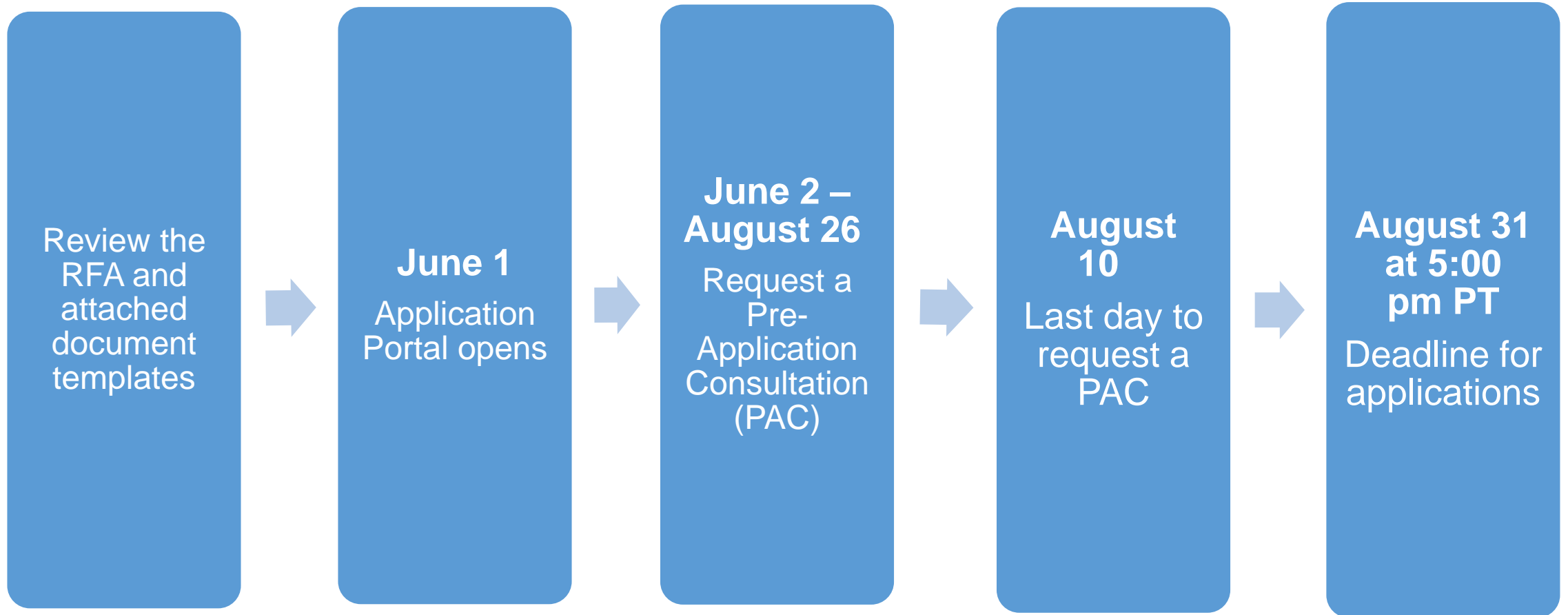
Pre-Application Consultation (RFA Section 2.3)
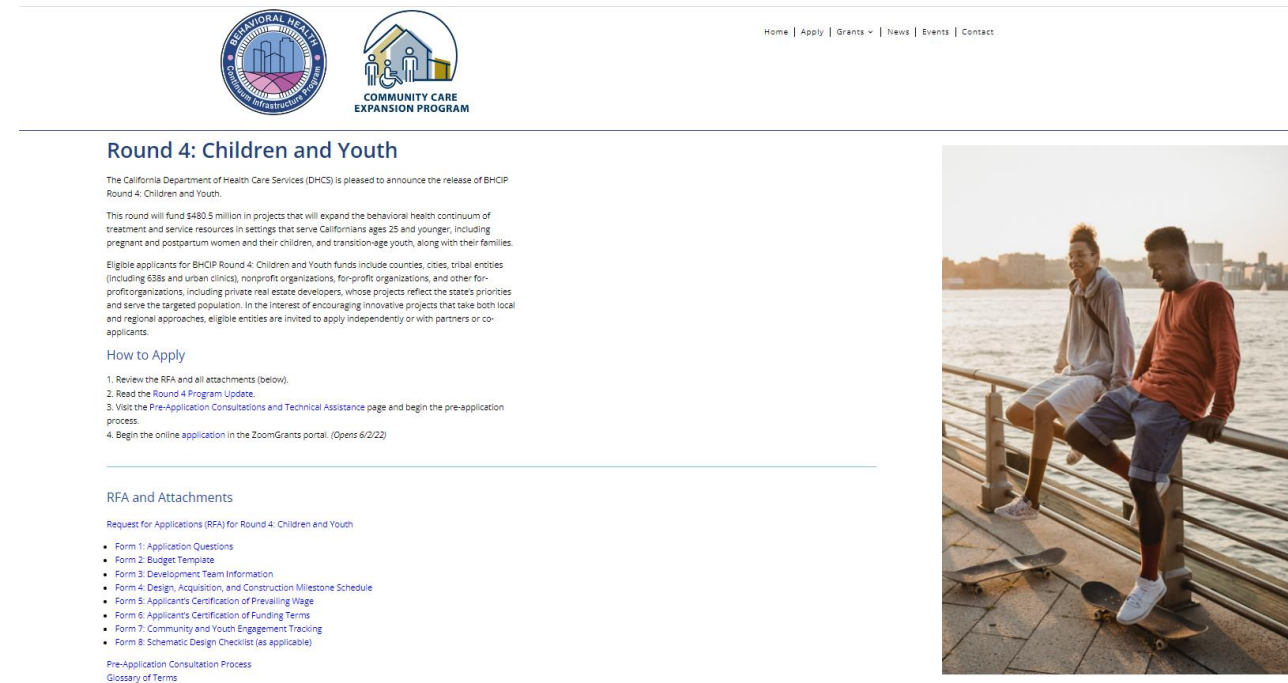
Applicants are required to complete the Pre-Application Consultation process to submit an application.

» Gather information and documents

» Complete the Pre-Application Consultation Survey

» AHP will schedule a meeting to begin providing technical assistance

» An AHP implementation specialist works with applicants to connect them with subject matter experts in real estate, financing, and programmatic best practices serving children, TAY, and pregnant/postpartum women and their children

» AHP will give applicants a code to submit the application

Request for Application (RFA)

» Form 1: Application Questions

» Form 2: Budget Template

» Form 3: Development Team Information

» Form 4: Design, Acquisition, and Construction Milestone Schedule

» Form 5: Applicant's Certification of Prevailing Wage

» Form 6: Applicant's Certification of Funding Terms

» Form 7: Community and Youth Engagement Tracking

» Form 8: Schematic Design Checklist

» Attachment A: Pre-Application Consultation Process

» Attachment B: Glossary of Terms

ZoomGrants Preview

Print Preview Prop

$ 0.00 Requested
$ 0 Match Amount

Additional Contacts
none entered

Application Questions *top*

Applicant and Site Information

1. What type of entity is the lead applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.
☐ City
☐ County
☐ Tribal Entity
☐ Nonprofit Corporation
☐ For-Profit Corporation

2. If applicable, what type of entity is the co-applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.
☐ County
☐ City
☐ Tribal Entity
☐ Nonprofit Corporation
☐ For-Profit Corporation
☐ Not applicable

Pre-Application Consultation

3. PAC Survey: Have you submitted a pre-application consultation survey for Round 4: Children and Youth? The survey is necessary to schedule the pre-application consultation, which is a required activity.
The pre-application survey is necessary to schedule the pre-application consultation. (Attachment A: Pre-Application Consultation Process).The deadline to submit a pre-application consultation survey and request a PAC is 8/10/22.

	PAC Code
	Last name of PAC Implementation Specialist
0.00	**TOTAL**

Project Summary

Project Summary

Address Line 1	.
Address Line 2	.
Street	.
City	.
State	.
ZIP	.
County	.
Parcel/APN #	.
Congressional District(s)	.

Medi-Cal Information

Target Population	Current percentage of Medi-Cal Beneficiaries served	Projected percentage of additional Medi-Cal beneficiaries to be served
Children (Birth – 18 years)	.	.
Transition-age youth (18 – 25 years)	.	.
Perinatal (Pregnant/postpartum women and their children)	.	.
Family Services	.	.

Documents

Documents Requested *	Required?	Attached Documents *
Form 2: Budget Template download template	✓	
Form 3: Development Team Information download template	✓	
Form 4: Design, Acquisition, and Construction Milestone Schedule download template	✓	
Form 5: Applicant's Certification of Prevailing Wage download template	✓	
Form 6: Applicant's Certification of Funding Terms download template	✓	
Form 7: Community and Youth Engagement Tracking download template	✓	
Site plans, design drawings, construction drawings or architectural drawings	✓	
Resumes of the development team that developed the design/construction plans	✓	
A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)	✓	
REQUIRED AS APPLICABLE: A certified appraisal and a bank loan document, if identifying a real property contribution for match		
REQUIRED AS APPLICABLE: A valid Rough Order of Magnitude (ROM) cost estimate, if no construction plan is yet in place		
REQUIRED AS APPLICABLE: Form 8: Schematic Design Checklist download template		
REQUIRED AS APPLICABLE: letter(s) of support		

Help with Application

» For application questions before pre-application consultation:
   BHCIP@dhcs.ca.gov

» For questions after pre-application consultation:
   Contact your AHP Implementation Specialist

» For support with ZoomGrants access, functions, and technical issues:
   Questions@ZoomGrants.com

Budget Development (RFA Section 3.5)

» Applicants must submit a <u>complete budget</u> based on professional estimates.

» All budgeted items must be inclusive of all costs, including taxes and fees, insurance and permits, & <u>prevailing wage labor costs</u>, in U.S. dollars.

» BHCIP funds will <u>only</u> cover the cost of projects that expand behavioral health services for the population.

» If an applicant has a current Negotiated Indirect Costs Rate Agreement (NICRA) established with a federal cognizant agency responsible for reviewing, negotiating, and approving cost allocation plans or indirect cost proposals, then the applicant may use its current NICRA. If there is no NICRA, the applicant may use a rate of 10 percent of the modified total direct costs.

ROUND 4: CHILDREN AND YOUTH

GRANT APPLICATION BUDGET

Project Development Costs by Phase

	Funded by Grant	Funded by Match	Total Costs	Notes
PLANNING AND PRE-DEVELOPMENT				
Owner Administration (10% autofill)	$0		$0	
Legal (Contracts and Due Diligence)			$0	
Architect (Concept Planning)			$0	
Consultants (Specify)			$0	
Civil Engineer			$0	
Construction Manager/Owner's Representative			$0	
SIR (Site Investigation Report)			$0	
Site Surveys (soils & enviro)			$0	
Other Feasibility/Due Diligence Costs			$0	
Other Feasibility/Due Diligence Costs			$0	
Contingency (10% autofill)	$0		$0	
Total Feasibility Costs	$0	$0	$0	
DESIGN DEVELOPMENT (SDs and DDs)				
Owner Administration (10% autofill)	$0		$0	
Legal (Contracts)			$0	
Architect Schematic Drawings (SDs)			$0	
Architect & Engineers (Design Drawings [DDs])			$0	
Construction Manager/Owner's Rep			$0	
Civil Engineer			$0	
MEP Engineer			$0	
Structural Engineer			$0	
Consultants (Specify)			$0	
Consultants (Specify)			$0	
Consultants (Specify)			$0	
Other Dev Planning Costs (Specify)			$0	
Other Dev Planning Costs (Specify)			$0	
Other Dev Planning Costs (Specify)			$0	
Contingency (10% autofill)	$0		$0	
Total Design Development Costs	$0	$0	$0	

Budget Template (RFA, Form 2)

Ongoing Technical Assistance

Technical Assistance

Informational Webinars

Strategies to serve target population

Combining resources to ensure viability

Green/sustainable building practices

Capital development project issues, such as best practices related to siting facilities and community collaboration and support
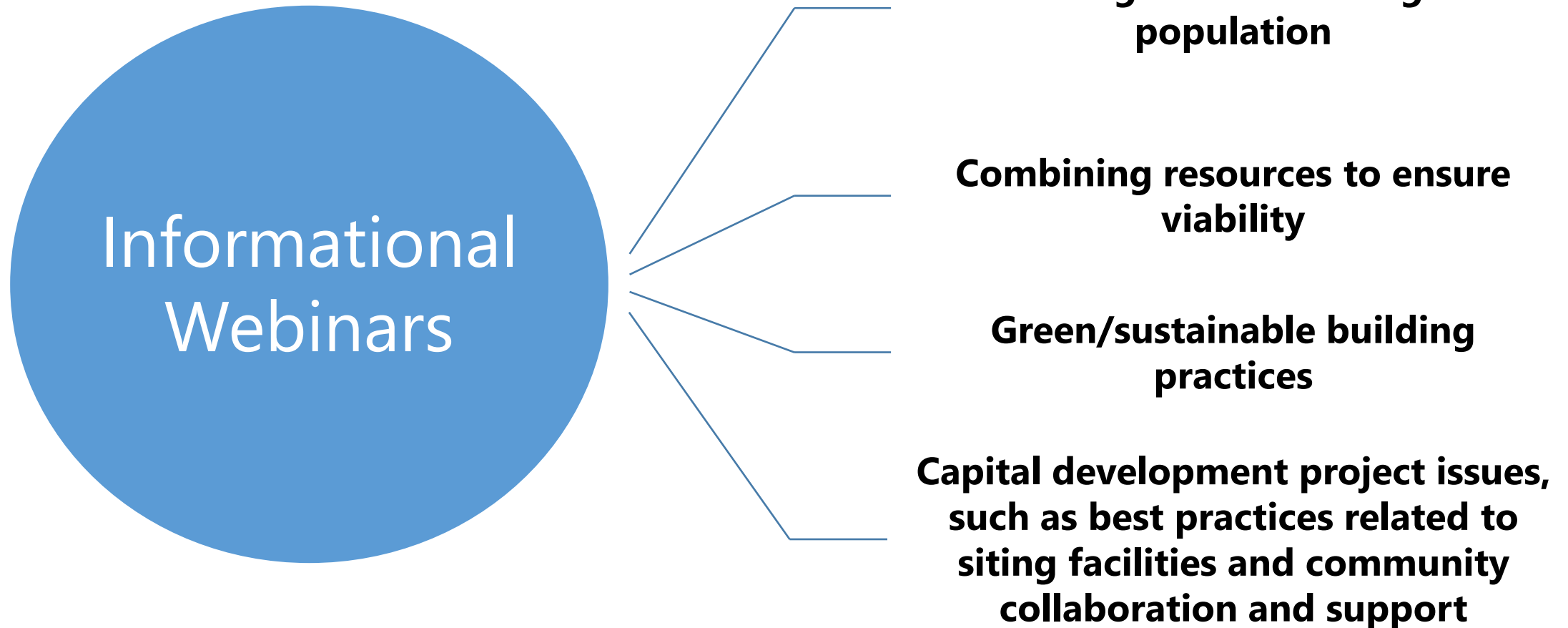
Learning Collaboratives & Coaching Calls

» AHP will provide resources, such as: FAQs, policy briefs, and toolkits.

» Learning collaboratives will bring grantees together to discuss and share best practices.

» Coaching calls with grantees will provide:

  » Assistance with the development and/or update of an implementation plan to include goals, milestones, and key changes.
  » Technical content and evidence-based practices for serving children, youth, and their families.

Questions?
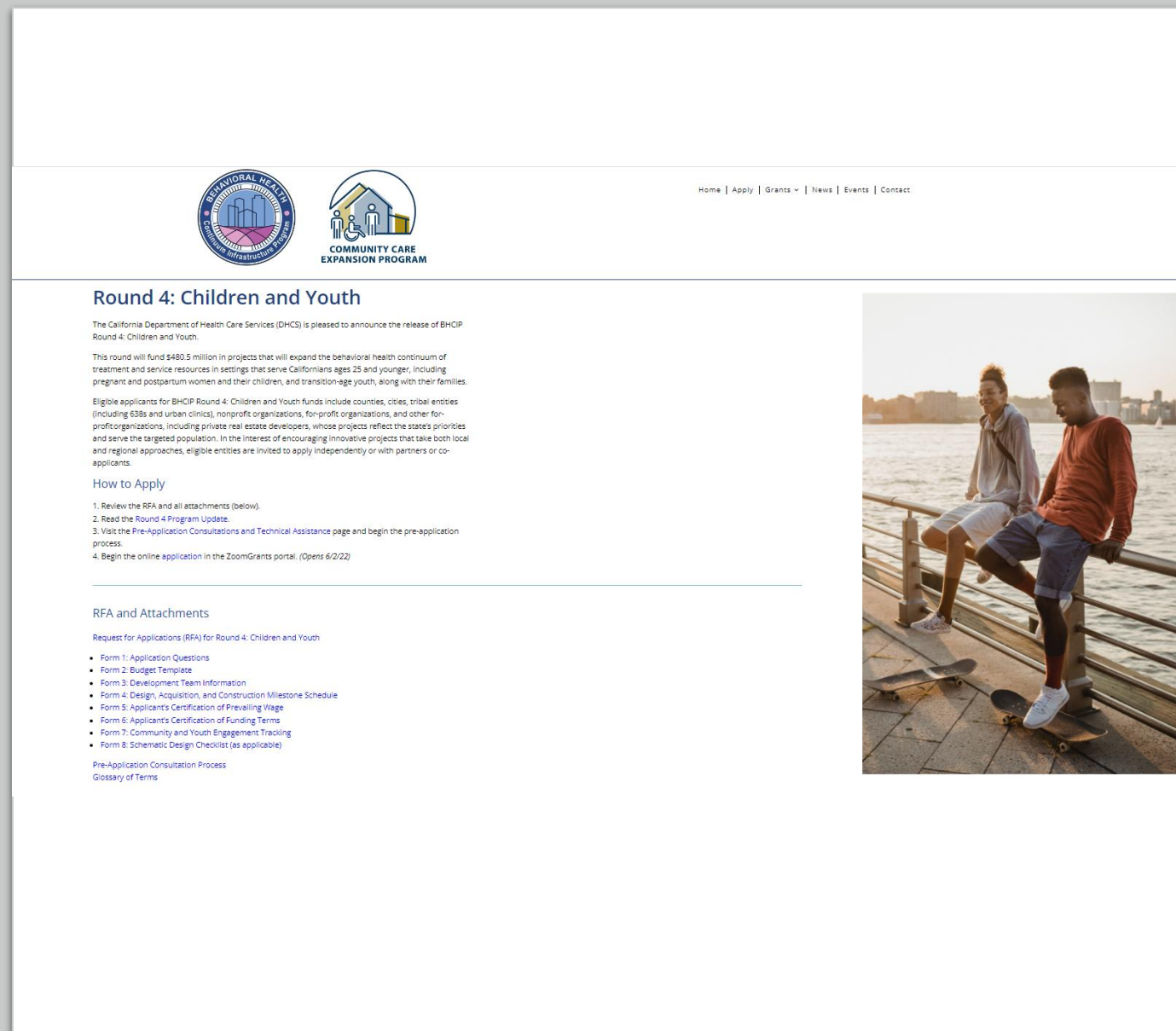
Stay Connected – Your Resources

» [Improving California's Infrastructure website](#)

» [Join the Email List](#)

» Contact your AHP Implementation Specialist

For More Information

https://www.infrastructure.buildingcalhhs.com/

BHCIP@dhcs.ca.gov