



Behavioral Health Continuum Infrastructure Program (BHCIP)

Round 5: Crisis and Behavioral Health Continuum

Form 1: Application Questions

Please refer to **the Request for Applications (RFA) for Round 5: Crisis and Behavioral Health Continuum, Forms 1–8, and Attachments A and B**, located on the [Crisis and Behavioral Health Continuum grant webpage](#). A complete list of required documents is included at the end of this form.

BHCIP Round 5: Crisis and Behavioral Health Continuum applicants are required to complete and submit applications through the online application portal. Form 1 (Application Questions) must be answered in the application portal; you may use this form to prepare for the pre-application consultation and application submission. Please note: When completing questions in the application portal, you may receive prompts for additional information. Form 1 is intended to be used as a guide; final questions in the application portal may differ slightly.

All applicants are required to complete a single application for each proposed project in a separate location. Applicants will have an opportunity to access the application portal to add or amend information up to the time of formal application submission. It is the applicant's responsibility to ensure that the submitted application is accurate. No edits can be made after the application has been submitted. Reviewers may request additional clarifying information from applicants at any time after application submission.

BHCIP Round 5: Crisis and Behavioral Health Continuum grant applications must be submitted no later than January 17, 2023, at 11:59 p.m. Pacific Time (PT).

Funding priority will be given to facilities that expand access to behavioral health services across the crisis continuum. Additional funding decisions will be based on a variety of factors, including the phase of development at the time of application, and the degree to which the project addresses gaps in services for the population.

The first step in the application process is scheduling a pre-application consultation (PAC) survey. To complete the PAC survey, visit the [Pre-Application Consultations and Technical Assistance webpage](#). For additional information, refer to Attachment A. During the PAC, applicants are encouraged to ask their assigned implementation specialist questions relating to their proposed project. Your assigned

implementation specialist will not participate in the review process of your application. To schedule a required consultation, **please complete a pre-application consultation [survey](#) no later than December 27, 2022**. Pre-application consultations may take place any time between October 20, 2022, and January 17, 2023.

For questions regarding the BHCIP grant application, please email BHCIP@dhcs.ca.gov. For assistance with technical difficulties related to your online application, please email BHCIP_Round5@ahpnet.com.

APPLICANT INFORMATION

Project Title:	
Amount Requested:	
Match Value:	
Applicant Information (Enter the Name and Contact Information for the Project Director)	
First Name	
Last Name	
Phone Number	
Email	
Organization Information (Entity Applying for Funding Information)	
Name of Entity	
(Street) Address 1	
(Street) Address 2	
City	
State	
ZIP Code	
County	
Phone Number	
Fax	
Website	
Federal Tax ID (EIN)	
UEI Number	
Lead Authorized Representative	
First Name	
Last Name	
Phone Number	
Title	
Email	

APPLICATION QUESTIONS

Please note: When completing questions in the application portal, applicants may receive additional prompts for information.

1. What type of entity is the lead applicant? If a nonprofit corporation, please provide evidence of nonprofit status.

- Behavioral Health County Agency
- Other County Agency
- City
- Tribal Entity
- Nonprofit Corporation
- For-Profit Corporation

2. If applicable, what type of entity is the co-applicant? If a nonprofit corporation, please provide evidence of nonprofit status.

- Behavioral Health County Agency
- Other County Agency
- City
- Tribal Entity
- Nonprofit Corporation
- For-Profit Corporation
- Not applicable

PRE-APPLICATION CONSULTATION

3. **Pre-application consultation (PAC) Survey:** Completion of the PAC survey is required to apply for BHCIP Round 5: Crisis and Behavioral Health Continuum grant funding and schedule the required PAC. The deadline to submit a survey and request a PAC is December 27, 2022. The consultations may take place any time between October 20, 2022, and January 17, 2023.

PAC Code _____

Last name of PAC Implementation Specialist _____

PROJECT INFORMATION

4. **Facility Category:** Please select the category of the facility according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. Applicants should discuss project types during the pre-application consultation.

- Outpatient services
- Residential clinical program

5. **Facility Type:** See eligible facilities as outlined in Section 3.3: Eligible Facilities. Select all facility type(s) for which funding is being sought in this application.

Round 5: Crisis Continuum Eligible Facility Types
Acute Psychiatric Hospital
Adolescent Residential Substance Use Disorder (SUD) Treatment Facility with a Department of Health Care Services (DHCS)/American Society of Addiction Medicine (ASAM) Level of Care 3.5 Designation and Withdrawal Management (WM) Designation
Adult Residential SUD Treatment Facility with Incidental Medical Services (IMS) <u>and</u> DHCS/ASAM Level of Care 3.5 Designation only <u>or</u> with DHCS Level of Care 3.2 WM Designation only
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
Children’s Crisis Residential Program (CCRP)
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP) with the category of Short-Term Crisis Residential only
Crisis Stabilization Unit (CSU)
Mental Health Rehabilitation Center (MHRC) only with Lanterman-Petris-Short (LPS) Designation
Peer Crisis Respite
Psychiatric Health Facility (PHF)
Psychiatric Residential Treatment Facility (PRTF)*
Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)

* Any award funding for PRTFs would be contingent on the grantee complying with future regulations and/or policies.

Round 5: Behavioral Health Continuum Eligible Facility Types
Acute Inpatient Hospital—medical detoxification/withdrawal management (medically managed inpatient detoxification/withdrawal management facility)
Acute Psychiatric Inpatient Facility
Adolescent Residential SUD Treatment Facility
Adult Residential SUD Treatment Facility
Chemical Dependency Recovery Hospital
Community Treatment Facility (CTF)
Community Wellness Center
General Acute Care Hospital (GACH) and Acute Care Hospital (ACH)
Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)
Intensive Outpatient Treatment
Mental Health Rehabilitation Center (MHRC)
Narcotic Treatment Program (NTP)
NTP Medication Unit

Office-based Outpatient Treatment
Peer Respite
Short-Term Residential Therapeutic Program (STRTP)
Skilled Nursing Facility with Special Treatment Program (SNF/STP)
Social Rehabilitation Facility (SRF) with Transitional or Long-Term Social Rehabilitation Program (SRP)

6. **State Priorities:** Identify each of the state priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

- 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
- 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

7. **Describe State Priorities:** Please describe how your project meets the priorities you have selected above (limit: 500 words).

8. **Geographic Service Area:** What is the geographic service area (including cities/counties) for the proposed project? Also include the physical address of the project site.

9. **Medi-Cal Beneficiaries:** Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

Yes

No

10. **For-Profit Experience:** If yours is a for-profit organization that does not have prior behavioral health service experience, you must collaborate with a nonprofit organization, tribal entity, city, or county behavioral health agency. The partner organization must have related prior experience, reflected in the successful development, ownership, or operation of a relevant project for the target population.

A) Memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county behavioral health agency to confirm the for-profit organization's role in the project, including that they are working on behalf of the service provider

B) Narrative description of related prior experience, describing the successful development, ownership, or operation of a comparable size and type of project for individuals who qualify as members of the target population (see #11)

C) Not applicable: Applicant is not a for-profit organization

11. If you selected "B) Related prior experience," above, please describe that experience (limit: 400 words).

12. **Services Payors:** Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete (limit: 200 words).

13. **Percentages of Funds by Payors:** Please include percentages of funds by payor, as described in question 12. Totals should equal 100%. For other, please reference "other" as described in question 12.

- Insurance
 - Private health: _____
 - Medi-Cal: _____
- Grant: _____
- Funding from county: _____
- Private pay: _____
- Other (reference "other" as described above): _____

TARGET POPULATION/DIVERSITY

14. **Expanding Capacity:** Please describe the applicant's experience working with the target population and how the proposed project will expand community capacity for community-based and behavioral health crisis services facilities (limit: 500 words).

15. **Licensing and Certifications:**

- A) List all behavioral health licensing, certifications, and/or accreditations your organization currently holds that are required by the state and/or at the local level to operate a program.
- B) List all behavioral health licensing, certifications, and or accreditations that are required by the state or at the local level to operate the proposed project that your organization does *not* currently hold.
- C) List relevant licensing and certification numbers and named holders as applicable.

16. **Crisis and Behavioral Health Continuum Services:** Will the proposed infrastructure project include crisis-oriented services to the target population?

- Yes
- No

17. If yes, describe the services being offered (limit 500 words).

18. **Diversity, Equity, and Inclusion:** Describe how the project will advance racial equity and meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care (limit: 500 words).

PROJECT DEVELOPMENT REQUIREMENTS

19. **Project Readiness:** Has the proposed project met the minimum threshold for project readiness (as outlined in RFA Section 3.2)?

- Yes
- No

20. **Development Phase:** Which phase of development describes the current status of the project (see RFA Section 3.2)? Select only one.

- Phase 1: Planning and pre-development
- Phase 2: Design development
- Phase 3: Shovel ready
- Final Phase: Construction

21. **Development Phase Description:** Describe the phase selected above and how your project fits within that phase (limit: 400 words).

22. **Project Construction Type:** Enter the square footage associated with the project type, as it applies to your proposed project. Multiple selections are allowed.
Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Project Construction Type	Square Footage
1. New ground-up construction (e.g., a new facility or new setting being built)	
2. Addition to an existing structure (e.g., constructing a new wing, new floor)	
3. Rehabilitation of an existing facility that expands service capacity at current site	
4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	
5. Acquisition of an existing facility/building, ready for turnkey operations (no renovation needed)	
Total Square Footage:	

23. **Describe Project Construction Type:** Please describe how your project fits the construction type(s) selected above. If you chose more than one, please clearly identify for each project construction type the services that will be offered once construction is complete (limit: 400 words).

For example: A project may be both “addition to an existing structure” as well as “rehabilitation of an existing facility” if it includes improvements to an existing structure *that expand capacity* in addition to adding a new wing or floor. An acceptable description of these services would begin by summarizing as follows:

- This project will add a new 800 SF wing to our existing CTF that will enable us to add 6 additional beds to our overall capacity (*followed by additional details*).
- The proposed project also involves the rehabilitation of our main outpatient facility space to allow for 60 new outpatient slots annually (*followed by additional details*).

24. Previous Applications: Has the applicant entity applied for BHCIP Rounds 1 through 4, including the joint RFA (Round 3), or any Department of Social Services (DSS) Community Care Expansion (CCE) funding?

- Round 1: Crisis Care Mobile Units (CCMU)
- Round 2: County and Tribal Planning
- Round 3: Launch Ready
- Round 4: Children and Youth
- CCE: Capital Expansion
- CCE: Pre-Development
- No

25. Previous Awards: Has the applicant entity received an award or notice of award for any of the above funding rounds? Enter project title, award date, facility type(s), and address, and briefly describe how funds requested for this round will be used for the separate and distinct purpose of further expansion of behavioral health services for the target population (limit: 400 words).

26. Match Requirements: Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document. The match values listed here should align with the match values listed in Form 2: Budget Template.

27. **Permits and Approvals:** List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them in a timely manner (limit: 500 words).

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28. **Outpatient Capacity:** Provide existing and expanded capacity by indicating how many individuals from the population are currently served at the facility discussed in this proposal, followed by expanded capacity.

Calculate slots on an annual basis. If no outpatient services are provided, enter 0. If new construction, enter 0. Enter numerical values only. For example, if 6,133 people are serviced annually, enter "6133."

Facility Type(s)	Existing Outpatient Capacity (total annual slots)	Expanded Outpatient Capacity (total annual slots)
TOTAL		

29. **Residential Capacity:** Provide existing and expanded residential capacity by providing the number of beds in use at the proposed project site (existing) and the proposed number of new beds (expansion). Provide the physical number of beds only, *not* annual capacity. If no residential services are currently provided, enter 0. If the planned project is ground-up construction, enter 0. Enter numerical values only. Do not enter ranges or any other values.

Facility Type(s)	Existing Residential Beds	Expanded Residential Beds

TOTAL		

30. **Narrative Description:** Provide a detailed narrative description of the proposed project’s construction and design (limit 1,500 words).

- Describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor.
- If no construction plan is yet in place, please submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.
- Describe any site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
- Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements.
- Include an explanation of any required demolition and off-site improvements.

31. If applicable to your phase, please upload the following documents:

- Form 8: Schematic Design Checklist
- Drawings: Preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans
- Contracts: A copy of all executed contracts for hire related to your project’s development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

Limit each file to 20 MB. Label files as follows: Form Name_Project Title_Date.Examples: Form 8_Wildflower Rehab_060122 or Drawings_Wildflower Rehab_060122.

32. **Timeline for Incomplete Documents:** If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below (limit: 500 words).

COMMUNITY SUPPORT

33. **Letters of Support and Community Engagement:** Complete and upload Form 7: Community Engagement Tracking, as well as one or more of the following (see RFA Section 3.1, Eligibility Requirements). *Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. Example: LOS_Wildflower Rehab_Kern County BH Department. Abbreviations are acceptable.*

- County board of supervisors, county behavioral health director, or county executive
- City council
- Tribal council (i.e., tribal council resolution)
- Community stakeholders and/or other community-based organizations
- Elected or appointed officials

34. If applicable (see RFA Section 3.1, Eligibility Requirements), upload a letter of support from:

- The applicant’s CEO and/or board
- The county behavioral health agency or, if a tribal facility, the tribal board at the time of application or within the grant decision period (The letter must indicate that BHCIP grantees that operate Medi-Cal behavioral health services will have in place a contract with their county to ensure the provision of Medi-Cal services once the financed facility’s expansion or ground-up construction is complete.)

35. Please list the name, title, and affiliation of all authors of letters of support included with this application. If you have requested any letters of support that are still being written, please provide those details below, along with the expected date each letter will be submitted.

PROJECT SUMMARY

36. **Project Site Information:** Enter the street address of the proposed project. For new ground-up construction, enter the assessor’s parcel number (APN)# or Parcel ID if no address has been assigned. Abbreviate as follows: Rd., St., Pl., Blvd., Ave. Enter as much text as allowed. Make sure the full address is also listed in response to Question 8.

Project Summary (Physical Location of Proposed Project)	
Address Line 1	
Address Line 2	
Street	
City	
State	
ZIP Code	
County	
Parcel /APN #	
Congressional District	

37. **Funding Request by Project Type:** Using the response to Question 22, provide the total grant amount requested, not including match, by project construction type. Enter numerical values only. Enter 0 if a construction type does not apply.

Project Construction Type	Grant Amount Requested
1. New ground-up construction (e.g., a new facility or new setting being built)	
2. Addition to an existing structure (e.g., constructing a new wing or floor)	
3. Rehabilitation of an existing facility that expands service capacity at the current site	
4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	
5. Acquisition of an existing facility or building, ready for turnkey operations (no renovation needed)	

MEDI-CAL TABLE

Please provide the following figures, based on the proposed facility type(s):

- Current annual number of clients
- Projected total annual number of clients upon project completion
- Current annual number of clients who are Medi-Cal beneficiaries

- Projected total annual number of Medi-Cal beneficiaries to be served

Current annual number of clients	Projected total annual number of clients	Current annual number of Medi-Cal beneficiaries	Projected total annual number of Medi-Cal beneficiaries

REQUIRED DOCUMENTS (ALL APPLICANTS)

Please ensure that all of the following required documents and the BHCIP Round 5: Crisis and Behavioral Health Continuum grant application have been completed and uploaded in the application portal.

Forms 2-8 are available on the [BHCIP Round 5: Crisis and Behavioral Health Continuum grant webpage](#) and in the [application portal](#).

- 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 Engagement Tracking
- Form 8: Schematic Design Checklist
- Any preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (Please limit each file size to less than 20 MB.)
- 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.)
- A certified appraisal and a bank loan document, if identifying a real property contribution for match
- A valid rough order of magnitude (ROM) cost estimate, if no construction plan is yet in place
- Letters of support (see question 34)
- An MOU with your partnering agency, if you are a for-profit entity that is not providing evidence of prior experience with a project of this type.

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short— abbreviations are acceptable. Consistency is appreciated by the review team. Using the previous example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Wildflower Rehab Project_0601*.

THANK YOU!

Thank you for completing the BHCIP Round 5: Crisis and Behavioral Health Continuum application. If you have any questions, please contact BHCIP@dhcs.ca.gov.