

# Behavioral Health Continuum Infrastructure Program (BHCIP) Round 5: Crisis and Behavioral Health Continuum Informational Webinar

Hosted by:

*Holly Clifton, Section Chief, Behavioral Health Expansion Branch, Community Services Division*  
Department of Health Care Services

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



November 2022

# Questions



Please submit questions related to the BHCIP application process via the Q&A. We will respond to as many as possible at the end of the presentation. If your question is not answered today, please send it to [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov) and we will be happy to respond.



Please keep in mind that today's webinar is focused exclusively on the BHCIP Round 5: Crisis and Behavioral Health Continuum grant. All questions related to other BHCIP rounds should be sent to [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov).



Thank you!

# 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
- SurveyMonkey Apply Preview
- Ongoing Technical Assistance
- Q & A

# Meet the Team

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Holly Clifton,  
Section Chief,  
Behavioral Health  
Expansion Branch,  
Community Services  
Division,  
Department of Health  
Care Services



**Patrick Gauthier,  
Director, AHP  
Healthcare Solutions**



**Advocates for  
Human Potential, Inc.**

# Advocates for Human Potential, Inc.

- Consulting and research firm with over 35 years' experience improving health and human services systems
- The administrative entity for BHCIP
- Provide technical assistance with our real estate and community development financial institution partner, Capital Impact Partners, a member of Momentus Capital
- Provide system, program development, workforce and resource development and dissemination
- Provide 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.



## **Mark Faucette, BHCIP Project 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

## **Euna Ra-Smith, MSW BHCIP Deputy Director**

- California Youth Opioid Response (YOR California) program manager, responsible for day-to-day operations of MAT Expansion 2.0 Project expanding access to prevention, MAT, and other services for youth ages 12-24
- Senior director of campus services for Casa Pacifica Centers for Children & Families
- Chief clinical officer for Optimist Youth Homes & Family Services for five years
- Extensive clinical experience with youth/young adults in therapeutic settings for behavioral health issues
- Experienced trainer in trauma-informed care and prevention of commercial sexual exploitation of children



## **Geoff Henderson, MS** **Lead, Round 5: Crisis and BH Continuum**

- AHP senior program manager
- Provided administration, leadership, and program development for all in-custody programming and post-release reentry for the Orange County Sheriff's Department
- Adjunct instructor in Human Services Drug Treatment and in the Mental Health Counseling Occupational Certificate program at Saddleback Community College
- Conducted operational oversight of programs in Ventura County for Telecare Corporation
- Former vice president and senior program director for Phoenix House of California
- Extensive experience in addictions counseling

## **Brian Jones, MBA, 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

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# 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](#)



# California's Crisis Continuum

- Only 16 of 33 counties (48 percent) have sufficient CSU capacity
- 25 counties, both sparsely and densely populated, reported no CSU bed capacity
- Some areas of the state have no CSU capacity and it often takes hours to transport individuals to the nearest CSU—these individuals are more likely to be transported to an emergency department or jail
- 39 counties (67 percent of respondents) have insufficient CSU bed capacity—of those, 17 have some CSU capacity



# **BHCIP Guiding Principles and Priorities**

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## 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

\$2.1 billion

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

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## Round 5: Crisis and Behavioral Health Continuum

- This round authorizes \$480 million in funding opportunities through competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets that will expand service capacity for crisis and/or behavioral health facility infrastructures.
- The population for this round is vulnerable Californians of all ages, including those who are Medi-Cal beneficiaries.



# Eligible Entities

**Counties**

**Cities**

**Tribal entities**  
(including 638s  
and urban clinics)

**Nonprofit  
organizations**

**For-profit  
organizations**



# Eligible Round 5 Facility Types: Crisis Continuum

- Acute Psychiatric Hospital
- Adolescent Residential SUD Treatment Facility with a DHCS/ASAM Level of Care 3.5 Designation and WM Designation
- Adult Residential SUD Treatment Facility with IMS and DHCS/ASAM Level of Care 3.5 Designation only or 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 LPS designation
- Peer Crisis Respite
- Psychiatric Health Facility (PHF)
- Psychiatric Residential Treatment Facility (PRTF)\*
- Sobering Center (funded under DMC-ODS and/or Community Supports)

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

# Eligible Round 5 Facility Types: Behavioral Health Continuum

- 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)

# Eligible Round 5 Facility Types: Behavioral Health Continuum

- 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)

Correctional facilities and schools are NOT eligible.

## 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 Engagement Tracking

A letter of support from 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.

# Reasons for Disqualification

DHCS will not review applications for the following reasons:

- The applicant does not request a pre-application consultation by the December 27, 2022, deadline (RFA Section 1.4);
- The application is received after the January 17, 2023, application submission deadline;
- The application is incomplete or missing required information or forms;
- The facility type is ineligible; and/or
- The project fails to meet minimum threshold requirements (RFA Section 3.2).



## 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.

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.”

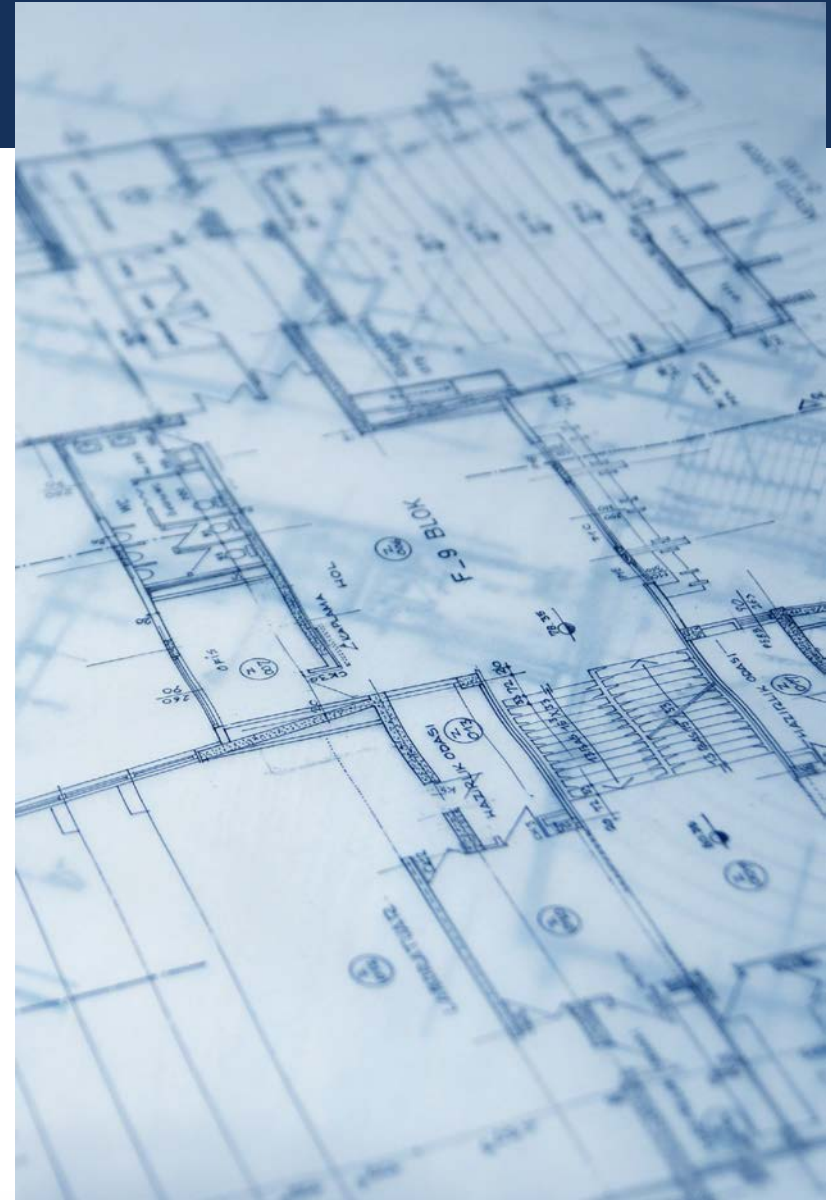
\*Please note: projects currently under construction must meet prevailing wage requirements and be registered with the DIR to be awarded BCHIP funds.



# “Project Readiness”

## *Minimum Requirements (RFA Section 3.2)*

- Sustainable business plan
- Conceptual site plan
- Site Control
- Stakeholder support
- County and Medi-Cal investments to support behavioral health program
- Identified match amount
- Project budget – total budget, delineated by phase



# Partnerships and Co-Applicants



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 the **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

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## Match % Requirements (RFA Section 3.4)

Tribal entities	Counties, cities, and nonprofit providers	For-profit providers and/or private organizations
5% match	10% match	25% match

Partnership match will be determined by the types of applicants.

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
- Property used as match must be the APN site to be encumbered. Sponsor must validate APN value with tax assessor value or certified appraisal
- The state must approve the match source
- Unallowable forms of match
  - Services
  - Behavioral Health Subaccount funding
  - State general funds

# Cash 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)

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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

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5% of funds will be set aside for tribal entities

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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

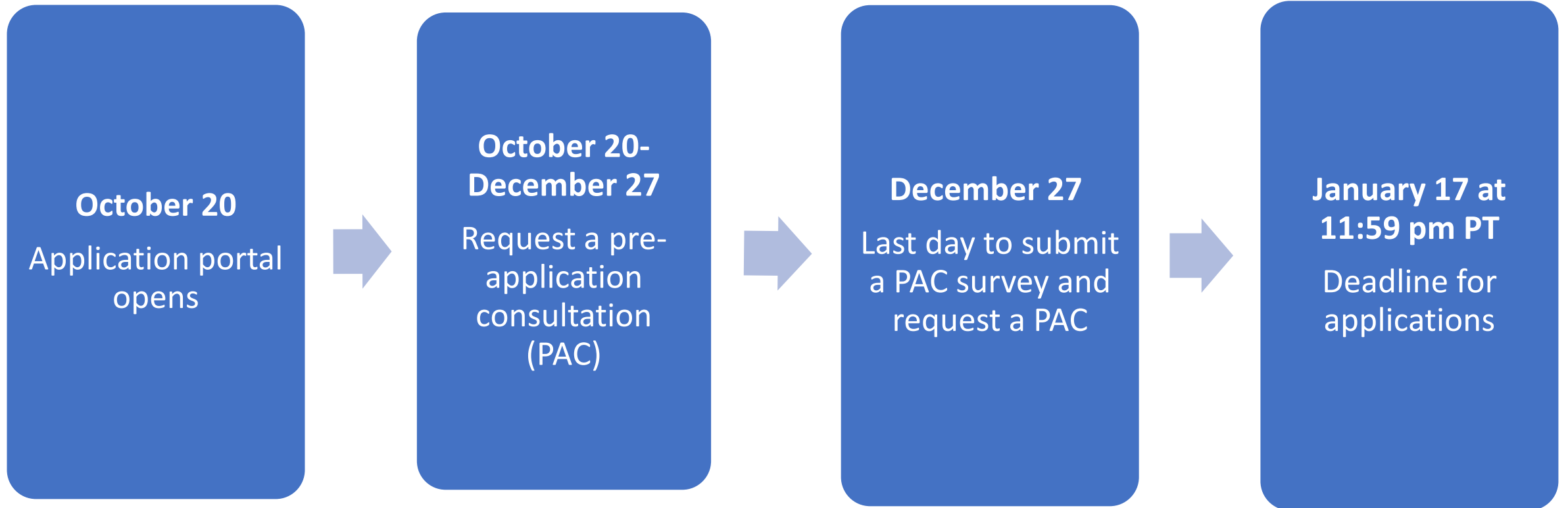
#### Tribal

**Discretionary:** The discretionary set-aside may also be used to fund high-scoring projects in regions that have met their funding reserve.

# Application Process

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# Round 5 Application Timeline



## Pre-Application Consultation - (RFA Section 2.3)

Prospective applicants are **required** to complete the pre-application consultation process before submitting an application.

1. Prospective applicant gathers information and documents.
2. Prospective applicant completes the pre-application consultation survey.
3. AHP will schedule a meeting to begin providing technical assistance.
4. An AHP implementation specialist connects prospective applicants with subject matter experts in real estate, financing, and programmatic best practices.
5. The implementation specialist will review next steps on moving forward with the full application, if the project and applicant entity are eligible for Round 5: Crisis and Behavioral Health Continuum funding.

# 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 Engagement Tracking
- Form 8: Schematic Design Checklist
- Attachment A: Pre-Application Consultation Process
- Attachment B: Glossary of Terms



# SurveyMonkey Apply Preview

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## Application Questions

16%

Please check your answers below and correct them before continuing.

### Project Information

#### 10. Facility Category

Using the checkboxes below, please select the category or categories of the facility(ies) according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. (Do not double count beds or slots).

The definition of slots is the unduplicated number of persons served by this facility on an annual basis. For example, the number of clients served in a mental health clinic, or the number of patients served by a partial hospitalization program or crisis stabilization unit.

#### Outpatient Crisis Services

Facility Type	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Crisis Stabilization Unit (CSU)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sobering Center (Funded by DMC-ODS and/or Community Supports)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>				0

## 28. Project Construction Type

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. 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."

	Select All That Apply	Square Footage
New ground-up construction (e.g., a new facility or new setting being built)	<input type="checkbox"/>	<input type="text"/>
Addition to an existing structure (e.g., constructing a new wing, new floor)	<input type="checkbox"/>	<input type="text"/>
Rehabilitation of an existing facility that expands service capacity at current site	<input type="checkbox"/>	<input type="text"/>
Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	<input type="checkbox"/>	<input type="text"/>
Acquisition of an existing facility/building, ready for turnkey operations (no renovation needed)	<input type="checkbox"/>	<input type="text"/>

Please describe the types of service(s) that will be offered as a result of this project.

# Documents

## 33. Required documents

Please be prepared to upload the corresponding files below for each topic. *You will be prompted to upload these files after completion of this application.*

*Limit each file to 20MB. Label files as follows: Form Name\_Project Title\_Date. An example would be: Form 8\_Wildflower Rehab\_060122 or Drawings\_Wildflower Rehab\_060122.*

- 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
- 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.)

# Budget Development (RFA Section 3.5)

- Applicants must submit a complete budget based on professional estimates.
- All budgeted items must be inclusive of all costs, including taxes and fees, insurance and permits, and prevailing wage labor costs, in U.S. dollars.
- BHCIP funds will only cover the cost of projects that expand behavioral health services for the population.
- All cost overages beyond the approved budget will be the responsibility of the grantee.
- 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.

**BHCIP ROUND 5: Crisis and Behavioral Health Continuum  
GRANT APPLICATION BUDGET**

*Project Development Costs by Phase*

	Funded by Grant	Funded by Match	Total Costs	Notes
<b>PHASE 1: PLANNING AND PRE-DEVELOPMENT</b>				
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	
Site Investigation Report (SIR)			\$0	
Site Surveys (Soils & Enviro)			\$0	
Other Feasibility/Due Diligence Costs			\$0	
Other Feasibility/Due Diligence Costs			\$0	
Contingency (10% autofill)	\$0		\$0	
<b>Total Feasibility Costs</b>	\$0	\$0	\$0	
<b>PHASE 2: DESIGN DEVELOPMENT (SDs and DDs)</b>				
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	

# Budget Template (RFA Form 2)

# Application Assistance

- For questions before your pre-application consultation:  
[BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov)
- For questions after your pre-application consultation:  
Contact your AHP implementation specialist
- For support with the online portal, functions, and technical issues:  
[BHCIP\\_Round5@ahpnet.com](mailto:BHCIP_Round5@ahpnet.com)

# Ongoing Technical Assistance

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## 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 and Coaching Calls

- AHP will provide **resources**:
  - ✓ FAQs
  - ✓ Policy briefs
  - ✓ Toolkits
- **Learning collaboratives** will bring grantees together to discuss and share best practices.
- **Coaching calls** with grantees will include:
  - ✓ Assistance with developing/updating an implementation plan to include goals, milestones, and key changes.
  - ✓ Technical content and evidence-based practices for serving the population.

# Stay Connected: Your Resources

- Visit the Improving California's Infrastructure website
- Sign up for the BHCIP listserv
- Contact your AHP implementation specialist

# Questions?

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**Please join us for an informational webinar specifically  
focused on the Crisis and Behavioral Health  
Continuum for Native American Programs  
and Tribal Entities**

**November 16th, 2:00-3:00 p.m.**

**Registration Required:**  
**[Webinar Registration - Zoom](#)**

# For More Information

[Improving California's Infrastructure](#)

[BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov)