Behavioral Health Continuum Infrastructure Program (BHCIP)

Round 5: Crisis and Behavioral Health Continuum Native American Programs and Tribal Informational Webinar

Hosted by:

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DHCS

November 2022

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

- Served as vice president and senior program director for Phoenix House of California

- Extensive experience in addictions counseling

Kurt Schweigman, MPH
BHCIP Tribal BH Development

- AHP senior program manager

- 30+ years of engaging tribal and urban American Indian communities with public health services, programs and activities

- Past 16 years within California with 10+ years specific to American Indian specific behavioral health and wellness

- Current Elder Advisory Board Member, TACUNA: Traditions and Connections for Urban Native Americans, an SUD prevention program

- Former Behavioral Health Director at Sonoma County Indian Health Project outpatient clinic

- Extensive experience with program development, community based participatory research and technical assistance to various public health entities and tribes

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

- 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.

AHP
Advocates for Human Potential, Inc.

momentus capital. | CAPITAL IMPACT PARTNERS | CDC Small Business Finance | Ventures LENDING TECHNOLOGIES

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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](#)

California's Native American Crisis Continuum

- In California, opioid overdose deaths in the American Indian/Alaska Native (AI/AN) population are almost double that of white communities.

- Overdose death rates from psychostimulants are higher for the AI/AN population (20.5 per 100,000) than for any other racial/ethnic group.

- Nationally, among AI/AN individuals, 19 percent report experiencing mental illness in the past 12 months.

- AI/AN youth and adolescents nationwide face significantly higher rates of depression, suicide, and SUD than other young adult populations, but they have limited access to youth-focused treatment services and facilities.

Source: Manatt Health (2022). "Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives, and Implications." California DHCS.

California's Native American Wellness Needs

- The integration of traditional AI/AN practices into behavioral health services, which might include sharing AI/AN blessings and other traditional forms of healing practices, such as sweat lodges and talking circles.

- A significant lack of residential services for AI/AN who require stabilization for mental health conditions.

- The importance of accounting for the complexity and intensity of need among AI/AN individuals, which may require more extended and expansive treatment to allow for stabilization and treatment of multilayered historical and family-based trauma.

Source: Manatt Health, "Assessing the Continuum of Care for Behavioral Health Services in California."

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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

$2.1 billion. **BCHIP Round 5 includes $24 million set aside for tribal entities.**

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. Infrastructure projects are for expansion of BH services.

Project Requirements

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, Native American programs and urban clinics)

Nonprofit organizations

For-profit organizations

- Acute Psychiatric Hospital

- Adolescent Residential SUD Treatment Facility with a Level 3.5 Designation for withdrawal management designation

- Adult Residential SUD Treatment Facility with IMS and DHCS/ASAM Level 3.5 Designation only or with DHCS Level 3.2 Withdrawal Management 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 DMC-ODS and/or Community Supports)

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)

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- Intensive Outpatient Treatment

- Mental Health Rehabilitation Center (MHRC)

- Narcotic Treatment Program (NTP)

- NTP Medication Unit

- <mark>Office-based Outpatient Treatment</mark>

- 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.

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Partnerships & 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 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.

Project Phases (RFA Section 3.2)

Phase 1: Planning and pre-development → **Phase 2: Design development** → **Phase 3: Shovel ready** → **Final Phase: Construction**
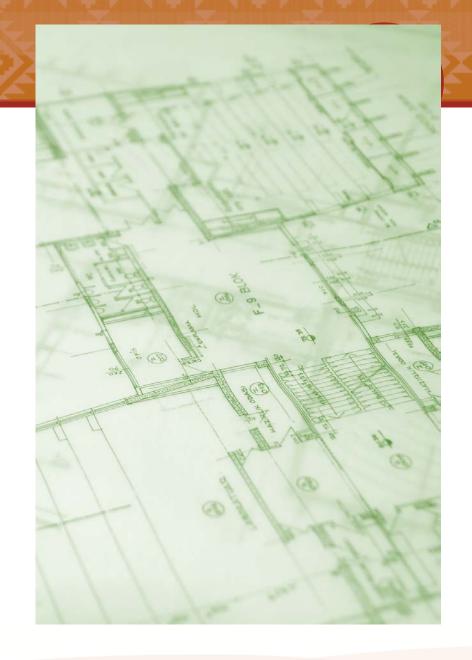
- Applicants must be in one of the three phases; applicants in later phases will be scored higher.
- All applicants must meet minimum threshold requirements for "project readiness."
- *Please note: projects currently in construction must be "prevailing wage job", registered with DIR to be awarded BCHIP 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

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Service Use Restriction
(RFA Section 3.1)

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

- Project property Assessor's Parcel Number (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
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 Assessor's Parcel Number (APN) site to be encumbered. Sponsor must validate APN value with tax assessor value or certified appraisal

- In lieu of a certified appraisal, **tribes are allowed to submit a broker opinion of value (BOV) of tribal-trust lands** to confirm the match value of the subject property.

- 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)

20% of funds ($91.2M) 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 ($24M) will be set aside for tribal entities

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

Application Process

Round 5 Application Timeline

October 20

- Application Portal opens

October 20- December 27

- Request a pre-application consultation (PAC)

December 27

- Last day to submit a PAC survey and request a PAC

January 17 at 11:59 pm PT

- Deadline for applications

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

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)	☐			
Crisis Stabilization Unit (CSU)	☐			
Sobering Center (Funded by DMC-ODS and/or Community Supports)	☐			
Total				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)	☐	
Addition to an existing structure (e.g., constructing a new wing, new floor)	☐	
Rehabilitation of an existing facility that expands service capacity at current site	☐	
Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	☐	
Acquisition of an existing facility/building, ready for turnkey operations (no renovation needed)	☐	

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.)

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).

Help with Application

- For questions **before** your pre-application consultation:
  - 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

Ongoing Technical Assistance

Information & Resources

- Strategies to serve Native American population

- Native program & Tribal specific webinars and linkage to infrastructure development experts with Native/Tribal projects

- Green/sustainable building practices

- Capital development, real estate, 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

- **Improving California's Infrastructure [website](#)**

- **Sign up for the [BHCIP listserv](#)**

- **Contact your AHP implementation specialist**

Round 5: Crisis and Behavioral Health Continuum

The California Department of Health Care Services (DHCS) is pleased to announce the release of BHCIP Round 5: Crisis and Behavioral Health Continuum. This round will fund $480 million in projects to address significant crisis care gaps in California's behavioral health (mental health and substance use disorder [SUD]) infrastructure, with consideration for funding priority to those that provide crisis services to individuals in need. The crisis can be due to mental health issues and/or SUDs.

Eligible applicants for BHCIP Round 5: Crisis and Behavioral Health Continuum funds include counties, cities, tribal entities (including 638s and urban clinics), nonprofit organizations, for-organizations, and other for-profit organizations, including private real estate developers, whose projects reflect the state's priorities and serve the targeted population. In the interest of encouraging innovative projects that take both local and regional approaches, eligible entities are invited to apply independently or with partners or co-applicants.

The application portal will open November 3, 2022. A link to the portal will be provided on this page. For a preview of the application questions, please see Form 1: Application Questions. (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). The deadline for applications will be **January 17, 2023, at 11:59 p.m. Pacific Time (PT).**

In addition, **all applications will be required to complete a pre-application consultation** before submitting an application. The consultation will allow the prospective applicant to discuss the proposed project along with other applicable programmatic considerations, including those related to site acquisition, such as permitting, land use and land entitlements, service coordination and partnerships, and long-term financing approaches. To schedule a required consultation, **please complete a pre-application survey no later than December 27, 2022.** Pre-application consultations will be scheduled between November 3, 2022, and January 17, 2023.

Community Care Expansion (CCE)

- **CCE Expansion**
  California is making significant investments in supporting seniors and adults with disabilities to live safely in the community. Earlier this year, the California Department of Social Services announced $805 million available through its Community Care Expansion Program to fund the **acquisition, construction and rehabilitation of residential adult and senior care settings** that serve applicants and recipients of SSI/SSP and CAPI, including people at risk of or experiencing homelessness.

- **CCE Preservation, including Capital Preservation**
  Funds will be made available for rehabilitation to preserve settings that currently serve the target populations. These funds will be provided to counties and tribes through a **direct-to-county and -tribe allocation process** that will be announced separately from the joint RFA. The Tribal Preservation Notice of Funding Availability will be announced on the Community Care Expansion Program website.

Native program and Tribal set-aside funding available

For more information, or assistance, please contact Cheryl Wilcox at cwilcox@ahpnet.com.

Questions?

For More Information

Behavioral Health Continuum Infrastructure Program Website

BHCIP@dhcs.ca.gov