



# Behavioral Health Continuum Infrastructure Program (BHCIP)

# Community Care Expansion Program (CCE)

Joint RFA Informational Webinar

February 2022



---

# Webinar Policies

## PARTICIPATION

We welcome your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Any individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

## CHAT

Participant comments in the chat box do not reflect the views or policies of the presenters, the California Department of Health Care Services (DHCS), the California Department of Social Services (DSS), or their affiliates or contractors. By using this chat box, you agree to keep your comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.



# QUESTIONS



Please submit all questions related to the BHCIP and CCE application process via the Q&A box. 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.cce.info@ahpnet.com](mailto:bhcip.cce.info@ahpnet.com) and we will be happy to respond.



Please keep in mind that today's webinar is focused exclusively on the BHCIP Round 3: Launch Ready and CCE Capital Expansion grants. All questions related to other BHCIP rounds should be sent to [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov); questions related to CCE preservation funds should be sent to [CCE@dss.ca.gov](mailto:CCE@dss.ca.gov).



Thank you!



# Behavioral Health Continuum Infrastructure Program (BHCIP)

# Community Care Expansion Program (CCE)

Joint RFA Informational Webinar

February 2022



---

## Today's Agenda

- Meet the Team
- States Priorities
- Set-asides, Match, and Funding Regions
- Joint RFA
  - Pre-Application Consultation Process
  - Timeline of Events
- BHCIP and CCE – Unique Features
- Joint Project Requirements and Eligibility
- Partnerships
- Ongoing Technical Assistance
- Q&A

# BUILDING

**Access**  
Infrastructure  
Equity  
Workforce  
Careers  
Competencies  
**Hope**  
Confidence  
Community  
Connections  
Independence  
**Solutions**

BHCIP and CCE represent **the largest provision of resources for behavioral health and social services** infrastructure in the state's history.

This is an unprecedented opportunity to address **historic gaps** in the behavioral health and long-term care continuums in California to meet growing demand for services and supports **across the life span**.

Together, they afford counties, tribal entities, nonprofits, and for-profit organizations **the ability to expand infrastructure around the entire continuum of care** for individuals to meet growing demand for services and supports across the lifespan



Julie McQuitty  
Acting Branch Manager  
Housing and Homelessness Branch

Marlies Perez  
Chief  
Community Services Division

*DHCS and CDSS are working in tandem to design and implement BHCIP and CCE.*

---

# CCE Capital Expansion

Authorized through [Assembly Bill \(AB\) 172](#) (Chapter 696, of Statutes 2021)

Awarding \$805 million in funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve SSI/SSP and CAPI applicants and recipients, including those who are experiencing homelessness or at risk of homelessness.

Applications will be accepted according to the applicable application process, noted below.

## **Division of funds** (excludes administrative costs)

- **\$570 million:** available for **capital expansion projects** including acquisition, construction, and rehabilitation of residential care settings (applications accepted via RFA on a rolling basis)
- **\$195 million:** available for rehabilitation to preserve settings that serve the target and prioritized populations, including \$55 million for a capitalized operating subsidy reserve (COSR) for existing licensed facilities including but not limited to those facilities that receive rehabilitation funding (application information will be provided separate from this RFA)

---

# BHCIP Funding

Authorized through [2021 Welfare and Institutions Code Division 5, Part 7](#)

Awarding \$2.1 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health

## **SIX ROUNDS OF FUNDING**

- **2021**

- **Round 1:** Mobile Crisis, \$205M
- **Round 2:** County and Tribal Planning Grants, \$16M
- **Round 2B:** County and Tribal Planning Grant Re-Release – Funding Still Available!

- **2022**

- **Round 3:** Launch Ready, \$518.5M
- **Round 4:** Children & Youth, \$480.5M
- **Round 5:** BH Needs Assessment Phase One, \$480M
- **Round 6:** BH Needs Assessment Phase Two, \$480M



---

## CalHHS Leadership

Secretary Ghaly | California Health & Human Services

Dr. Mark Ghaly was appointed Secretary of the California Health & Human Services Agency in early 2019 by Governor Gavin Newsom.

Dr. Ghaly is a primary care pediatrician who continues to use his clinical and community experiences, working in California's health care safety net system, to inform a whole person, whole community, approach to integrating services so they **are equity-anchored and person-centered for ALL**, but especially the most vulnerable Californians.

---

## 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 both BHCIP and CCE
- Provide technical assistance with our real estate and CDFI partners
- Provide system, program development, workforce and resource development and dissemination
- Provide pre-application consultations and technical assistance (TA) to all BHCIP and CCE applicants beginning this month, as well as training and TA throughout the life of the projects.





## Melodie Pazolt | CCE Project Director, AHP

- 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



## Anthony Hall | BHCIP Project Director, AHP

- Former Director for the Department of Behavioral Health Community Response Team in Washington, DC
- Expanded community-based direct service efforts—including homeless outreach, mobile crisis, and pre-arrest diversion.
- Specializing in working with trauma-impacted communities to develop clinical response plans in response to crisis incidents, as well as community engagement and listening sessions
- Mr. Hall holds a bachelor's in sociology from Bowie State University and a Master of Social Work from the University Of Maryland School Of Social Work.

---

# State's 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
- 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

---

These investments will ensure care can be provided in the least restrictive settings by creating a wide range of options, including:

outpatient  
alternatives

urgent care

peer respite

wellness  
centers

social  
rehabilitation  
models

- A variety of care placements can provide a vital off-ramp from intensive behavioral health service settings and transition individuals, including the most vulnerable and those experiencing homelessness, to community living.
- Investing in adult and senior care facilities will divert Supplemental Security Income/State Supplementary Payment (SSI/SSP) and/or Cash Assistance Program for Immigrants (CAPI) applicants and recipients from homelessness as a key part of the state's strategic multi-agency approach to increase housing options for seniors and people with disabilities.



—

# Set-asides, Funding Regions, and Match

---

## Set-asides

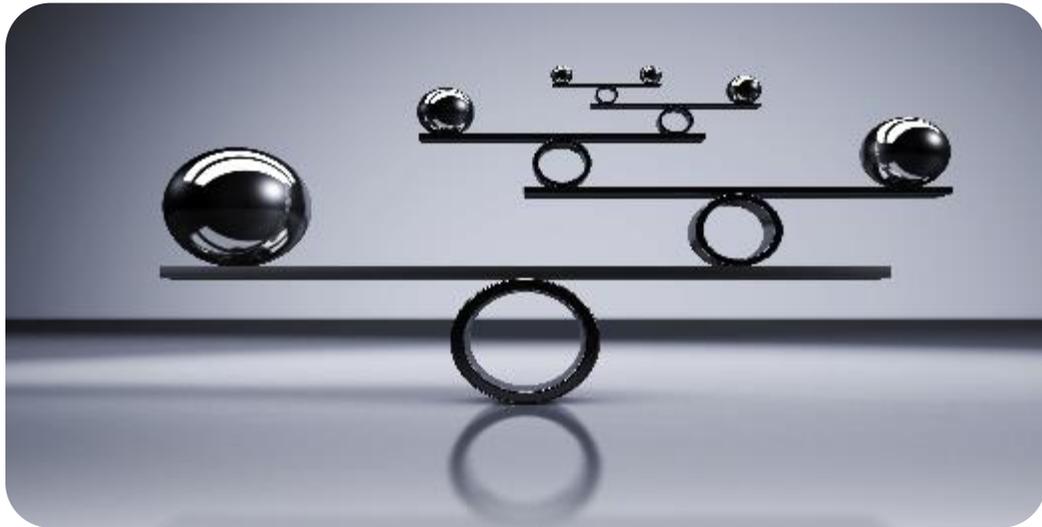
- **20%** of funds available for both BHCIP and CCE will be set aside for use in regions at the state's discretion to ensure funding is effectively aligned with need
- **5%** of funds will be set aside for tribes
- CCE requires that **8%** of the funds be competitively awarded to small counties with populations of less than 200,000
- DHCS and CDSS will conduct periodic reviews of the number of completed applications from each region
- Any unspent funds may be considered for viable applications falling outside of the initial allocation priority schedules, geographical divisions, or other initial fund allocation restrictions

---

# Funding Regions—Caps

## BHCIP

The amounts available per region will be determined based on the Behavioral Health Subaccount.



## CCE

The CCE regional funding reserve methodology was calculated using the distribution of adult and senior care facilities in counties across the state, the 2019 Homeless Point-in-Time count, and the proportion of SSI/SSP applicants and recipients across the state. Of the total amount of CCE funding provided under this RFA, 8 percent will be competitively awarded to small counties (populations of 200,000 or fewer) and 5 percent of funds will be reserved for tribal communities.

---

# Funding Regions

- **Bay Area:** Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
- **Central Coast:** Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz
- **Los Angeles County**
- **Sacramento Area:** El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba
- **San Joaquin Valley:** Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare
- **Southern California:** Imperial, Orange, Riverside, San Bernardino, San Diego, Ventura
- **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

# Match

Tribal entities

5% match

Counties, cities, and  
nonprofit providers

10% match

For-profit providers  
and/or private  
organizations

25% match

Partnership match will  
be determined by the  
types of applicants.

If a private organization has a collaboration with a county, for example, the project qualifies for the county match amount, as long as supporting documentation is submitted.

---

# Match

- Match in the form of cash and in-kind contributions—such as land or existing structures—to the real costs of the project will be allowed.
- The state must approve the match source.
- Services will not be allowed as match.



---

# Match

## Cash may come from

- [American Rescue Plan Act \(ARPA\)](#) funds granted to counties and cities
- Local funding
- [Mental Health Services Act \(MHSA\)](#) funds in the 3-year plan (considered “other local”)
- [Opioid Settlement Funds](#) for SUD facilities (BHCIP only)
- Foundation/philanthropic support
- Loans or investments
- Other





**COMMUNITY CARE  
EXPANSION PROGRAM**

---

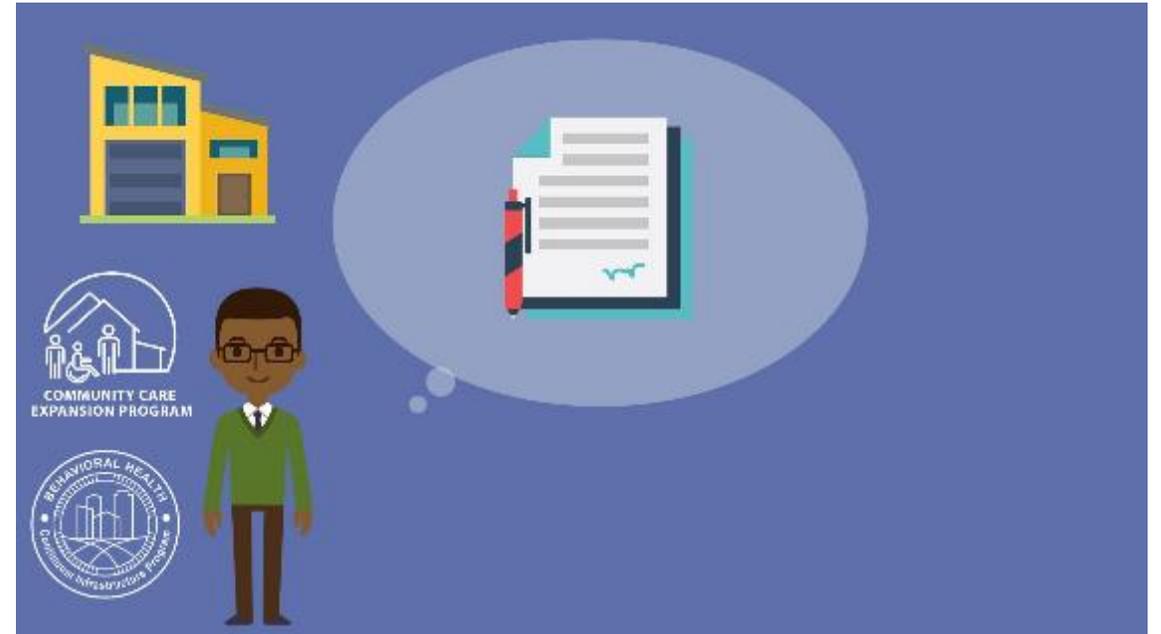
# Joint RFA

Understanding the Process and Options

# Joint RFA – How to Begin the Application Process



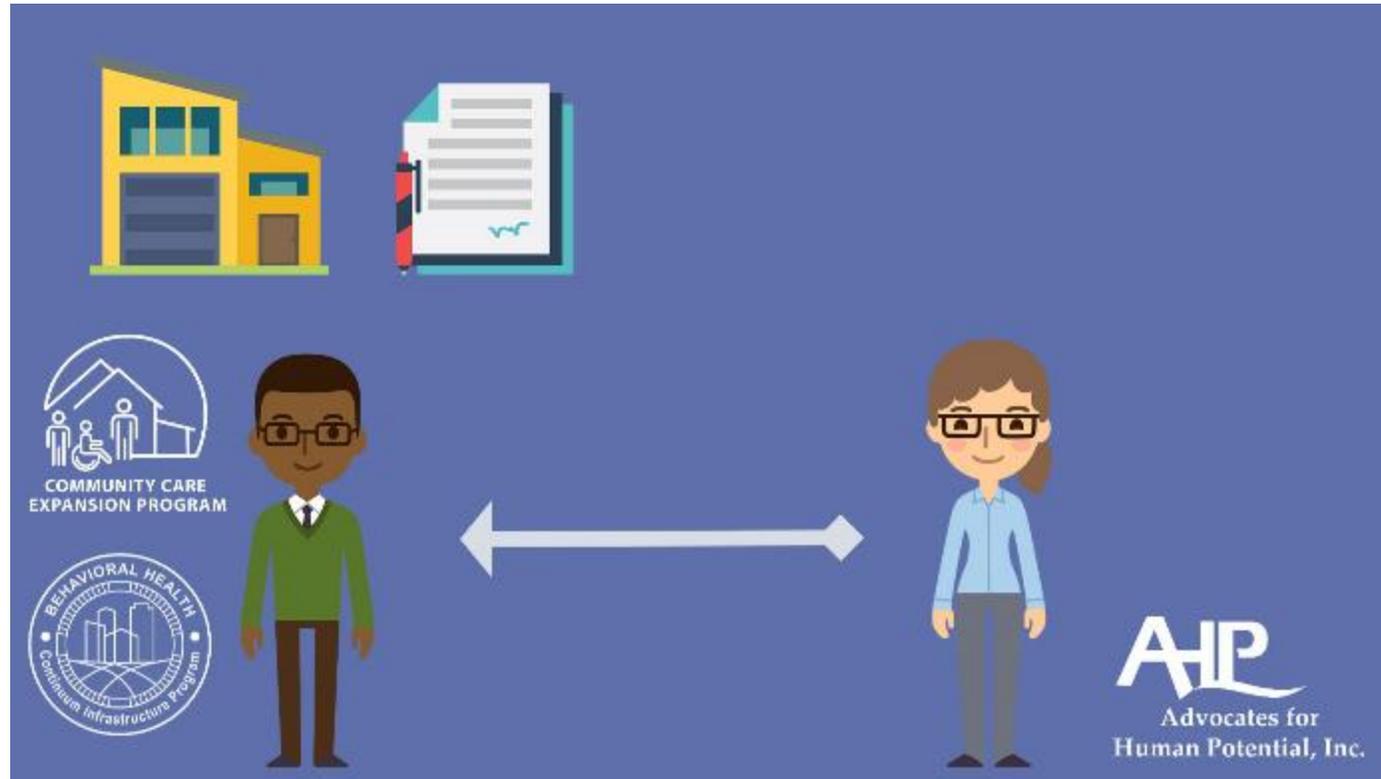
**1. GATHER INFORMATION AND DOCUMENTS,  
EVALUATE BHCIP AND CCE REQUIREMENTS**



**2. COMPLETE THE PAC SURVEY. IDENTIFY YOUR TA  
NEEDS AND GOALS, ASK QUESTIONS, SEEK GUIDANCE.**

**PRE-APPLICATION CONSULTATION (PAC) PROCESS**

# Joint RFA – The TA Process



- TA will vary by project type, funding choice, and the areas you request assistance and guidance on
- Typical response time varies, but we review applications daily and do our best to reach out to applicants as soon as possible

**3. AHP WILL SCHEDULE A MEETING TO BEGIN PROVIDING TECHNICAL ASSISTANCE**

**PRE-APPLICATION CONSULTATION (PAC) PROCESS**

# Joint RFA – The TA Process

WE WILL WORK TOGETHER TO FIND YOU THE BEST FUNDING  
OPTIONS WITHIN THE JOINT RFA, AND ADVISE ON FUTURE  
POTENTIAL FUNDING OPPORTUNITIES



PRE-APPLICATION CONSULTATION (PAC) PROCESS

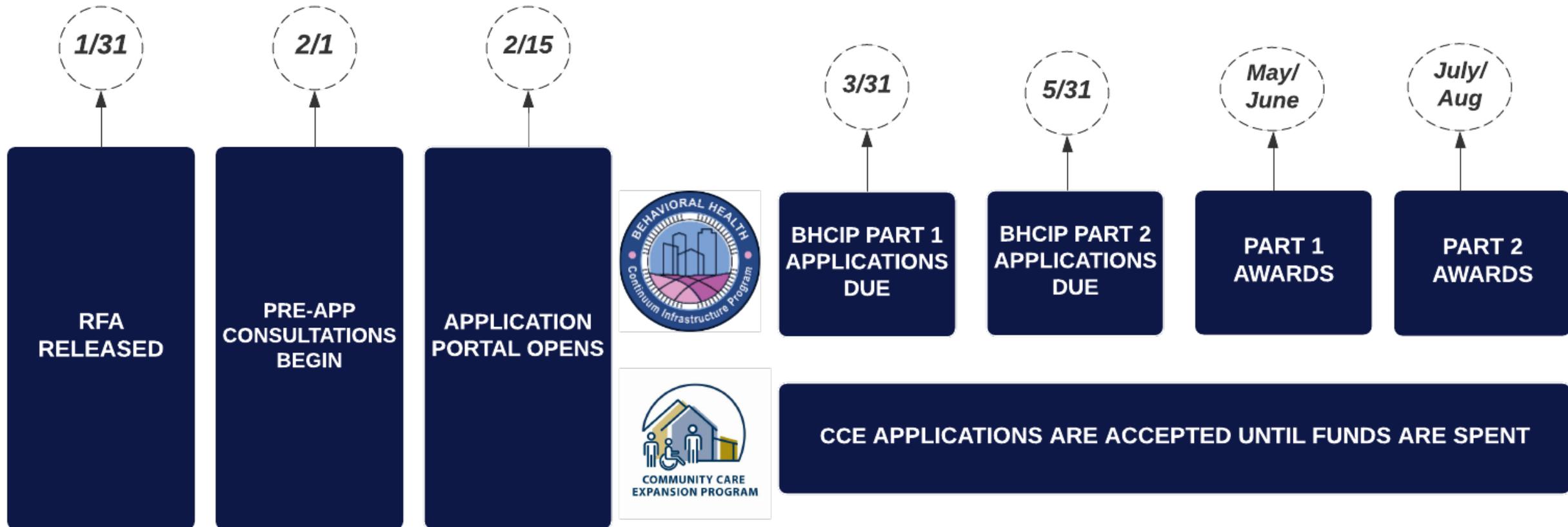
# Joint RFA – The TA Process



An AHP implementation specialist works with applicants to connect them with subject matter experts in real estate, financing, and programmatic best practices serving the prioritized or target population

**PRE-APPLICATION CONSULTATION (PAC) PROCESS**

# BHCIP and CCE Timeline



- For BHCIP Part 1 and 2, Deadline for Questions is 7 days prior to each application due date.
- CCE Applications are allowed on a rolling basis.
- See Section 1.4 of the Joint RFA for a table of timelines
- Evaluation of statewide funding redistribution is scheduled for October 2022



—

# BHCIP

Application information



---

## Launch Ready

Proposed BHCIP Launch Ready projects need to expand community capacity for serving the behavioral health (mental health [MH] and substance use disorder [SUD]) population and must make a commitment to serve Medi-Cal beneficiaries.

---

# BHCIP Eligible Facility Types

## Outpatient services

- Community wellness centers (including youth focused)
- Hospital-based outpatient treatment (outpatient detoxification/withdrawal management)
- Intensive outpatient treatment
- Narcotic treatment programs (NTPs)
- NTP medication units
- Office-based outpatient treatment
- Sobering centers (funded under DMC-ODS and/or Community Supports)

---

# BHCIP Eligible Facility Types

## Residential clinical programs

- Acute inpatient hospitals—medical detoxification/withdrawal management (medically managed inpatient detoxification/withdrawal management facility)
- Acute psychiatric inpatient facilities
- Adolescent residential treatment facilities for SUD
- Adult residential treatment facilities for SUD
- Chemical dependency recovery hospitals
- Children’s crisis residential programs (CCRPs)
- Community treatment facilities (CTFs)
- Crisis stabilization units (CSUs)
- General acute care hospitals (GACHs) and acute care hospitals (ACHs)
- Mental health rehabilitations centers (MHRCs)
- Psychiatric health facilities (PHFs)
- Short-term residential therapeutic programs (STRTPs)
- Skilled nursing facilities with special treatment programs (SNFs/STPs)
- Social rehabilitation facility (SRF)

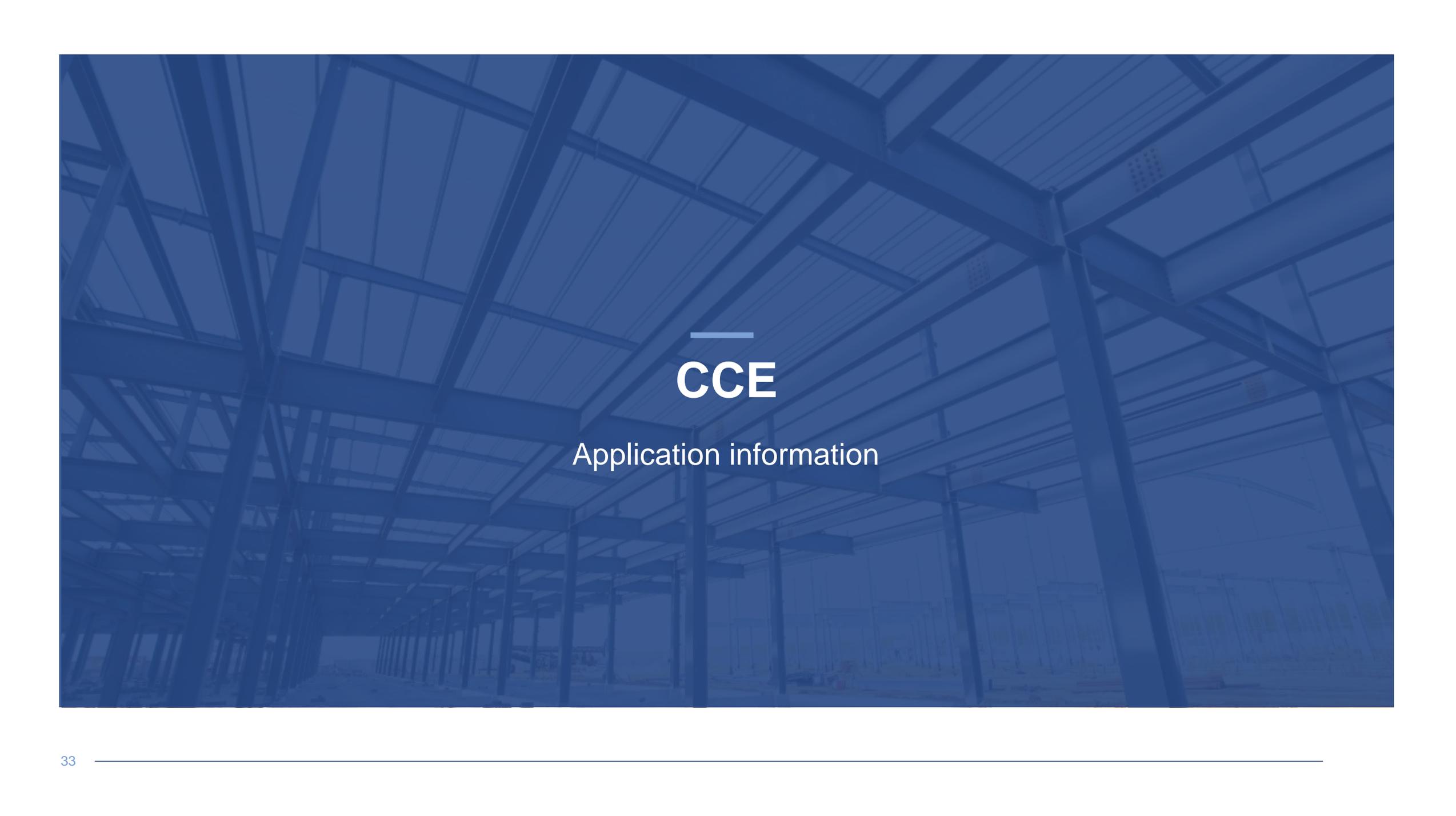
---

# BHCIP Eligible Facility Types

## Residential support programs

- Peer respite
- Recovery residence/sober living homes





—  
**CCE**

Application information



---

Projects must expand capacity in residential care settings that serve seniors and adults with disabilities who require long-term care supports, with priority for people experiencing or at risk of homelessness who are applicants or recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI) benefits.

---

# CCE Eligible Facility Types

## Residential support programs

- Peer respite
- Recovery residence/sober living homes
- Adult residential facilities (ARFs)
- Residential care facilities for the elderly (RCFEs)
- Permanent supportive housing (PSH) that serves the needs of seniors and adults with disabilities (including models that provide site-based care, such as Program for All Inclusive Care for the Elderly [PACE] and the Assisted Living Waiver programs)
- Other residential care settings that serve the target population, including recuperative care sites

---

# Pre-development

Prospective applicants may also apply for pre-development costs using CCE funds. They must demonstrate viable projects in the pre-application consultation.

Examples of pre-development costs that may be funded include:

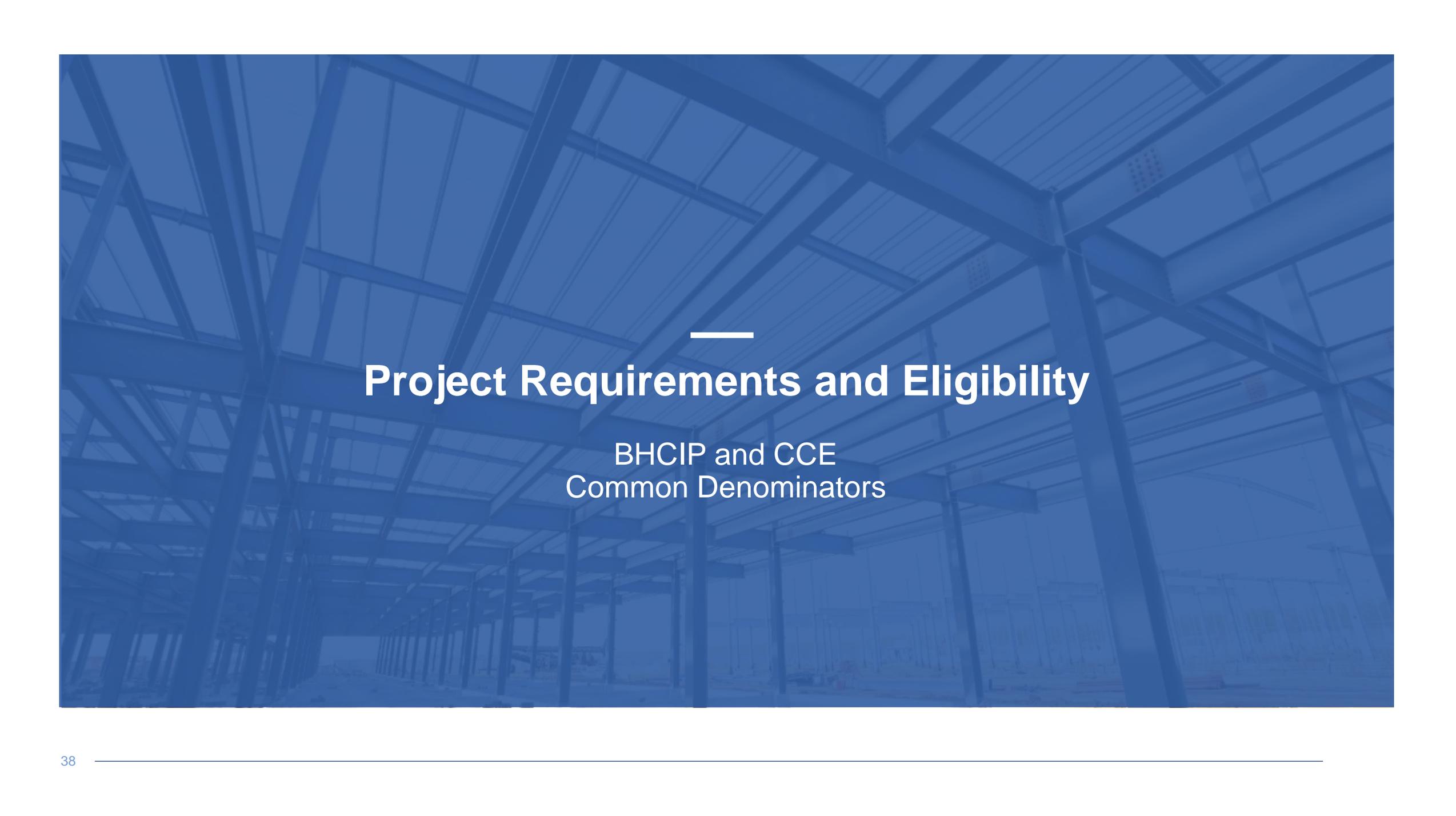
- Hiring development team (lawyer, architect, owner's representative or construction manager)
- Physical needs assessment
- Feasibility study
- Site plan
- Environmental survey (Phase 1 & 2 reports)
- Schematic and construction drawing and architectural plans
- Construction cost estimates
- Preliminary engineering / dry utilities
- Stakeholder coordination
- Preliminary development budgets
- Basic underwriting

---

## CCE Capitalized Operating Subsidy Reserve (COSR)

CCE Capital Expansion projects wishing to use funds from the CCE Capital Expansion project development budget for a COSR will be required to create a Funding and Disbursement Agreement (FDA). The COSR can be used to cover **operational costs associated with utilities, maintenance and repairs, taxes and insurance, and staff**, among others.

CCE COSR funds will be capitalized in a development budget, helping to mitigate risk among long-term project investors. It is available for use for **up to 5 years** from the time operations in the new or expanded facility begin; future funding streams should be included in the project development budget, in the event that the facility carries an operating deficit after the five-year CCE COSR timeframe ends.



—

# Project Requirements and Eligibility

BHCIP and CCE  
Common Denominators

---

# Proposed Project Requirements

**Proposed projects need to expand community capacity for serving the target and prioritized populations.**

- **BHCIP:** This includes the behavioral health (mental health and SUD) population, and projects must make a commitment to serve Medi-Cal beneficiaries.
- **CCE:** This includes seniors and qualifying adults with disabilities who require long-term care supports, giving priority to applicants and recipients of SSI/SSP and CAPI benefits who are at risk of or experiencing homelessness.

**Applicants must share data to demonstrate project need:**

- Local county/tribal/provider needs assessment
- Facility wait list
- Number of comparable facilities in the area
- Other quantifiable documentation

---

# Eligibility Considerations

## **BHCIP Round 3**

- Projects must be launch ready
- Applications must be submitted no later than March 31 (Part One) or May 31 (Part Two)

## **CCE Capital Expansion**

- Applications will be accepted on a rolling basis
- Applications will be reviewed after applicants have completed all necessary steps in the pre-development phase to ensure their projects are launch ready



---

# Eligible Entities

**Counties**

**Cities**

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

**Nonprofit  
organizations**

**For-profit  
organizations**

**Private organizations  
whose projects reflect  
the state's priorities**

# Ineligible Facility Types

Correctional settings

Schools

Facilities funded by regional centers (CCE only)

---

# Expectations

## Applicants must:

- Define facility types they will operate
  - Define populations they will serve
  - Describe local needs assessment used to justify proposed project
  - Demonstrate how the proposed project will advance racial equity
- 
- Projects must certify that they will not exclude populations, including those who are justice involved, unless required by state law.
  - BHCIP grantees with facilities that operate Medi-Cal BH services will be expected to have in place a contract with their county to ensure the provision of Medi-Cal services once the expansion/construction is complete.

---

# Budget Development

- ✓ Applicants must submit a budget, using the template provided as an attachment to the RFA.
- ✓ All budgeted items must be inclusive of all costs, including taxes and fees, in U.S. dollars.
- ✓ 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.

---

# Service Use Restrictions

## BHCIP

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

## CCE

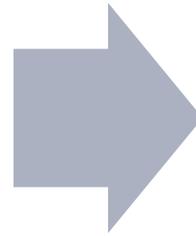
- Commitments to provision of services and building use restriction for 30 years for new facilities and a 20-year use restriction for capacity expansion for an existing facility



—  
**Partnerships**

# 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.

---

# Partnerships

Private organizations with no prior experience *must* apply with a partner.

Such private organizations, including real estate developers, without related prior experience who are collaborating with nonprofit organizations, tribal entities, cities, or counties may apply, with the following requirements:

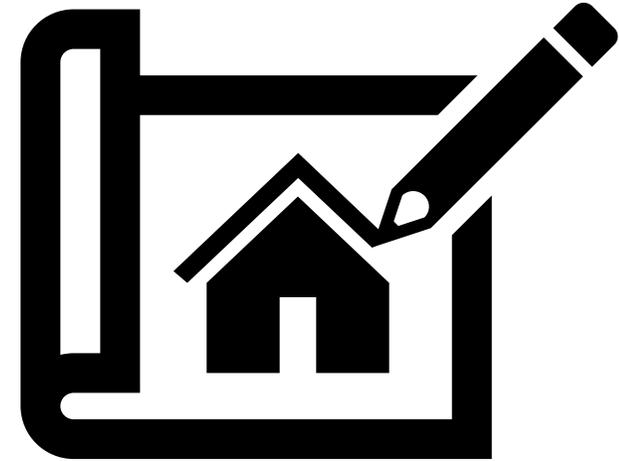
- A Memorandum of Understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the private organization's role in the project, including that they are working on behalf of the service provider
- Related prior experience, reflected in the successful development, ownership, or operation of a relevant project for individuals who qualify as members of the target population

---

## Combining BHCIP & CCE – Example # 1



Adult Residential Facility (ARF) applies for CCE funding to make the facility ADA accessible and expand capacity to serve additional SSI/SSP or CAPI applicants and recipients



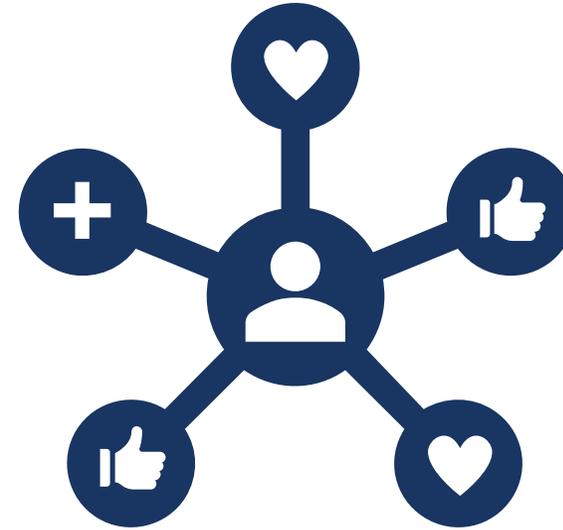
Also applies for BHCIP funds to add a day treatment, clubhouse, or peer-run/peer-operated center on the property.

---

## Combining BHCIP & CCE – Example # 2

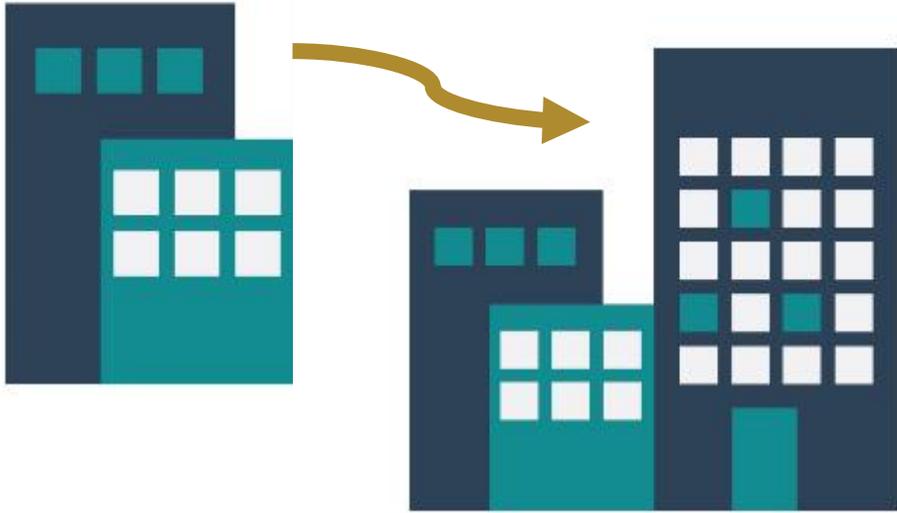


An RCFE applies for CCE funds to add additional beds to serve individuals who are experiencing homelessness

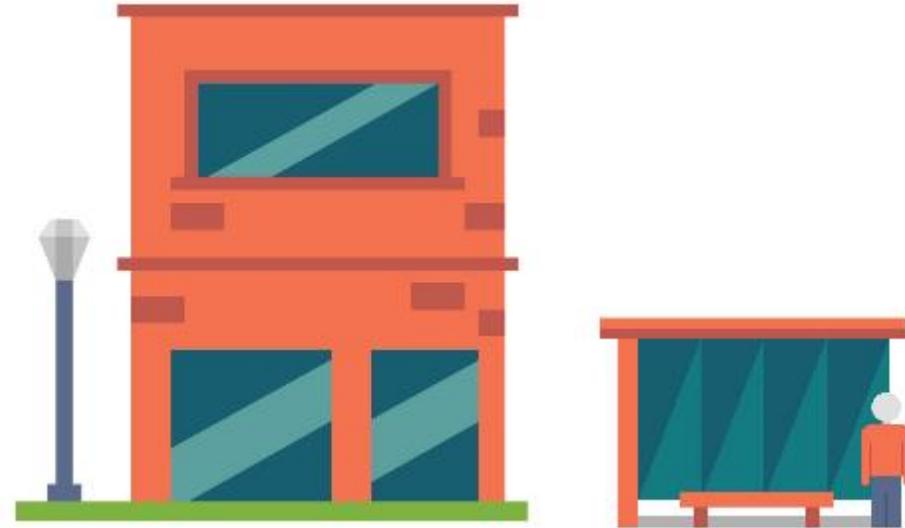


They also apply for BHCIP funds to add a behavioral health outpatient office within their network for their Medi-Cal population

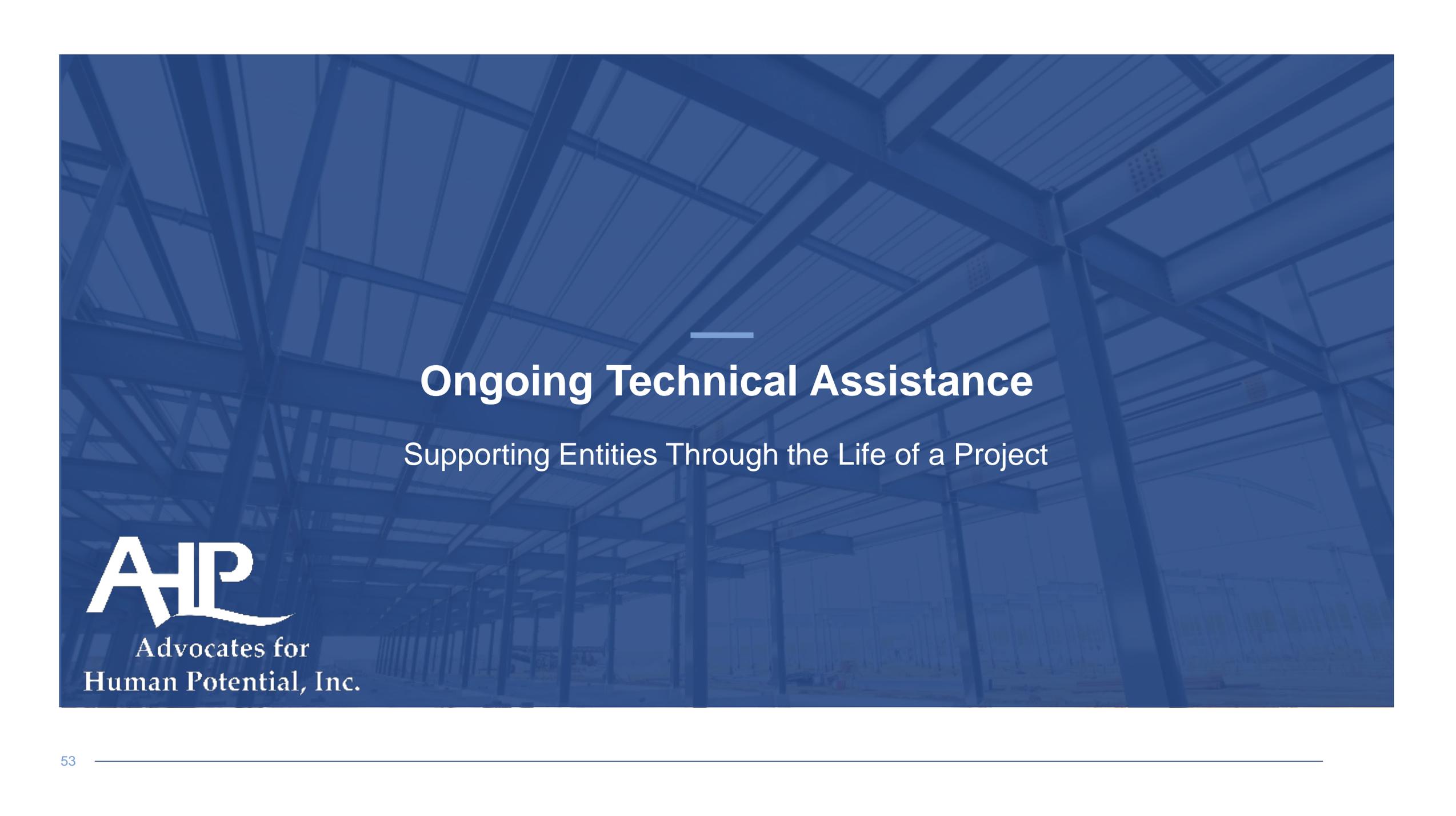
## Combining BHCIP & CCE – Example # 3



A Behavioral Health CRF applies for BHCIP funding to expand facility capacity



Also applies for CCE funding to create a residential setting that provides step-down residential support services for SSI/SSP or CAPI applicants and recipients at risk of homelessness.



---

# Ongoing Technical Assistance

Supporting Entities Through the Life of a Project



Advocates for  
Human Potential, Inc.

---

# Technical Assistance



**strategies to serve target populations**

**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 such as FAQs, policy briefs, and/or toolkits
- Coaching calls with grantees will provide:
  - Assistance with the development and/or update of an implementation plan to include goals, measures and key changes
  - Technical content and evidence-based practices for developing and expanding recovery services
  - Assistance with the identification, testing, and implementation of workflow changes
  - Technical assistance

# QUESTIONS



<https://www.buildingcalhhs.com/>



[bhcip.cce.info@ahpnet.com](mailto:bhcip.cce.info@ahpnet.com)



Please email all questions related to future BHCIP rounds to [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov).

# Stay Connected - Your Resources

- [Joint RFA](#)
- [Pre-Application Consultation Survey](#)
- [Event Notices](#)
- [Contact AHP](#)



**BUILDING CALIFORNIA**  
— BEHAVIORAL HEALTH & SOCIAL SERVICES —

The California Department of Health Care Services (DHCS) Community Services Division and the California Department of Social Services (CDSS) are dedicated to improving behavioral health and long-term care services and supports to all Californians. Choose a logo below to explore our projects.



Behavioral Health Workforce Development



BEHAVIORAL HEALTH  
CONTINUUM INFRASTRUCTURE PROGRAM



COMMUNITY CARE EXPANSION PROGRAM