CONTRA COSTA
MENTAL HEALTH COMMISSION

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MENTAL HEALTH
COMMISSION
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Mental Health Commission
Finance Committee Meeting
Thursday, September 15th, 2022, 1:30-3:00 PM
Via: Zoom Teleconference:

https://zoom.us/j/5437776481
Meeting number: 543 777 6481

Join by phone:
1 669 900 6833 US
Access code: 543 777 6481

The primary role of the Finance Committee is to provide ongoing fiduciary "advisory oversight" responsibility for all aspects of the county Behavioral Health Services (BHS) budget, and to financially advocate for programs that can equitably serve all persons served by BHS.

AGENDA

I. **Call to order/Introductions**

II. **Public comments**

III. **Commissioner comments**

IV. **Chair comments**

V. **APPROVE minutes from the August 18th, 2022 Finance Committee meeting**

VI. **RECEIVE Presentation: Behavioral Health Continuum Infrastructure Program (BHCIP) grant developments for Rounds 5 and 6, Dr. Roberta Chambers, Indigo Projects.**

VII. **Time permitting, Discuss future meeting agendas. October 20, 2022— TENTATIVE: CCBHS LPS Conservatorship contracts facilities presentation and Q&A**

VIII. **Adjourn**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Executive Assistant to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours.

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

Contra Costa Behavioral Health Services

Behavioral Health Community Infrastructure Program Update

Roberta Chambers, PsyD
roberta@indigoproject.net

Kira Gunther, MSW
kira@indigoproject.net

BHCIP and CCE Updates

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BHCIP and CCE Overview

Behavioral Health Community Infrastructure Program

- Competitive grant program from DHCS
- Purpose to build new or expand capacity in behavioral health facilities for Medi-Cal services for Medi-Cal beneficiaries
- Must be available for 30 years
- Requires a letter of commitment from CCBHS for Medi-Cal service provision

Community Care Expansion

- Competitive grant program from CDSS
- Purpose to build and/or preserve residential care facilities for SSI recipients
- Must be available for 20 years
- Requires evidence of local support but no commitment

- All projects require 10-25% real cash or property match
- Projects can include acquisition, rehabilitation/renovation, or new construction
- All BHCIP and CCE projects are exempt from conditional use permitting and CEQA

BHCIP Timeline

BHCIP	Status
Round 1 Mobile Crisis	CCBHS received infrastructure grant
Round 2 Planning Grant	CCBHS received planning grant
Round 3 Launch Ready	Closed, awards announced
Round 4 Children and Youth	Closed, pending award announcements
Round 5 Crisis, Acute, and Subacute	Expected: October 2022
Round 6 Outstanding Needs	Expected: 2023

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- CCE projects are being accepted on a rolling basis until funds are exhausted.

Round 5

Round 5: Crisis Continuum Potential Eligible Facilities

- Acute Psychiatric Hospital
- Adolescent Residential Facilities with a Level 3.5 Designation for withdrawal management designation
- Adult Residential SUD Treatment Facilities only with/for IMS and DHCS/ASAM Level 3.5 Designation or only for DHCS Level 3.2 withdrawal management designation
- Children's Crisis Residential Programs (CCRPs)
- Community Residential Treatment Systems (CRTS)/Social Rehabilitation Program with the category of Short-Term Crisis Residential only
- Crisis Stabilization Unit (CSUs)
- Mental Health Rehabilitation Centers (MHRCs) only for LPS designation
- Peer Crisis Respite
- Psychiatric Health Facilities (PHFs)
- Sobering Centers (funded under the DMC-ODS and/or Community Supports)

Needs Assessment

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Purpose of Needs Assessment and Action Plan

Needs Assessment

- Describe the populations who would benefit from BHCIP funded facilities, and
- Describe current capacity and estimate needed capacity based on agreed-upon definitions.

Action Plan

- Guide future pre-development activities,
- Pave the way for subsequent funding requests, and
- Set forth a plan for developing new behavioral health facilities.

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Stakeholder Discussions

Information Gathering

- Contra Costa Behavioral Health
  - AODS, Adult/Older Adult, Children/Youth, Office of Client Empowerment and Community Support Workers, Public Guardian's Office, Justice-Involved Mental Health Program, A3 Program.
- Contra Costa Regional Medical Center
  - PES and Inpatient Psychiatry
- Contracted Providers
  - Children/Youth, AODS, Adult/Older Adult
- Clients living at Crestwood
- NAMI Executive Director
- Community Forum

Education and Outreach

- CCHS and Public Works Real Estate and Capital Projects
- Current Board and Care Operators
- Nonprofit Housing Developers
- Current Contracted Providers
- Out-of-County Providers

Methods: Quantitative Data

- Quantitative data was used to:
  - Describe current systems capacity
  - Identify individuals served out-of-county
  - Estimate capacity needs
- Quantitative data obtained:
  - Aggregated service utilization data for FYs18-19, 19-20, and 20-21
  - Service cost information
  - Existing summary reports

Key Data Sources
PES Utilization & Discharge Data
Inpatient Psychiatric Hospital Utilization Data
MHRC / IMD Utilization Data
Board & Care Utilization Data
Youth Congregate Care Facility Utilization Data
Referrals to Detention-based Mental Health Services
CCBHS Housing Inventory Documents
MH and AODS EQRO Reports & Summary Data
CCBHS Medi-Cal Beneficiary Region Data
Referrals to the Public Guardian
Justice-Involved Mental Health Summary Data

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Guiding Questions

Who are the populations who are most in need of BHCIP and CCE funded facilities?

What types of programs/levels of care are most needed based on target populations?

What is the current facility capacity of the system?

What is the additional estimated capacity to meet identified needs that could be funded by BHCIP and/or CCE?

Identified System-wide Priorities

- Serve people locally
- Have coverage across the County
- Build back capacity lost from facility closures
- Build capacity across the continuum
- Provide equitable services

Data Review

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Crisis Services and Psychiatric Hospitalization Utilization

Level of Care	Adults (18+)			Youth (<18)		
	Client Volume	Total Bed Days	Avg. Length of Stay	Client Volume	Total Bed Days	Avg. Length of Stay
Psychiatric Emergency Services	**7,037**	**6,416**	**21.9 Hours**	**1,143**	**1,074**	**22.6 Hours**
Psychiatric Hospitalization	**1,251**	**13,401**	**11 Days**	**303**	**1,925**	**6 Days**
In-County	984	10,958	11 Days	179	1,074	6 Days
Out-of-County	267	2,443	9 Days	124	851	7 Days
Adult Crisis Residential Treatment	**426**	**6,675**	**16 Days**	-	-	-
Hope House	220	3,144	14 Days	-	-	-
Nierika House (Closed)	206	3,531	17 Days	-	-	-

Data represent CCBHS Clients in FY20-21

In-County psychiatric hospitals include CCRMC 4C/4D and John Muir Behavioral Health Hospital. CCRMC 4C/4D does not serve minors. Out-of-County psychiatric hospitalizations represent 42 hospitals across the state.

Hope House and Nierika House are In-County facilities serving adults; however, Nierika House closed in FY21-22.

Adult Treatment Settings

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
Adult Residential Treatment	**74**	**7,101**	**96 Days**
Nevin House (Closed)	44	2,880	65 Days
The Pathway	30	4,221	141 Days
Mental Health Rehabilitation Centers	**74**	**14,031**	**190 Days**

Data represent CCBHS adult clients in FY20-21.

Nevin House and The Pathway are In-County facilities serving adults; however, Nevin House closed in FY21-22.

Mental Health Rehabilitation Centers represent 9 facilities across Alameda, Solano, Napa, Sacramento, Santa Clara, Marin, Merced, and Humboldt Counties.

Level of Care	County	Contra Costa Region
Adult Residential Treatment		
Nevin House (Closed in FY21-22)	Contra Costa	West
The Pathway	Contra Costa	Central
Mental Health Rehabilitation Centers		
California Psychiatric Transitions	Merced	-
Canyon Manor	Marin	-
Crestwood - Angwin	Napa	-
Crestwood - Eureka	Humboldt	-
Crestwood - Sacramento	Sacramento	-
Crestwood - Vallejo	Solano	-
Crestwood – San Jose	Santa Clara	-
Gladman	Alameda	-
Villa Fairmont	Alameda	-

Other Mental Health Facilities

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
Board & Care: ARFs	**274**	**76,570**	**279 Days**
In-County	169	49,577	293 Days
Out-of-County	105	26,993	257 Days

Other Housing Options	Contracted Units
Permanent Supportive Housing	**180 Units**
MHSA Master Lease Housing: Scattered Site	97 Units
MHSA FSP Housing Flex Funds	Variable Use
MHSA Housing Program / Special Needs Housing Program	52 Units
No Place Like Home	31 Units
Shelter Beds	**95 Beds**

ARF Board & Care data represent CCBHS adult clients in FY20-21. ARF Board and Cares represent 23 facilities, 15 In-County and 8 Out-of-County.

Data were unavailable for Permanent Supportive Housing and Shelter bed utilization. The information reflects contracted beds/units in FY21-22.

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
Skilled Nursing Facility / Special Treatment Programs	**106**	**26,772**	**253 Days**
Board & Cares: Residential Care Facilities for Elderly (RCFEs)	**114**	**34,494**	**303 Days**
In-County	111	33,984	306 Days
Out-of-County	3	510	170 Days

Data represent CCBHS adult clients in FY20-21.

All SNF / STPs facilities are Out-of-County, representing 7 programs (5 facilities) across Alameda, San Joaquin, and Santa Clara counties.

RCFE Board and Cares represent 13 facilities, including 12 In-County and 1 Out-of-County in Solano.

Adult Board and Care Facilities (FY20-21)

Level of Care	County	Contra Costa Region
Board and Care Facilities		
Afu's One Voice Care	Contra Costa	East
Blessed Care Home	Contra Costa	East
CC's Care Home	Contra Costa	Central
Crestwood – Our House	Solano	-
Crestwood – The Bridge	Contra Costa	Central
Ever Well – Enclave at the Delta	San Joaquin	-
Psynergy – Morgan Hill / Nueva Vista	Santa Clara	-
God's Grace – Hampton Road	Alameda	-
God's Grace II – Beckham Way	Alameda	-
Johnson Care Home	Contra Costa	East
Margarita's Villa of Care II	Contra Costa	Central
Menona Drive Care Home	Contra Costa	East
Menona Drive Care Home II	Contra Costa	East
Modesto Residential Living Center	Stanislaus	-
Oak Hills Residential Facility	Contra Costa	East
Paraiso Home	Contra Costa	East
Springhill Home	Contra Costa	East
Williams Board & Care Home - Richmond	Contra Costa	West
Williams Board & Care Home - Vallejo	Solano	-
Woodhaven Home	Contra Costa	Central
Yvonne's Home Care – Shane Drive	Contra Costa	West
Yvonne's Home Care – 6th Street	Contra Costa	West

Data represent CCBHS contracted-facilities in FY20-21.

SNF / STP Facilities & RCFEs (FY20-21)

Level of Care	County	Contra Costa Region
Skilled Nursing Facilities / Special Treatment Programs		
Crestwood Treatment Center & Manor – Fremont (2)	Alameda	-
Crestwood Manor - Stockton	San Joaquin	-
Garfield Neurobehavioral Center	Alameda	-
Idylwood Care Center	Santa Clara	-
Morton Bakar Center SNF/STP	Alameda	-

Data represent CCBHS contracted-facilities in FY20-21.

Level of Care	County	Contra Costa Region
Residential Care Facilities for Elderly		
Baltic Sea Manor	Contra Costa	East
Concord Royale Board & Care	Contra Costa	Central
Crestwood Hope Center	Solano	-
Delly's Care Homes	Contra Costa	Central
Divine's Home	Contra Costa	West
Ducre's Residential Care	Contra Costa	West
Family Courtyard	Contra Costa	West
Friendship Care Home	Contra Costa	East
Gines Residential	Contra Costa	Central
Harmony House	Contra Costa	Central
Pleasant Hill Manor	Contra Costa	Central
Ramona Care Home	Contra Costa	Central
Walnut Creek Willows	Contra Costa	Central

Justice Involved Mental Health (JIMH) Capacity

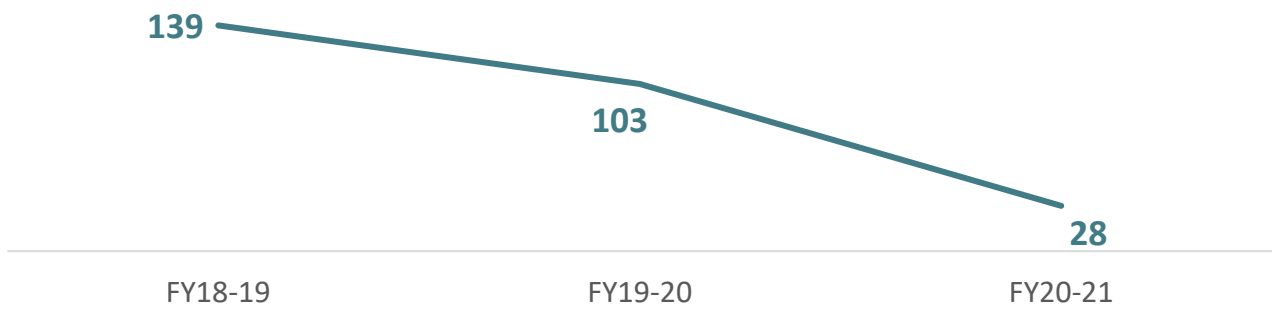
- Adult Detention Mental Health
  - There are approximately 216 referrals per month to detention mental health
  - There are approximately 378 people receiving detention mental health services at any given time.
- ~22 clients at MDF and/or WDF are referred per year to the Public Guardian by the Courts to determine if they meet criteria for LPS conservatorship.
- ~11 clients who are on probation and are open to CCBHS forensic mental health outpatient services need additional housing supports
- There are no in-county residential programs targeting justice-involved mental health
  - Some portion of this group would need secure treatment (PHF/MHRC)
  - Some portion of this group could likely be served in an unlocked setting (ART/B&C)

**JIMH clients who experience detention and are served by PES and/or CCBHS are reflected in the CCBHS and PES data. The only clients not reflected in the capacity estimates are those who only experienced detention and were never served by CCBHS or PES.*

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
State Hospitals (Napa, Metro, Patton, Atascadero)	20	5,802	290 Days

Adult Clients	CY 2021
Adults Referred to Detention-based Mental Health	2,586
Average Monthly Census of Adults Open to Detention-based Mental Health	378

Number of Youth in Juvenile Hall Referred to Mental Health Services



BHCIP Capacity Estimates

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Institutional Settings

IMD Definitions and Exclusion

- An IMD as **"a hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.** Whether an institution is an institution for mental diseases is determined by its overall character as that of a facility established and maintained primarily for the care and treatment of individuals with mental diseases, whether or not it is licensed as such."
- **A facility designated as an IMD is not be eligible to claim FFP for any expenditure for services provided to IMD residents.** In other words, the Federal Medicaid program does not provide for coverage of (i.e. federal payment for) any Medicaid (Medi-Cal in CA) services, inside or outside an IMD, for individuals who are living at the IMD.

Types of IMDs

State Hospital
Mental Health Rehabilitation Center (MHRC)
Psychiatric Health Facility (PHF)
Acute Psychiatric Hospital
Skilled Nursing Facility/Special Treatment Program (SNF/STP)

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LPS Conservatorships

LPS Conservatorship

- Adults who are placed in a locked facility are subject to some sort of hold authorized under LPS
  - 5150, 5250, 5270, 5300
- Not all adults subject to an LPS conservatorship live in a locked facility

Facilities that support people on conservatorship

- Clients who are placed on LPS conservatorship may be placed in the following types of facilities:
  - State Hospital
  - Acute Psychiatric Hospital
  - PHF
  - MHRC
  - SNF/STP
  - Board and Care (ARF or RCFE)
  - Other Supervised Housing
    - Room and Board
    - Other arrangements at the discretion of the public guardian

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Out-of-County Placements & Costs (FY20-21)

Out-of-County Facilities	Estimated Out-of-County Average Daily Census in FY20-21	Estimated Out-of-County Costs in FY20-21	Estimated Facility Beds Needed to Serve Clients In-County
Psychiatric Hospitals		~$4.1 million*	
Adults	7 Clients	-	8 Beds
Youth	2 Clients	-	2 Beds
Mental Health Rehabilitation Centers	38 Clients	~$5.9 million	45 Beds
Skilled Nursing Facilities / Special Treatment Programs	73 Clients	~$2.8 million	85 Beds
Short-Term Residential Treatment Programs	17 Clients	~$3.4 million	20 Beds
Community Treatment Facilities	1 Clients	~$170,000	1 Bed
Board & Care: Residential Care Facilities for Elderly	1 Clients	~$70,000	1 Bed
Board & Care: Adult Residential Facilities	74 Clients	~$2.9 million	87 Beds

Average Daily Census is calculated as: Number of Admissions Annually x Length of Stay ÷ 365

Estimated Bed Need assumes 85% capacity and is calculated as: Average Out-of-County Daily Census / 0.85

Estimated costs are based on average daily rates from 2021 and/or 2022, depending on data availability. Costs were calculated as Total Placement Days x Average Daily Rate

*Psychiatric hospitalization cost claims data were unavailable for ~50% of out-of-county placements and days for a variety of reasons. To estimate total out-of-county psychiatric placement costs in FY20-21, the average hospital rate was used for out-of-county placement days where cost information was unavailable. Due to these cost limitations, costs were estimated for total out-of-county psychiatric hospitalizations and were not estimated separately for youth and adults. STRTP costs reflect the STRTP reimbursement rate for placement (not including state and federal match) and the average County costs for MH Treatment for each youth per year. As the average length of stay for CTF extended beyond one year, estimated costs for FY20-21 were standardized to 365 days.

Project Development

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Contra Costa BHCIP and CCE “Short List”

BHCIP

- **45-Bed MHRC**
- **16-Bed CRT,** preferably in West or East County, co-occurring capable
- **16-Bed ART,** preferably in West or East County, co-occurring and JIMH capable
- **16-Bed ART,** preferably in West or East County, co-occurring and JIMH capable
- Co-occurring ART with sobering capacity
- ~~16-Bed MHRC~~
- ~~Concord Outpatient Clinic~~

CCE

- ~40 B&C and/or transitional housing beds
- ~85-90 B&C beds

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Progress to Date

Activities

- Weekly Meeting with CCBHS, CCHS, Public Works Capital Projects, Public Works Real Estate, and Indigo Project
- Potential property site visits
- Identification of 4 potentially viable properties
  - Removed one Central County property
  - Added one West County property

Outcomes

1. Work orders approved for all properties under consideration
2. Architect onboarded for schematic design work
3. Inspections and other due diligence underway

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Behavioral Health Continuum Infrastructure Program (BHCIP) Round 5: Crisis Continuum

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

Patrick Gauthier, Director, Healthcare Solutions
Advocates for Human Potential

DHCS

August 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) 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.

Listening Session Format

- **For each topic, DHCS will:**
  1. Present the information specified in the Behavioral Health Continuum Infrastructure (BHCIP) program
  2. Provide a prompt related to the policy decisions for Round 5: Crisis Continuum
  3. Solicit stakeholder verbal or written feedback via chat on the prompt
- *Please Note: DHCS* is ***gathering information*** and will not be responding to questions during the listening session. We will only offer points of clarification.

How to Provide Feedback

1. Type your feedback/comments in the chat box (click the chat icon located on your control panel).
2. Send an email to BHCIP@dhcs.ca.gov with the subject line “Round 5 Listening Session.” Feedback will be accepted through August 17, 2022.

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

Assessing the Continuum of Behavioral Health Services in California

- To provide data and stakeholder perspectives for DHCS as it 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 BH Services in California

Data from Needs Assessment

- 67% of counties report insufficient crisis stabilization unit (CSU) bed capacity
- Less than 17% of counties report operating a peer respite center or service
- 53% of counties report lack crisis residential treatment facilities
- 78% of counties lack sobering centers

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
- $2.2B total
- Amends Welfare and Institutions Code
- Provides competitive grants for counties, cities, tribal entities, non-profit 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; not for renovations or facility relocations.

BHCIP Overview

- DHCS will release Request for Applications (RFAs) for BHCIP through multiple rounds
- Rounds will target various gaps in California's BH facility infrastructure
- Rounds will remain open until funds are awarded
- Different entities will be able to apply in each round for specific projects to address identified infrastructure gaps
- Stakeholder engagement will occur throughout the project

BHCIP Rounds 1 through 4

- Round 1: Crisis Care Mobile Units (CCMU)
- Round 2: County and Tribal Planning Grants
- Round 3: Launch Ready
- Round 4: Children and Youth

Round 5: Crisis Continuum

- This round authorizes $480 million in funding opportunities through competitive grants to qualified entities to construct, acquire, and rehabilitate crisis and subacute facilities for capacity expansion
- Mental health and substance use disorder (SUD) treatment
- Eligible facilities are for expanding the crisis continuum

Feedback

1. What would you like DHCS to consider as we roll out the BHCIP Round 5: Crisis Continuum?
2. What should DHCS consider when building out the request for application?
3. What are some ideas to facilitate regional approaches or collaborative partnerships?

Round 5: Crisis Continuum Potential Eligible Facilities

- Acute Psychiatric Hospital
- Adolescent Residential Facilities with a Level 3.5 Designation for withdrawal management designation
- Adult Residential SUD Treatment Facilities only with/for IMS and DHCS/ASAM Level 3.5 Designation or only for DHCS Level 3.2 withdrawal management designation
- Children's Crisis Residential Programs (CCRPs)
- Community Residential Treatment Systems (CRTS)/Social Rehabilitation Program with the category of Short-Term Crisis Residential only
- Crisis Stabilization Unit (CSUs)
- Mental Health Rehabilitation Centers (MHRCs) only for LPS designation
- Peer Crisis Respite
- Psychiatric Health Facilities (PHFs)
- Sobering Centers (funded under the DMC-ODS and/or Community Supports)

Feedback

1. Are there other behavioral health facility types that provide crisis services not listed here that DHCS should consider?

2. Are there facilities on this list that should not be considered as providing crisis services?

Match

Tribal entities = 5%

Counties, cities, and nonprofit providers = 10%

For-profit providers and private organizations = 25%

Note: Services will not be used as a match.

Feedback

1. DHCS is considering using the same match requirements for Round 5 as prior rounds. What is your feedback on the proposed match for Round 5: Crisis Continuum?

Grant Funding and Set-Asides

As set forth in BHCIP Rounds 3 and 4:

- **20%** of funds available for BHCIP may be set aside for use in regions at the state's discretion to ensure funding is effectively aligned with need
- **5%** of funds may be set aside for tribes
- Amounts available per region may be determined based on the Behavioral Health Subaccount

Feedback

1. What is your feedback on the proposed funding methods for Round 5: Crisis Continuum?

Technical Assistance

- As administrative entity, Advocates for Human Potential is assisting DHCS with BHCIP project implementation, including:

  - Planning grants (contracts/funding/TA)
  - Applicant and grantee assistance including preparation of proposals for rounds
  - Real estate TA for grantees (land use zoning, permitting, real estate acquisition, applicable exemptions)
  - Additional TA
  - Data collection and program evaluation

Feedback

1. What are the TA needs for applicants in administering Round 5: Crisis Continuum funds?

For More Information

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

BHCIP@dhcs.ca.gov

Behavioral Health Continuum Infrastructure Program Round 5: Crisis Continuum, August 4, 2022 Listening Session; Unique Viewers: 341, Total Users: 409

Identified Themes

Prompt 1	**What would you like DHCS to consider as we roll out the BHCIP Round 5: Crisis Continuum?**
Participant Responses	**<u>Most Common Themes:</u>** • Transparent funding criteria • Use local county planning projects to determine this round of funding—not limited only to crisis programs—may not be responsive to local identified needs • Publish the scoring rubric for proposals • Priority to organizations that were not funded in prior rounds • Small organizational challenges: letters of support provided after conditional award, not limited to only brick-and-mortar projects **<u>Other Responses:</u>** • Require culturally relevant projects • Prioritize grassroots organizations • Need to match funding sources to eligible facilities/programs to sustain services

Prompt 2	What should DHCS consider when building out the request for application?
Participant Responses	**<u>Most Common Themes:</u>** • Longer application preparation window • Prioritize step-down services/programs from crisis services • Project readiness and allow pre-development • More specific directions and flexibility in meeting "site control" eligibility • Longer development timelines—processes take more time, e.g., supply chain, real estate, permits • Clarification of priorities—acquire vs. rehab; rural vs. urban; funding floor and ceiling • Workforce development needs—funds and other support • Include facility equipment and furnishings • Facility types: inpatient psychiatric, SUD continuum, withdrawal management, MHRC, more flexibility for hospital-based/linked services in rural areas, longer treatment services, peer respite, youth/family respite, correctional facilities, wellness centers **<u>Other Responses:</u>** • MAT services • Crisis prevention and alternative programs • Minimize GPRA requirements • Including housing—i.e., shelter services • Use the same forms as prior rounds

Prompt 3	What are some ideas to facilitate regional approaches or collaborative partnerships?
Participant Responses	**Most Common Themes:** • Decrease match requirement for regional projects • Reward regional and rural projects with higher point scores • Require regional partners to demonstrate commitment and experience with partners • Lead regional discussion opportunities and webinars on partnership development **Other Responses:** • Support funding for telehealth, especially for rural projects • Combine efforts with local MHSA plans and MHSA Oversight and Accountability Commission • Share effective regional approaches and encourage replication of successful models

Prompt 4	**Are there other behavioral health facility types that provide crisis services not listed here that DHCS should consider?**
Participant Responses	**<u>Most Common Themes:</u>** • Mental health urgent care clinics—walk-in services • Crisis call centers • Receiving centers • Proposed levels are too restrictive • Respites: peer, youth/family, medical • Broader access to outpatient levels and CCMUs • Shelter housing • MHRCs **<u>Other Responses:</u>** • Urban tribal consortiums • No Wrong Door approach—let applicants propose plans that justify services • STRTPs • ASAM level 3.3 • AllCove Centers • Emergency Psychiatric Assessment, Treatment, and Healing Units (EmPATH) • Older adult programs

Prompt 5	**Are there facilities on this list that should not be considered as providing crisis services?**
Participant Responses	**<u>Most Common Themes:</u>** • Correctional facilities • All for-profit organizations **<u>Other Responses:</u>** • Housing

Prompt 6	**DHCS is considering using the same match requirements for Round 5 as prior rounds. What is your feedback on the proposed match for Round 5: Crisis Continuum?**
Participant Responses	**Most Common Themes**: • Include in-kind matches—i.e., staff time from project development team, architects, etc. • Allow behavioral health subaccounts as match • Reduce nonprofit match to 5% **Other Responses:** • Match based on sliding scale • Match based on lowest qualifying entity type in a consortium

Prompt 7	What is your feedback on the proposed funding methods for Round 5: Crisis Continuum?
Participant Responses	**Most Common Themes**: • Unfunded organizations from prior rounds should be prioritized • 20% for state regions perhaps too high, 15% may be better **Other Responses:** • More set-asides for tribal entities

Prompt 8	What are the TA needs for applicants in administering Round 5: Crisis Continuum funds?
Participant Responses	**Most Common Themes:** • Planning for pre-development projects for smaller organizations • Examples of sustainable budget development • Real estate, schematic plans • Zoning and NIMBY issues • Partnership development for nontraditional and regional efforts **Other Responses:** • Proposal reviews