# Community Care Expansion (CCE) and Behavioral Health Continuum Infrastructure Program (BHCIP) Listening Session

Hosted by:

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Department of Social Services          Department of Health Care Services

# Listening Session Format

**For each topic, DSS will:**

1. Present the information specified in Community Care Expansion (CCE) program

2. Provide a prompt related to the policy decisions for the CCE grant making

3. Solicit stakeholder verbal or written feedback via chat on the prompt

*Please Note: DSS* 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. "Raise your hand" to provide verbal feedback during the Listening Session

2. Submit your feedback in writing:
   - Type your feedback/comments in the chat box (click the chat icon located on your control panel)
   - Send an email to CCE@dss.ca.gov
   - with the subject line "Listening Session". Feedback will be accepted through November 15, 2021

# Investment in Seniors and Adults with Disabilities

- California is making a significant investment in supporting seniors and adults with disabilities to live safely in the community.

- The state budget includes historic investments in infrastructure, including $3 billion in funding opportunities through competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets.

- These funds are available through CCE Program at the California CDSS and the BHCIP at DHCS.

# CA Homeless/ Housing Efforts

- These infrastructure investments are part of a larger effort to rebuild the state's portfolio of housing and treatment options for people with severe behavioral health challenges who are at risk of or experiencing homelessness

- California is investing $12B over the next two years to end and prevent homelessness, including flexible funding to local governments with strong accountability measures and investments in the social safety net and healthcare delivery system

# Community Care Expansion

- California has a shortage of adult and senior care facilities (e.g., Adult Residential Facilities, Residential Care Facilities for the Elderly) that accept SSI/SSP recipients and has experienced a decline in the number of SSI/SSP recipients who reside in adult and senior care facilities.

- The CCE program, established by AB 172 (Chapter 20, Statutes of 2021), provides $805M to fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Social Security Income (SSI) including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions.

# CCE Vision

- To efficiently and cost-effectively acquire real estate assets and expand the State's housing and care continuum for seniors, adults with disabilities, and people with behavioral health conditions, to ensure better treatment outcomes and prevent the cycle of homelessness or unnecessary institutionalization.

- Investing in these facilities will divert SSI/SSP recipients from homelessness and will form a key part of the State's strategic, multi-agency approach to reducing inflow to the homelessness response system as well as increasing housing options for California's aging and disabled population.

# CCE RFA

- RFA to be released January 2022
- Per WIC 18999.97(g), funds "shall be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or grants with similar purposes"
- Eligible applicants include counties, tribes, non-profit and for-profit entities
- Funding includes $450M in ARPA dollars
  - Federal funding must be awarded by 2024 and liquidated by 2026.

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# State Collaboration

CDSS and DHCS are closely collaborating on the CCE and BHCIP infrastructure grants

- Combined stakeholder meetings with counties and tribal entities
- Joint Planning Grant for Counties and Tribal Entities
- Leveraging TA resources
- Alignment on policy, when feasible
- Timing RFA releases to support local efforts

# BHCIP Overview

- Passed in FY 2021-22 State budget.

- $2.2B total for the BHCIP

- Amends [Welfare and Institutions Code](#)

- Provides competitive grants for counties, 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 and not BH services

# 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 Facility Types

- BH Wellness Centers

- Short-term crisis stabilization

- Acute and subacute care

- Crisis residential

- Community-based MH residential

- Substance use disorder residential

- Peer respite

- Mobile crisis

- Community and outpatient

- Other clinically enriched longer-term treatment and rehabilitation options for persons with BH disorders in the least restrictive and least costly setting

# Overlapping Characteristics of the CCE and BHCIP

- BHCIP facility types are broader but include adult and senior care facilities

- CCE aims to serve the SSI population, but is inclusive of individuals with behavioral health conditions

- Like the BHCIP, the CCE will require a match and a commitment of long-term use of the facility for the intended purpose

# **Local Coordination**

- DHCS and CDSS are working collaboratively on the design and implementation of these programs and will continue to engage stakeholders jointly
- Applicants are encouraged to consider both funding streams when planning for system of care enhancements

# Funding opportunities to support operations and services

Applicants will be required to demonstrate commitments to supportive services to support the stability of those placed in assisted living settings.

Opportunities:

- Federal, state, and local homelessness funding
  - $12B in state funding over the next two years
- Medicaid Opportunities
  - CalAIM
  - Assisted Living Waiver expansion
  - Residential Continuum Pilots
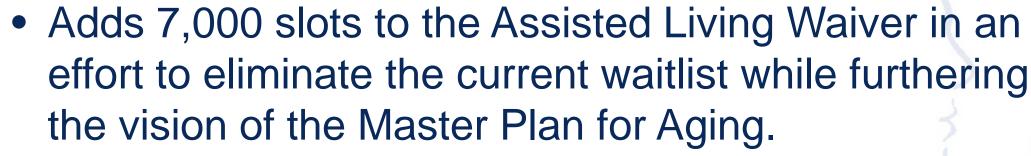- Capitalized Operating Subsidy Reserve

# CalAIM

- CalAIM is an ambitious reform effort to address Medi-Cal enrollees' needs through coordinated and community-based whole-person care.
- Community-based **Enhanced Care Managers** will engage Medi-Cal enrollees experiencing, or at risk of, homelessness to help them access coordinated health care, housing services and other services, collectively known as Community Supports.
- **Community Supports** include**:** Nursing Facility Transition/Diversion to Assisted Living Facilities, Respite Services, Day Habilitation Programs and Medically Tailored Meals**.**

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# Assisted Living Waiver Expansion

- The ALW is designed to assist Medi-Cal beneficiaries to remain in their community as an alternative to residing in a licensed health care facility.

- Adds 7,000 slots to the Assisted Living Waiver in an effort to eliminate the current waitlist while furthering the vision of the Master Plan for Aging.

# Community Based Residential Continuum Pilots

- The pilots will provide medical and supportive services in the home, independent living settings including permanent supportive housing, and community care settings (home, ARFs, RCFEs, affordable housing) in order to avoid unnecessary healthcare costs, including emergency services and future long-term care placement in a nursing home.

- This program would ensure individuals are able to live in the least restrictive setting possible by ensuring access to home-based health and other personal care services for vulnerable populations, including seniors, people with disabilities, and people experiencing homelessness.

# **Feedback**

1. How can DSS and DHCS support counties, tribes, and facility operators in accessing the programs that provide operational and services funding and supports in these settings including homelessness funding and the Medicaid opportunities just discussed?

# Qualified Resident

- Per WIC 18999.97(e): "Qualified resident" for the purpose of this section means applicants or recipients of the Supplementary Security Income/State Supplemental Program (SSI/SSP) pursuant to Subchapter 16 (commencing with Section 1381) of Chapter 7 of Title 42 of the United States Code and Chapter 3 (commencing with Section 12000), and applicants or recipients the Cash Assistance Program for Immigrants (CAPI) pursuant to Chapter 10.3 (commencing with Section 18937), who need the care and supervision that is provided by the licensed facility that receives the grant. "Qualified resident" shall not include SSI/SSP or CAPI applicants or recipients who are receiving services through a regional center.

- "The department, at its discretion, may award grants in a manner that takes into consideration the prioritization of qualified residents who are experiencing homelessness or who are at risk of homelessness."

# Capitalized Operating Subsidy Reserve

- A portion of CCE funds can be used to support the creation of a capitalized operating subsidy reserve (COSR).

- Per WIC 18999.97(f), a COSR, "means an interest bearing account maintained by the qualified grantee, the residential adult or senior care facility, or a third-party entity and created to cover potential or projected operating deficits on a facility that is deed restricted to provide licensed residential care for at least the term of the reserve. The department shall develop guidelines on the qualified grantees' use of capitalized operating subsidy reserves to ensure safeguards for those reserves, based on use in other state programs".

- "As a condition of accepting funds, facilities are required to prioritize applications from prospective qualified residents, including those who are currently or formerly homeless or who are at risk of homelessness."

# **Feedback**

1. What are the key considerations for the design of the Capitalized Operating Subsidy Reserve to ensure equity, access for those with the greatest need, and ease of administration?

# Dual Goals: Preservation and Expansion

- The CCE is designed to both **preserve** existing facilities as well as **expand** the housing continuum through the creation of new facilities.

- Funding for **preservation** will be made available to counties and tribes to be awarded to existing facilities that serve and commit to on-going service to qualified residents.

- Funding for **expansion** will be made available by project to counties, tribes, non-profit and for-profit entities to create new adult and senior care settings.

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# Land Use Exemption

5960.30. (a) Notwithstanding any other law, a facility project funded by a grant pursuant to this chapter shall be deemed consistent and in conformity with any applicable local plan, standard, or requirement, and allowed as a permitted use, within the zone in which the structure is located, and **shall not** be subject to a conditional use permit, discretionary permit, or to any other discretionary reviews or approvals.

# **Feedback**

1. In order to maximize the impact of the CCE funding, what considerations should DSS make in determining how funds are allocated between preservation (funding for existing facilities) and expansion (funding for new facilities)?

# Advocates for Human Potential (AHP)

- AHP will assist DSS and DHCS with overall CCE and 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 these funds?
2. How could TA help in preparing the proposals?
3. How could TA assist in implementing grants?

# Required Match

- Matching funds or real property will be required
- Match requirements are still in development
- Initial recommendations:
  - Lower for counties/tribal entities
  - Lower for non-profits with county contracts
  - Higher for private entities

# **Feedback**

1. What funds would entities propose to use for the match?
2. Any comments about the real property match option?

# Grant Funding

Maximum funding could be determined based on:

- Set amount available per bed preserved
  - Rehabilitation costs
- Set amount available per bed for expansion
  - Acquisition and rehab costs
  - New construction

# **Feedback**

1. What are the funding limit recommendations for preservation and expansion?
2. Are there other factors that could be considered to determine funding levels?

# **Feedback**

What additional information can DSS provide to assist with planning efforts for the CCE?

# Contact Information

Current information regarding the implementation of the CCE can be found online at the [Community Care Expansion Program](#)

Written comments and feedback can be submitted to the CDSS CCE Project at: [CCE@dss.ca.gov](mailto:CCE@dss.ca.gov)

Current information regarding the implementation of BHCIP can be found online: [BHCIP-Home (ca.gov)](#)

Written comments and feedback can be submitted to the BHCIP mailbox at: [BHCIP@dhcs.ca.gov](mailto:BHCIP@dhcs.ca.gov)