



California Department of Health Care Services

Behavioral Health Continuum
Infrastructure Program

Round 4: Children and Youth

Request for Applications



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Part One: Overview

1.1. INTRODUCTION TO THE GRANT OPPORTUNITY AND STATE PRIORITIES

The California Department of Health Care Services (DHCS) has launched the Behavioral Health Continuum Infrastructure Program (BHCIP) to address historic gaps in the state’s behavioral health and long-term care continuum and meet the growing demand for services and supports across the life span. DHCS was authorized through 2021 [legislation](#) to establish BHCIP and award approximately \$2.1 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health.

BHCIP is designed to address the following State 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

1.2. PURPOSE

DHCS is releasing BHCIP funds through six grant rounds targeting various gaps in the state’s behavioral health facility infrastructure.

BHCIP Rounds 1, 2, and 3 were released in 2021 and early 2022:

- Round 1: Crisis Care Mobile Units, \$205M (including \$55M Substance Abuse and Mental Health Services Administration grant funding)
- Round 2: County and Tribal Planning, \$16M
- Round 3: Launch Ready, \$518.5M

The remaining BHCIP rounds will be released in 2022 and 2023:

- Round 4: Children and Youth, \$480.5M (the current round)
- Round 5: Behavioral Health Needs Assessment Phase One, \$480M
- Round 6: Behavioral Health Needs Assessment Phase Two, \$480.7M

The purpose of Round 4: Children and Youth is to address the significant gaps in behavioral health (mental health and substance use disorders) facilities for children and youth in California. According to the 2021 statewide needs assessment, [Assessing the Continuum of Care for Behavioral Health Services](#)



[in California](#), the mental health and well-being of California’s children and youth (25 years and younger) are areas of concern for the state.¹ Amid rising rates of children and youth experiencing behavioral health conditions, youth emergency department visits for mental health concerns, and youth suicides, there are limited treatment options available to children with significant mental health and substance use disorders. Across the state, there are regions and counties with limited or no treatment options for children and youth. The 2021 needs assessment identifies seven of the highest priorities, two of which focus on children and youth specifically:

- More treatment options are vital for children and youth living with significant mental health and substance use disorders.
- Prevention and early intervention provided through schools and other community-based organizations are critical for children and youth, especially those who are at high risk.

The needs assessment also demonstrates that investment in infrastructure is required to support expansion of services and programs for children and youth. Stakeholders surveyed for the needs assessment repeatedly commented on the lack of both facilities to provide services and the means to renovate facilities to expand services.

BHCIP Round 4: Children and Youth will provide funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings that serve children and youth ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth (ages 18–25), and their families. Round 4 will also fund facilities that serve Medi-Cal beneficiaries. Applications will only be accepted from projects that will use infrastructure funds to expand services in the identified eligible facilities (Section 3.3) for children, youth, and pregnant and postpartum women and their children. Awarded grant funds for Round 4 must be fully expended by 2027.

1.3. AUTHORIZING AND APPLICABLE LAW

BHCIP: [Welfare and Institutions Code, Division 5, Part 7](#)

1.4. TIMELINE

Table 1: Timeline for BHCIP Round 4: Children and Youth Applications

RFA release and application portal open	June 1, 2022
Pre-application consultations	Beginning June 1, 2022; ongoing
Informational webinar	June 14, 2022; 10:30 a.m.–12:00 p.m. PT Please register here
Frequently Asked Questions (FAQ)	Updated regularly and posted on website
Deadline to request a required pre-application consultation	August 10, 2022
Application due date	August 31, 2022
Award announcements	September 30, 2022

¹ *Assessing the Continuum of Care for Behavioral Health Services in California* (January 10, 2022). This report was prepared for DHCS by Manatt Health with support from Dr. Anton Nigusse Bland.



Part Two: Application Process and Submission

2.1. TOTAL GRANT AMOUNTS

Round 4: BHCIP Children and Youth: \$480,500,000 is available to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings that serve Californians ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth, and their families. The Round 4: BHCIP Children and Youth will also fund facilities that serve Medi-Cal beneficiaries.

2.2. APPLICATION PROCESS

Applications will be accepted electronically beginning **June 1, 2022**. Applications may not be hand delivered or mailed. The application and attachments, along with instructions for submission of the online application, can be found on the [Improving California's Infrastructure website](#). No modified formats will be accepted. The deadline for applications will be **August 31, 2022**, at 5:00 p.m. PT. It is the applicant's responsibility to ensure that the submitted application is accurate. Reviewers may request additional clarifying information from the applicant.

The application is a public record that is available for public review pursuant to the California Public Records Act (CPRA, Chapter 3.5 [commencing with Section 6250] of Division 7 of Title 1 of the Government Code). After final awards have been issued, DHCS may disclose any materials provided by the applicant to any person making a request under the CPRA. Applicants are cautioned to use discretion in providing information not specifically requested, such as personal phone numbers and home addresses. If the applicant does provide such information, they will be waiving any claim of confidentiality and will have consented to the disclosure of submitted material upon request.

Reasonable Accommodations for BHCIP

For individuals with disabilities, DHCS will provide assistive services such as reading or writing assistance and conversion of the RFA, questions/answers, RFA addenda, or other Administrative Notices in Braille, large print, audiocassette, or computer disk. To request copies of written materials in an alternate format, please send an email to BHCIP@dhcs.ca.gov or call (323) 545-6202.

Regional Funding Reserve Methodology

DHCS will prioritize completed applications by geographic distribution to ensure the equitable and fair distribution of funds (see Table 2). BHCIP Round 4: Children and Youth will adopt a regional funding approach, similar to models used in other state-funded capital programs (for example, BHCIP Round 3: Launch Ready and Homekey). Counties are assigned to one of seven geographic regions, each with a specific funding amount reserved. The funding amounts for each region, along with the tribal set-aside and discretionary reserves, are listed below. Applicants within each region will compete against other applicants in that same region, thereby supporting geographic equity and funding disbursement across the state. If there are an insufficient number of competitive applications received from a region, this funding will be awarded at the DHCS's discretion.



DHCS will reserve up to 20 percent of the BHCIP Round 4: Children and Youth funds to ensure funding is effectively used to address and support the needs of vulnerable populations and gaps within the care continuum, consistent with the State Priorities. For example, this discretionary set-aside may be used to fund high-scoring projects in regions that have met their funding reserve.

For BHCIP funding reserves, a ratio of available Children and Youth funding to the Behavioral Health Subaccount County allocations has been used, with 5 percent set aside for tribal entities.

Table 2: Regions and Counties

Counties by Geographic Distribution	Estimated Targeted Funding Levels (less 20% discretionary and 5% tribal set-asides) (Total available: \$480,500,000)
Los Angeles County	\$127,917,169
Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma	\$74,239,434
Southern California: Imperial, Orange, Riverside, San Bernardino, San Diego, Ventura	\$70,387,994
San Joaquin Valley: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare	\$41,287,303
Sacramento Area: El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba	\$21,827,664
Central Coast: Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz	\$13,819,998
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	\$15,700,438
Tribal	\$24,025,000
Discretionary: The discretionary set-aside may also be used to fund high-scoring projects in regions that have met their funding reserve.	\$91,295,000



2.3. PRE-APPLICATION CONSULTATIONS AND TECHNICAL ASSISTANCE

Advocates for Human Potential, Inc. (AHP), a consulting and research firm focused on improving health and human services systems, is serving as the administrative entity for BHCIP. AHP assists state and local organizations to implement and evaluate a wide range of services focusing on mental health treatment and recovery, substance use disorder treatment and prevention, workforce development, homelessness, housing, long-term services and supports, and criminal justice.

Beginning in June 2022, and as part of the RFA process, AHP will provide pre-application consultations and individual agency/county technical assistance (TA) and will offer ongoing general training and TA throughout the life of the project. The deadline to request a pre-application consultation is three weeks prior to the application due date: **August 10, 2022**. Applicants are required to submit a request for a pre-application consultation and complete a survey to determine their understanding of the RFA requirements.

In addition, applicants will be required to discuss how the proposed project meets local and/or regional gaps identified in *Assessing the Continuum of Care for Behavioral Health Services*, as well as how it addresses the State Priorities. AHP implementation specialists will work with applicants to support them in these areas by connecting them with subject matter experts in real estate, financing, and programmatic best practices serving Californians ages 25 and younger, including pregnant and postpartum women and their children, and transition-age youth, along with their families. Additional information related to pre-application consultations and TA throughout the grant period can be found [online](#).

Part Three: Project Requirements

3.1. ELIGIBILITY REQUIREMENTS

The population of focus for Round 4: Children and Youth is children and youth ages 25 and younger, including pregnant and postpartum women and their children, and transition-age youth, along with their families. All applicants must demonstrate how their infrastructure project will expand services for this population. Applicants can provide services for any of the subpopulations in this age group and are encouraged to provide family-based clinical services and supports that are culturally and linguistically appropriate for the target population. Regional models or collaborative partnerships to construct, renovate, or expand behavioral health facilities are encouraged to apply.

Eligible applicants for Round 4: Children and Youth funds include counties, cities, tribal entities (“tribal entity” shall mean a federally recognized Indian tribe, tribal organization, or urban Indian organization, as defined in Section 1603 of Title 25 of the United States Code), nonprofit organizations, and for-profit organizations whose projects implement and expand the State Priorities. Eligible entities may apply independently or may submit applications with partners or co-applicants to encourage innovative, comprehensive local and regional approaches.

For joint applications, the co-applicant(s) must be named in the grant application and must submit a letter(s) of commitment with the application. For purposes of this RFA, upon receiving an award, the



eligible applicant and any co-applicant(s) will be referred to as the “grantee,” both individually and collectively.

For-profit organizations that do not have prior behavioral health experience must apply with a partner, such as a nonprofit organization, tribal entity, city, or county, with the requirement that the partner organization has related prior experience, reflected in the successful development, ownership, or operation of a relevant project for the target population. A memorandum of understanding (MOU) or other agreement with the nonprofit organization, tribal entity, city, or county to confirm the organization’s role in the project, including that they are working on behalf of the service provider, is also required.

Applicants must describe the payor mix for how behavioral health services will be paid for and sustained once the project construction is complete. Examples of payors include private health insurance, Medi-Cal, private pay, grants, and county funds.

Applicants must also indicate the applicable behavioral health licensing, certifications, and accreditations required by the state and/or local level to operate their program. Applicants with facilities that do not require licenses or certifications, such as community wellness centers and youth prevention centers, need to indicate this in their application. Tribal entities that are exempt from state licensing and/or requirements must describe the basis for their exemption and their plan for meeting programmatic requirements. As part of the TA that will be made available, applicants may receive information and guidance about the licensure and certification process.

A commitment to provision of behavioral health services and building use restriction for a 30-year period through a deed restriction placed on the property title is required.

Projects must advance racial equity and meet the needs of individuals from diverse backgrounds. Applicants must affirm that they will not exclude certain children and youth populations, such as those who are justice involved or in foster care.

Applicants that offer Medi-Cal behavioral health services will be expected to have a contract in place with their county to ensure the provision of Medi-Cal services once the funded facility’s expansion or construction is complete. Community wellness centers and youth behavioral health prevention centers are not required to have a contract to provide Medi-Cal behavioral health services; however, they must provide services to Medi-Cal beneficiaries.

Organizational support and community engagement, including the active involvement of youth in the design of the project, is required. Insights from youth voices and the community should be included in project planning, design, implementation, and evaluation. For all applicants, organizational support and community engagement should be demonstrated by the following:

- Completion of application Form 7: Community and Youth Engagement Tracking and
- A letter of support by 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.

City, nonprofit, or for-profit applicants must include a letter of support from their county behavioral health agency or, if a tribal entity, the tribal board at the time of application. The letter must indicate



that grantees that operate Medi-Cal behavioral health services will have in place a contract with their county to ensure the provision of Medi-Cal services once the financed facility's expansion or construction is complete.

School-linked health centers must submit a letter of support from the school district or county office of education and a demonstrated history of providing behavioral health services for students.

If applicable, a letter of support from the applicant's CEO and/or board must be provided.

3.2. PROJECT PHASES AND ALLOWABLE COSTS

For Round 4: Children and Youth funding, three phases of project development leading up to the final phase of construction will be considered during the evaluation of each application. Applicants must be in one of the three phases; applicants in later phases of development will be scored higher. All projects must meet the minimum threshold of project readiness to be awarded grant funds. Applicant projects are considered to be in a given phase of development only after they have met all the requirements in the previous phase. Required documentation will be reviewed with each applicant during the pre-application consultation process and must be submitted as part of the application.

To be eligible for Round 4: Children and Youth funding, a project must demonstrate "project readiness." The **minimum threshold requirements** for "project readiness" are

- A sustainable business plan with (pro forma) projections of future objectives and strategies for achieving them,
- A conceptual site plan with a forecast of the developmental potential of the property,
- Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners,
- A demonstration of county and Medi-Cal investments to support ongoing sustainability of the behavioral health program,
- An identified match amount, and
- An initial budget—one for each phase and a total budget for acquisition and construction.

These phases are the pre-construction activities and are allowable costs. Applicants must submit documentation demonstrating the completion of each phase below in order to move ahead to the subsequent phase.

- Phase 1: Planning and pre-development
 - Development team established; to include attorney, architect, and/or design-build team;
 - Basis of design outlined, includes architectural and engineering narratives;
 - Property-specific Site Investigation Report and due diligence done; and
 - Budget with cost estimates based on site plan/drawings completed.



- Phase 2: Design development
 - Site control established with deed, purchase and sale agreement (PSA), option contract, letter of intent, or leasehold;
 - Site plan established with a schematic plan with architectural and engineering specifications;
 - Stakeholder support established as demonstrated by a letter from city/county/board of directors/tribal entity;
 - Able to gain building permits within 6 months of funding;
 - Able to close on land, after gaining building permits, within 6 months of funding; and
 - Able to start construction within 6 months of funding.

- Phase 3: Shovel ready
 - Ownership of real estate site;
 - Preliminary plan review completed, with comments received;
 - Construction drawings complete or near completion;
 - General contractor (builder) selected and ready for hire;
 - Ninety-five percent of construction drawings ready for submission for building permit;
 - Building permit issued; and
 - Able to start construction within no more than 60 days.

- Final Phase: Construction
 - Projects that rehabilitate an existing structure or renovate an existing facility are allowable as long as they result in an expansion of behavioral health services for the target population. Furniture and equipment are not allowable costs.

Full funding of a proposed development project will be contingent upon completion of all three phases of development planning. The planning and pre-development phase must be completed in 90 days. Grantees must submit construction documents for building permit review within 6 months of grant award.

BHCIP funding cannot be used for the purchase of an existing behavioral health facility.

3.3. ELIGIBLE FACILITIES

Facility expansion can include building or renovating a separate wing or center that serves the target population. Regional models and collaborative partnerships are strongly encouraged to apply.

The following facility types (Table 3) may be considered for project funding **only** if they are expanding behavioral health services for the population(s) indicated.



Table 3: Eligible Facilities

Type of Facility	Serving Children (birth–18 years)	Serving Transition-Age Youth (TAY; 18–25)	Serving perinatal (pregnant and postpartum women and their children)
Outpatient Services (includes a variety of settings delivering clinical support services, but not overnight residential services)			
Community Mental Health Clinic (outpatient)	X	X	X
Community Wellness/Prevention Centers	X	X	
Crisis Stabilization Unit (CSU)	X	X	
Outpatient Treatment for Substance Use Disorder (SUD)	X	X	X
Partial Hospitalization Program	X	X	
School-Linked Health Centers	X	X	
Residential Clinical Programs (includes a variety of settings focused primarily on delivering clinical services; also provide shelter and support, from overnight to many days, weeks, and months)			
Adolescent Residential Treatment Facilities for Youth with SUD	X	X	
Children’s Crisis Residential Programs (CCRPs)	X		
Community Treatment Facility (CTF)	X	X	X
Perinatal Residential SUD Facilities	X	X	X
Psychiatric Acute Care Hospital	X	X	
Psychiatric Health Facility (PHF)	X	X	
Short-Term Residential Therapeutic Programs (STRTPs)	X		

For purposes of this funding, a community wellness/youth prevention center must focus on serving children and youth with behavioral health conditions (mental health and substance use disorders), commit to serving Medi-Cal beneficiaries, and offer some or all of the following:



- A comprehensive program of mental health services in an outpatient setting, including preventive services, screening, diagnosis, and treatment/management of behavioral health conditions
- Community support groups for people with mental health and substance use disorders, including traditional healing activities (talking circles)
- Health education and information, including family psychoeducation, focused on behavioral health
- Service navigation and enabling services such as case management/care coordination, transportation, and translation services
- Wellness classes including meditation, fitness, healthy cooking, relaxation strategies, caregiver support, cultural activities, workforce development, and community wellness events
- Youth development programming and activities
- Mentoring, peer support, and/or parenting/family management services
- Problem identification with referral to treatment if needed
- Vocational opportunities and alternative alcohol- and drug-free activities
- Behavioral health prevention coalitions and/or workgroups

A school-linked health center is a type of school-based health center (SBHC) that is located off campus and has a formal operating agreement with the partnering school. SBHCs offer a wide variety of services including primary care, behavioral health care, dental care, screening and prevention, and youth engagement activities. BHCIP will only provide funding for SBHC facilities that provide expansion of behavioral health services.

Publicly funded perinatal facilities must adhere to DHCS’s Perinatal Practice Guidelines.

Facility types that are not eligible for funding:

- Correctional settings
- Schools

3.4. MATCH

Applicants will be required to provide matching funds as part of the project. Match requirements are set according to applicant type.

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

The required match will be determined by the type(s) of applicants. For example, if a for-profit organization has a collaboration with a county, the project qualifies for the county match (10%), as long as supporting documentation is submitted.

Match in the form of cash and real property—such as equity in land or existing structures—to the real costs previously incurred by the project will be allowed. Cash is the strongest form of match. The State must approve the match source.



Cash match 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”),
- Foundation/philanthropic support,
- Opioid settlement funds for SUD facilities,
- Loans or investments,
- Cash on hand,
- Incentive payments from managed care plans, or
- Other.

Real property appraised value for development is acceptable as match as long as that real property is the actual project sited property and the entire Assessor’s Parcel Number (APN) of land is dedicated to the new development project. If an applicant has purchased the property outright and has clear title in hand and plans to construct or develop on it, the appraised value of the property as match to the grant request may be used. Examples include

- Unused government and tribal buildings,
- Buildings originally intended for another purpose,
- Surplus land,
- Government and tribal property, and
- Land trust.

The match may also be in the form of property ownership equity at the specific grant project site. Property equity match value is determined by a recent certified appraisal value (within 6 months of application), minus the outstanding loan amount (bank loan information documents required). The equation to calculate equity for match is:

$$\text{certified appraisal value} - \text{outstanding loan amount} = \text{equity value}$$

Sunk costs directly related to the development project, with documentation of paid invoices for professional services related to pre-development of the specific grant application, may also be approved as match on a case-by-case basis by the State.

All match amounts must be well documented and notarized and will be thoroughly reviewed by the State. Property valuations may or may not be approved by the State. Therefore, cash is the preferred form of match.

Services, Behavioral Health Subaccount funding, and State general funds will not be allowed as match. All match sources will be reviewed by the State prior to the awarding of funds.

3.5. BUDGET DEVELOPMENT

Applicants are required to submit a budget (see application attachment Form 2: Budget Template) with their Round 4: Children and Youth applications. All budgets must contain requested amounts for each phase of funding. If an applicant has a current Negotiated Indirect Cost 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 as the basis for indirect costs. Alternatively, if the applicant does not have a NICRA, the applicant may elect to use a rate of 10 percent of the modified total direct costs pursuant to 2 CFR 200.414(f).

3.6. ACCESSIBILITY AND NON-DISCRIMINATION

All developments shall adhere to the accessibility requirements set forth in California Building Code Chapters 11A and 11B and the Americans with Disabilities Act, Title II. In addition, developments shall adhere to either the Uniform Federal Accessibility Standards (UFAS), 24 CFR Part 8, or the U.S. Department of Housing and Urban Development's (HUD) modified version of the 2010 ADA Standards for Accessible Design (Alternative 2010 ADAS), HUD-2014-0042-0001, 79 FR 29671 (5/27/14) (commonly referred to as "the Alternative Standards" or "HUD Deeming Memo"). Accessible units shall, to the maximum extent feasible and subject to reasonable health and safety requirements, be distributed throughout the project and be available in a sufficient range of sizes and amenities consistent with 24 CFR Part 8.26.

Grantees shall adopt a written nondiscrimination policy requiring that no person shall, on the grounds of race, color, religion, sex, gender, gender identity, gender expression, sexual orientation, marital status, national origin, ancestry, familial status, source of income, disability, age, medical condition, genetic information, citizenship, primary language, immigration status (except where explicitly prohibited by federal law), justice system involvement (except where explicitly required by law), or arbitrary characteristics, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any project or activity funded in whole or in part with funds made available pursuant to this RFA. Nor shall all other classes of individuals protected from discrimination under federal or state fair housing laws, individuals perceived to be a member of any of the preceding classes, or any individual or person associated with any of the preceding classes be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any project or activity funded in whole or in part with funds made available pursuant to this RFA.

Grantees shall comply with the requirements of the Americans with Disabilities Act of 1990, the Fair Housing Amendments Act, the California Fair Employment and Housing Act, the Unruh Civil Rights Act, Government Code Section 11135, Section 504 of the Rehabilitation Act of 1973, and all regulations promulgated pursuant to those statutes, including 24 CFR Part 100, 24 CFR Part 8, and 28 CFR Part 35.

3.7. STATE AND FEDERAL PREVAILING WAGE

A project funded by a BHCIP grant is a "public works" project if the applicant intends to use the BHCIP funds for the "[c]onstruction, alteration, demolition, installation, or repair" of a building or structure (Cal. Lab. Code Section 1720(a); Cal. Lab. Code Section 1750(b)(1)). Applicants using BHCIP grants to fund public works are subject to California's prevailing wage and working hours laws (Division 2, Part 7, Chapter 1 of the California Labor Code) and the applicant's project is subject to compliance monitoring and enforcement by the Department of Industrial Relations (Cal. Lab. Code Section 1771.4(a)(1)).

Applicants must complete Form 5: Applicant's Certification of Prevailing Wage as a part of the application process. If DHCS selects an applicant to receive a BHCIP grant and the applicant is using the grant to fund a public works project, then the applicant shall submit a Certification of Compliance that



includes an attestation from the contractor certifying that the contractor will comply with California’s prevailing wage and working hours laws (including posting job notices, as required by Labor Code Section 1771(a)(2)). The Certification of Compliance shall also state that the contractor will maintain its labor records in compliance with all applicable state laws (Cal. Lab. Code Section 1776) and shall make all labor records available to the Department of Industrial Relations and any other applicable enforcement agencies upon request (Cal. Lab. Code Section 1771.4(a)(3)). The Certification of Compliance shall be signed by the general contractor(s) and the applicant.

If DHCS selects an applicant to receive a BHCIP grant and the applicant is not using the grant to fund a public work, then the applicant shall submit a Certification of Inapplicability to DHCS explaining why the project is not a public work as defined by California Labor Code Section 1720. The Certification of Inapplicability shall be signed by the general contractor(s) and the applicant.

3.8. EXEMPTIONS

In accordance with California Welfare and Institutions Code sections 5960.3 and 18997.97(l), projects funded by a BHCIP grant are

1. Deemed to be consistent with and in conformity with any applicable local plan, standard, or requirement;
2. Deemed to be allowed as a permitted use within the zone in which the structure is located; and
3. Not subject to a conditional use permit, discretionary permit, or any other discretionary reviews or approvals.

3.9. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA) EXEMPTION

CEQA shall not apply to a project funded by BHCIP if that project meets the requirements outlined in California Welfare and Institutions Code Section 5960.3(b). Applicants shall determine if they meet the requirements outlined in Section 5960.3(b) to qualify for the exemption from CEQA. And, in accordance with Section 5960.3(c), if an applicant determines that it qualifies for the exemption from CEQA, then the applicant shall file a Notice of Exemption with the Office of Planning and Research and the clerk of the county in which the project is located in the manner specified in subdivisions (b) and (c) of Section 21152 of the Public Resources Code, and the applicant shall provide DHCS with a copy of the filed Notice of Exemption. If the applicant determines that CEQA applies to its project, the applicant shall provide DHCS with copies of all appropriate documentation demonstrating the project’s compliance with CEQA once the applicant has received project approval.

DHCS is not responsible for determining if applicants meet the CEQA exemption requirements set forth in Section 5960.3(b). Furthermore, DHCS is not responsible for filing a Section 5960.3(c) Notice of Exemption on behalf of an applicant.

3.10 LOW-RENT HOUSING PROJECT EXEMPTION

In accordance with California Welfare and Institutions Code sections 5960.35(b)(1) and 18999.98, a project funded with a BHCIP grant shall not be considered a “low-rent housing project,” as defined in



Section 1 of Article XXXIV of the California Constitution, if the project meets any one of the following criteria:

1. The project is privately owned housing, receiving no ad valorem property tax exemption, other than exemptions granted pursuant to subdivision (f) or (g) of Section 214 of the Revenue and Taxation Code, not fully reimbursed to all taxing entities, and not more than 49 percent of the dwellings, apartments, or other living accommodations of the project may be occupied by persons of low income;
2. The project is privately owned housing, is not exempt from ad valorem taxation by reason of any public ownership, and is not financed with direct long-term financing from a public body;
3. The project is intended for owner-occupancy, which may include a limited-equity housing cooperative as defined in Section 50076.5 of the Health and Safety Code, or cooperative or condominium ownership, rather than for rental-occupancy;
4. The project consists of newly constructed, privately owned, one-to-four-family dwellings not located on adjoining sites;
5. The project consists of existing dwelling units leased by the state public body from the private owner of these dwelling units;
6. The project consists of the rehabilitation, reconstruction, improvement or addition to, or replacement of, dwelling units of a previously existing low-rent housing project, or a project previously or currently occupied by lower-income households, as defined in Section 50079.5 of the Health and Safety Code; or
7. The project consists of the acquisition, rehabilitation, reconstruction, improvement, or any combination thereof, of a project which, prior to the date of the transaction to acquire, rehabilitate, reconstruct, improve, or any combination thereof, was subject to a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households and maintains, or enters into, a contract for federal or state public body assistance for the purpose of providing affordable housing for low-income households.

If a project funded with a BHCIP grant is a “low-income housing project” as defined by Section 1 of Article XXXIV of the California Constitution but does not meet any of the criteria listed above, then the applicant shall comply with the requirements set forth in that section of the California Constitution.

Part Four: Award Scoring and Process

4.1. APPLICATION SCORING CRITERIA

BHCIP is a competitive application process and DHCS will only fund projects from applicants that are in good standing with all local, county, state, and federal laws and requirements. Funding decisions will be based on a variety of factors, including the phase of development at the time of application, the extent to which the project expands behavioral health services for the target population exclusively, and the degree to which the project addresses gaps in services for the population. Applicants who are in later phases of development (see Section 3.2) at the time of application will be scored higher.



At a minimum, applicants must provide a full and complete application and meet the following criteria to be considered for award:

- Demonstrate expansion of services for children and youth ages 25 and younger and pregnant/postpartum women and their children;
- Demonstrate match;
- Request a pre-application consultation by the deadline of August 10, 2022;
- Attest that the project will meet federal, state, and local laws;
- Demonstrate the capacity to complete project development and expend funds on time and on budget;
- Align with the State Priorities described in Section 1.1, above;
- Align with needs and gaps described in the statewide assessment, *Assessing the Continuum of Care for Behavioral Health Services in California*;
- Budget reasonable proposed costs for the facility type and scope of rehabilitation or renovations proposed;
- Demonstrate long-term sustainability for the proposed project; and
- Propose an increase in the number of persons to be served by the expansion.

4.2. AWARD PROCESS

Successful applicants will receive a conditional award email with a Standard Agreement Contract from AHP, the BHCIP administrative entity. The agreement must be signed, returned, and fully executed with AHP before initial funding will be awarded. Depending on the applications received, their project locations, allowable expenditures, amounts of funds requested, and funding available, DHCS may choose to fund only part of an application. In that case, DHCS would reach out to the potential awardee to determine their interest in receiving a smaller amount than originally requested.

Funds awarded pursuant to the project must be used to supplement, and not supplant, other funding available from existing local, state, or federal programs or from grants with similar purposes. Funding may not be used for “reimbursement.” Only those costs that can be associated with completing the project would be eligible costs as noted in Section 3.2.

Applications that are not funded during Round 4: Children and Youth may be considered for future funding rounds, subject to the requirements and priorities of those rounds. TA will be available to help applicants explore future BHCIP funding rounds, as well as other potential sources of funds to support the proposed projects.

4.3. APPEALS

California law does not provide a protest or appeal process against award decisions made through an informal selection method. Applicants submitting a response to this RFA may not protest or appeal the award. All award decisions made by DHCS shall be final.



Part Five: Project Operations

5.1. PROJECT OVERSIGHT AND REPORTING

As specified by DHCS and upon request, grantees shall provide progress reports in connection with the approved timeline, statement of work (SOW), and budget and any updates to the timeline for completion of the project. The progress reports should include the project's completion milestones and any updates or substantial changes. Grantees shall promptly notify DHCS of any changes in grantee organization, authorization, or capacity. This information will be outlined in the Standard Agreement.

Grantees are required to meet state financial and administrative reporting requirements and submit data through an online grantee portal. Reporting requirements will include quarterly reports and a final report. The annual report will be due no later than January 31 for the prior calendar year of January 1 to December 31. Funding will be contingent upon provision of timely submission of data and reporting. These requirements will be fully detailed upon award.

In addition to the foregoing, each grantee shall submit to DHCS periodic reports, updates, and information as deemed necessary by DHCS to monitor compliance and/or perform project evaluation. Any requested data or information shall be submitted in electronic format in a format provided by DHCS.

Additional reporting requirements may be required by DHCS for up to 30 years after completion of project construction.

5.2. DISBURSEMENT OF GRANT FUNDS

The Standard Agreement Contract will set forth the general conditions for disbursement. Once the Standard Agreement between the grantee and AHP is fully executed, grantees can authorize work to begin on their project. Disbursement of funds will follow a standard 30-day draw period and 45-day payment cycle for work completed. The grantee will submit to the draw authority invoices for work completed over the previous 30 days. The draw authority will review the draw request, approve the invoices for work completed, and issue approval for disbursement of funds to the grantee. The grantee will then be responsible for paying invoices in a timely manner, and within 45 days of initial submission of invoices to the draw authority. Subsequent funding for construction will be released following site inspections and once draw requests for work completed and invoices have been submitted for the previous 30-day period.

AHP will closely monitor progress on construction and will track and review all schedules, change orders, and contingency expenses. Grantees will be responsible for submitting invoices, revised budgets, and schedules to AHP for approval. Grantees must ensure that expenses are allowable under the contract and will be expected to provide sufficient backup documentation. Grantees are responsible for ensuring that their project is on schedule and on budget and will be responsible for cost overruns. Additional details regarding the funding and disbursement process will be provided upon award.



Part Six: Attachments

Applicants must include all of the following attachments with the application.

Form 1: Application Questions

Description: Application questions and related documents for Round 4: Children and Youth

- Letter(s) of support
- Any preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, and/or other renderings (please limit each file size to less than 20 MB)
- Resumes of the development team that developed the design/construction plans
- A copy of all executed contracts for hire related to your project’s development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)
- A certified appraisal and a bank loan document, if identifying a real property contribution for match
- A valid Rough Order of Magnitude (ROM) cost estimate, if no construction plan is yet in place
- If applicable, Form 8: Schematic Design Checklist

Form 2: Budget Template

Description: Pre-formatted template for all costs related to the project, including match

Form 3: Development Team Information

Description: Information on development team, including contact information and previous experience

Form 4: Design, Acquisition, and Construction Milestone Schedule

Description: Schedule for achieving design, acquisition, and construction milestones

Form 5: Applicant’s Certification of Prevailing Wage (inclusion in estimated budget)

Description: Certification with an attestation from the contractor that the contractor will comply with California’s prevailing wage and working hours laws

Form 6: Applicant’s Certification of Funding Terms

Description: Certification that the applicant will receive, expend, and administer all funds received under this initiative pursuant to the terms outlined

Form 7: Community and Youth Engagement Tracking

Description: Table to list community and youth engagement activities

Form 8: Schematic Design Checklist



Description: Checklist of start and completion dates for schematic design drawings, including architectural and engineering technical information

Attachment A: Pre-Application Consultation Process

Description: Outline of the pre-application consultation process, including a link to the required survey

Attachment B: Glossary of Terms

Description: Glossary of terms for Round 4: Children and Youth

