Behavioral Health Continuum Infrastructure Program (BHCIP)

Round 4: Children and Youth

Form 1: Application Questions | [Online Application Portal]

Round 4 applications are being accepted through ZoomGrants. This form contains the questions found within the Zoomgrants portal. Applicants are encouraged to review this form, and the documents, templates and attachments listed in this document and the RFA, prior to beginning their online application.

Applicants will need to complete a *separate application for each project planned in a unique location*. You may close your online application and return to it later from the same computer; your entry will be saved. You may also move backward in the document and change your responses before submitting. No edits can be made after you have submitted the application*.*

Round 4: Children and Youth grant applications must be submitted no later than 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.

For questions regarding this application, budget, and submission, please email BHCIP@dhcs.ca.gov. If you are having any technical difficulties with your online application and require assistance, please contact Questions@ZoomGrants.com.

Please refer to **Request for Application (RFA) for Round 4: Children and Youth**, **Forms 1–8** and **Attachments A and B** located on the [Children and Youth grant page]. A complete list of required documents is included at the end of this form.

The first step in applying is scheduling a Pre-Application Consultation (PAC) Survey. If you have questions about any of the documents, requirements or information required in this application form, or any part of the Round 4 RFA, applicants are encouraged to discuss this with the Implementation Specialist assigned to their consultation.

For more details about the PAC, visit the Pre-Application Consultations and Technical Assistance page. Implementation Specialist assigned to consult potential applicants are disqualified from reviewing any applications that may be submitted as a result.

They are a resource dedicated to helping applicants successfully navigate a complex application process and applicants are encouraged to utilize their knowledge and experience to the fullest extent possible.

Additional information, forms, and links are available on the Children and Youth page.

APPLICANT INFORMATION
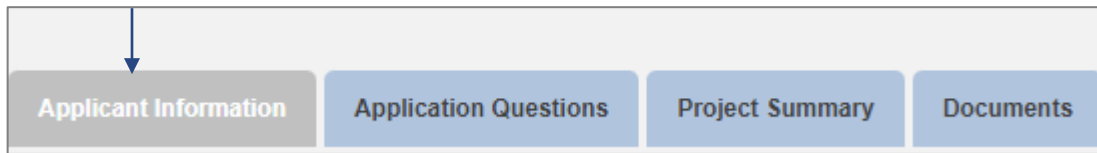
This information is entered under the 'Applicant Information Tab' in the ZoomGrants portal.

For 'Match Value' enter numerical values only. Question 26 provides a space to enter details concerning the match value and source.

Project Title:	
Amount Requested:	
Match Value:	
Applicant Information (Enter the Name and Contact Information for Project Director)	
First Name	
Last Name	
Telephone	
Email	
Organization Information (Entity Applying for Funding Information)	
Name of Entity	
(Street) Address 1	
(Street) Address 2	
City	
State	
Zip+4 Postal Code	
Country	
Telephone	
Fax	
Website	
Federal Tax ID (EIN)	
UEI Number	

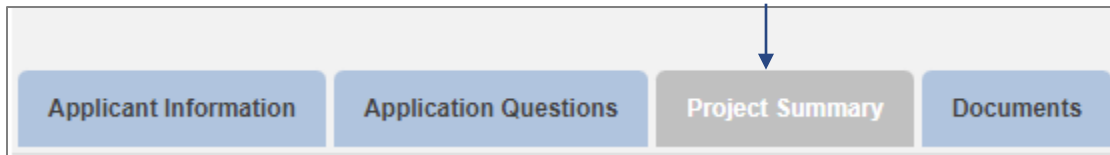| Lead Authorized Representative	
First Name	
Last Name	
Title	
Email	

PROJECT SUMMARY

Table 1) Project Site Information: Project Site Information: Enter the street address of the proposed project. For new ground-up construction, enter the APN# or Parcel ID if not address has been assigned. Abbreviate as follows: Rd, St., Pl., Ave. Enter as much text as allowed. Make sure full address is also listed in response to Question 8.

Project Summary (Physical Location of Proposed Project)	
Address Line 1	
Address Line 2	
Street	
City	
State	
Zip	
County	
Parcel /APN #	
Congressional District(s)	

Table 2) Medi-Cal Table: Please provide the following figures: (a) current percentage of Medi-Cal beneficiaries served for each target population; (b) projected percentage of additional Medi-Cal beneficiaries to be served. Enter numbers only, do not enter ranges or symbols.

Target Population	Current percentage of Medi-Cal Beneficiaries served	Projected percentage of additional Medi-Cal beneficiaries to be served
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		
Family Services		

APPLICATION QUESTIONS

1. What type of entity is the lead applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

☐ County

☐ City

☐ Tribal Entity

☐ Nonprofit Corporation

☐ For-Profit Corporation

2. If applicable, what type of entity is the co-applicant? If selecting Nonprofit Corporation, provide evidence of nonprofit status.

☐ County

☐ City

☐ Tribal Entity

☐ Nonprofit Corporation (please provide evidence of nonprofit status)

☐ For-Profit Corporation

☐ Not applicable

PRE-APPLICATION CONSULTATION

3. **PAC Survey:** Have you submitted a pre-application consultation survey for Round 4: Children and Youth? The survey is necessary to schedule the pre-application consultation, which is a required activity. The deadline to submit a pre-application consultation survey and request a PAC is August 10, 2022.

PAC Code_____

Last name of PAC Implementation Specialist_____

PROJECT INFORMATION

4. **Facility Category:** Please select the category of the facility according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. Applicants should discuss project types during the pre-application consultation.

☐ Outpatient services
☐ Residential clinical program

5. **Facility Type:** *See eligible facilities as outlined in Section 3.3: Eligible Facilities. Select all facility type(s) for which funding is being sought in this application.*

☐ Adolescent Residential Treatment Facilities for Youth with Substance Use Disorder (SUD)
☐ Children's Crisis Residential Program (CCRP)
☐ Community Mental Health Clinic (outpatient)
☐ Community Treatment Facility (CTF)
☐ Community Wellness/Youth Prevention Center
☐ Crisis Stabilization Unit (CSU)
☐ Outpatient Treatment for SUD
☐ Partial Hospitalization Program
☐ Perinatal Residential SUD Facilities
☐ Psychiatric Acute Care Hospital
☐ Psychiatric Health Facility (PHF)
☐ School-Linked Health Center
☐ Short-Term Residential Therapeutic Programs (STRTPs)

6. **State Priorities:** Identify each of the State Priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

☐ 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

7. **Describe State Priorities:** Please describe how your project meets the priorities you have selected above (limit 500 words).

8. **Geographic Service Area:** What is the geographic service area (including cities/counties) for the proposed project? Also include the physical address of the project site.

9. **Medi-Cal Beneficiaries:** Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

☐ Yes

☐ No

10. **For-profit Experience:** If the applicant is a for-profit organization that does not have prior behavioral health experience, they must collaborate with 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 for-profit organization's role in the project, including that they are working on behalf of the service provider

B) Narrative description of related prior experience, describing the successful development, ownership, or operation of a comparable size and type of project for individuals who qualify as members of the target population (see #11).

C) Not applicable: applicant is not a for-profit organization

11. If you selected "B) Related prior experience," above, please describe that experience. (Limit 400 words)

[   ]

12. **Services Payors:** Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete (limit 200 words).

[   ]

13. **Percentages of Funds by Payors:** Please include percentages of funds by payor, as described in question 12. Totals should equal 100%. For other, please reference "other" as described in question 12.

☐ Insurance
    ☐ Private health: _____
    ☐ Medi-Cal: _____
☐ Grant: _____
☐ Funding from county: _____
☐ Private pay: _____
☐ Other (reference "other" as described above): _____

TARGET POPULATION/DIVERSITY

14. **Expanding Capacity:** Describe how the proposed project will expand community capacity for serving children and youth ages 25 and younger, including pregnant/postpartum women and their children and

transition-age youth, along with their families. In addition, please describe the applicant's experience working with this population (limit 500 words).

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15. **Licensing and Certifications**: List any behavioral health licensing, certifications, and/or accreditations required at the state and/or local level to operate the existing program. Include licensing and certification numbers and named holders as applicable.

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16. **Family Services**: Will the proposed infrastructure project include family-based clinical or supportive services to the target population? Please indicate whether the project will provide family-based services for each target population by writing YES or NO in the spaces provided.

Target Population	Yes, family services included	No, family services not included
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		

17. **Family Services: Description:** Describe any of the family-based clinical or supportive services being offered (limit 500 words).

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18. **Diversity, Equity and Inclusion**: Describe how the project will advance racial equity & meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care. Limit 500 words

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PROJECT DEVELOPMENT REQUIREMENTS

19. **Project Readiness:** Has the proposed project met the minimum threshold for project readiness (as outlined in RFA Section 3.2)?

☐ Yes
☐ No

20. **Development Phase:** Which phase of development describes the current status of the project (see RFA Section 3.2)? Select only one.

☐ Phase 1: Planning and pre-development

☐ Phase 2: Design development

☐ Phase 3: Shovel ready

☐ Final Phase: Construction

21. **Development Phase Description:** Describe the phase selected above and how your project fits within this phase below. (Limit 400 words)

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22. **Project Construction Type:** Enter the square footage associated to the project type, as it applies to your proposed project. Multiple selections allowed.
Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; e.g., 1,354 sqf should be entered as "1354"

Project Construction Type	Square Footage
1. New ground-up construction (e.g., a new facility or new setting being built)	

2. Addition to an existing structure (e.g., constructing a new wing, new floor)	
3. Rehabilitation of an existing facility that expands service capacity at current site	
4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	
5. Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)	
Total Square Footage:	

23. **Describe Project Construction Type:** Based on above selection(s) please clearly describe not only the construction type, but what services will be offered as a result of that construction. Please describe how your project fits the construction type(s) selected above. If more than one was chosen, please clearly describe not only the construction type, but also the services that will be offered once construction is complete resulting from each separate Project Construction Type as outlined above. (limit 400 words).

> For example: A project may be both "Addition to an existing structure" as well as "Rehabilitation of an existing facility" if it includes improvements to an existing structure *that expand capacity* in addition to adding a new wing or floor. An acceptable description of these services would begin by summarizing as follows:
>
> - This project will add a new 800 SF wing to our existing CTF that will enable us to add 6 additional beds to our overall capacity (*followed by additional details*).
>
> - The proposed project also involves the rehabilitation of our main outpatient facility space to allow for 60 new outpatient slots annually (*followed by additional details*).

24. **Previous Applications:** Has the applicant applied for previous BHCIP Rounds 1 through 3, including the Joint RFA and any Community Care Expansion (CCE) funding?

☐ Round 1: Crisis Care Mobile Units (CCMU)

☐ Round 2: County and Tribal Planning

☐ Round 3: Launch Ready

☐ CCE: Capital Expansion

☐ CCE: Pre-Development

☐ No

25. **Previous Awards: Has the applicant received an award or notice of award for any of the above funding rounds?** Enter project title, award date, & describe how funds requested for Round 4 will be used for the separate and distinct purpose of further expansion of behavioral health services for the target population (limit 400 words).

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26. **Match Requirements:** Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document. The match values listed here should align with the match values listed in Form 2: Budget Template.

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27. **Permits and Approvals:** List all approvals and permits that will be required to complete the project, and describe your strategy for obtaining them in a timely manner (limit 500 words).

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28. **Outpatient Capacity:** Provide existing and expanded capacity below, by indicating how many individuals from the target population are currently served at the facility discussed in this proposal. Provide first existing capacity followed by expanded capacity.

If no outpatient services are currently provided and/or if this project is New Construction, Enter 0 for all Existing Outpatient Categories. Please note, only numerical values should be entered in the slot capacity cell. No special characters. Slots should be calculated on an annual basis.

Target Population	Existing Outpatient Capacity (total annual slots)	Expanded Outpatient Capacity (total annual slots)
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		
Family Services		
TOTAL		

29. **Outpatient Expanded Capacity by Project Type:** Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.

The expanded total number of unique individuals served on an annual basis above your current outpatient capacity is the total value. Do not include current capacity. Enter numerical values only. Do not enter ranges.

Target Population	Ground-Up Construction Project Expanded Capacity	Rehab/Addition Expanded Capacity
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		
Family Services		
Total Expanded Capacity		

30. **Residential Capacity:** Provide existing and expanded residential capacity below, by providing number of beds in use at the proposed project site (EXISTING) and then proposed number of new beds (EXPANSION.) Provide physical number of beds only, not annual capacity. If no residential services are currently provided, enter 0. If Ground-Up Construction, Enter 0. Enter numerical values only. Do not enter ranges or any other values.

Target Population	Existing Residential Beds	Expanded Residential Beds
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		
Family Services		
TOTAL		

31. **Expanded Residential Capacity by Project Type: Using the numbers provided above for Expansion, enter the proposed expanded capacity by construction type.** *The expanded number of physical beds proposed is the total value. Do not include current capacity. Enter numerical values only. Do not enter ranges.*

Target Population	Ground-Up Construction Project Expanded Bed Count	Rehab/Addition Expanded Bed Count
Children (birth–18 years)		
Transition-Age Youth (18–25 years)		
Perinatal (pregnant/postpartum women and their children)		
Family Services		
Total Expanded Capacity		

32. **Narrative Description:** Provide a detailed narrative description of the proposed project's construction and design. Limit 1500 words.

- Describe any preliminary site plans, design drawings, and/or construction plans for the proposed project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor.
- If no construction plan is yet in place, please submit a valid Rough Order of Magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.
- Describe any site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
- Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements.
- Include an explanation of any required demolition and off-site improvements (limit 1500 words).

33. If applicable to your phase, please upload the following documents:

- Form 8: Schematic Design Checklist
- Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

  Limit each file to 20MB. Label files as follows: Form Name_Project Title_Date. An example would be: Form 8_Sunny Acres Rehab_060122 or Drawings_Sunny Acres Rehab_060122.

34. **Timeline for Incomplete Documents:** If you do not have one or more of the requested documents available, please share your timeline for completing them in the box below (limit 500 words).

COMMUNITY SUPPORT AND YOUTH INVOLVEMENT

35. **Letters of Support and Community Engagement:** Complete and Upload Form 7: Community and Youth Engagement Tracking, as well as one of more of the following(see RFA Section 3.1 Eligibility Requirements). *Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. An example would be: LOS_Sunny Acres Rehab_Kern County BH Department. Abbreviations are fine.*

☐ County board of supervisors, county behavioral health director, or county executive

☐ City council

☐ Tribal council (i.e., tribal council resolution)

☐ Community stakeholders and/or other community-based organizations

☐ Elected or appointed officials

36. If applicable, upload a letter of support from (see RFA Section 3.1: Eligibility Requirements):

- The applicant's CEO and/or board
- 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.
- The county behavioral health agency or, if a tribal facility, the tribal board at the time of application or within the grant decision period (the letter must indicate that BHCIP 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 ground-up construction is complete)

37. Please list the name, title, and affiliation of all authors of letters of support included with this application.


38. **Funding Request by Project Type**: As indicated in applicant response to Question 22, provide the total grant amount requested, not including match, by project construction type. Enter numerical values only. Enter 0 if type does not apply.

Project Construction Type	Grant Amount Requested
1. New ground-up construction (e.g., a new facility or new setting being built)	
2. Addition to an existing structure (e.g., constructing a new wing, new floor)	

3. Rehabilitation of an existing facility that expands service capacity at current site	
4. Acquisition and adaptive reuse of an existing property (e.g., repurposing a grocery store)	
5. Acquisition of existing facility/building, ready for turnkey operations (no renovation needed)	

REQUIRED DOCUMENTS (ALL APPLICANTS)
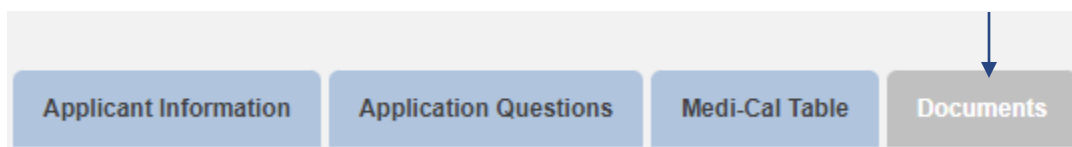
Please ensure all the following required documents have been completed and uploaded along with your application (Please note, Form 1: Application Questions (this document) contains the questions that will be required, as applicable, in the zoomgrants portal.

Forms 2-8 below are available both on the Children and Youth Grant Page as well as in the ZoomGrants Portal; the documents on both sites are identical.

- Form 1: Application Questions (This document)
- Form 2: Budget Template
- Form 3: Development Team Information
- Form 4: Design, Acquisition, and Construction Milestone Schedule
- Form 5: Applicant's Certification of Prevailing Wage
- Form 6: Applicant's Certification of Funding Terms
- Form 7: Community and Youth Engagement Tracking
- Form 8: Schematic Design Checklist (as applicable)
- 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
- Letters of Support (See question 36)
- MOU with your partnering agency, if you are a for-profit entity who is not providing evidence of prior experience with a project of this type.

Please label all files for upload as follows: *Document Title_Project Title_Date.* Keep file names short – abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601.*

ACCESIBILTY STATEMENT

We are committed to accessibility. 508 compliant versions of all documents and attachments are available on the Children and Youth grant page. If you require assistance completing any of the attachments or entering information into the ZoomGrants portal, please contact BHCIP@dhcs.ca.gov and assistance will be provided.

THANK YOU!

Thank you for completing the BHCIP Round 4: Children and Youth online application. An email confirmation has been sent to the Lead Authorized Representative's email address listed in the application. If you have any questions, please contact BHCIP@dhcs.ca.gov.