



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

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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**

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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

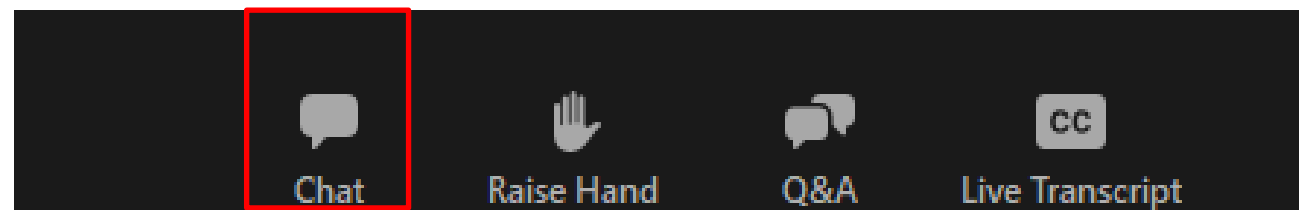
Round 4: Children and Youth

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?

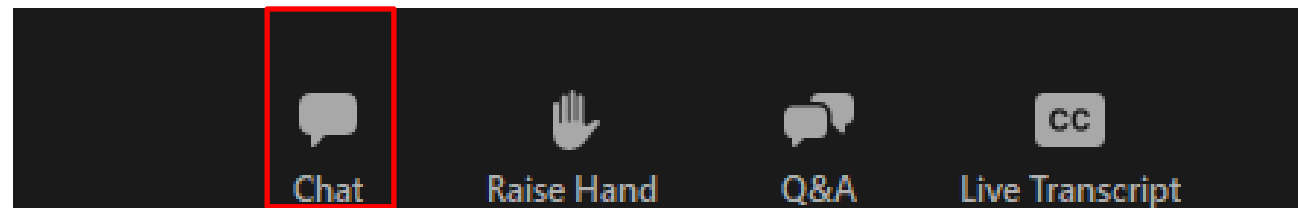


Technical Assistance

- 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