



Behavioral Health Continuum Infrastructure Program
and
Community Care Expansion Program
BH County and Tribal Planning Grants

California Infrastructure Investment

- California is making a significant investment in infrastructure by providing grants to qualified entities to construct, acquire, and rehabilitate real estate assets.
- \$3 billion in infrastructure funding opportunities is available through the Behavioral Health Continuum Infrastructure Program (BHCIP) at DHCS and the Department of Social Services' Community Care Expansion (CCE) program.

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 sustainability
- Leverage the historic state investments in housing and homelessness

Minimum Plan Elements

The action plan must include, at minimum:

- Identification of a project director/lead
- An overall description of the applicant's goals, time-oriented objectives, and strategies
- A description of the priority BHCIP and CCE infrastructure project(s) pursued, and possible funding round(s)
- An outline of partnerships for implementation of the action plan

Minimum Plan Elements

- A description of the infrastructure gaps and challenges or barriers to providing BH services and proposed strategies and solutions to address them utilizing DHCS's Needs Assessment and other local information and data that illustrates or documents gaps and needs in the BH care continuum
- A staffing plan, with priority strategies focusing on recruiting and retaining diverse and multicultural staff, including those who are Black, Indigenous, and People of Color (BIPOC)
- Required resources to undertake implementation of the action plan and steps to secure those resources

COLLABORATION

What are your anticipated planning activities? Who are your stakeholders and potential service delivery partners, and how will you involve them? Please briefly describe.

Stakeholders and service partners would be assembled as a steering committee that includes representatives of the applicant, the Health Plan of San Mateo, the Mental Health & Substance Abuse Recovery Commission, the Department of Housing, our Provider Association, the County Department of Real Property (County Managers Office), other Jurisdictions (cities, health districts), providers, Consumer Advocacy Groups, consumers, and the public. Planning activities include review of needs assessments and other data to define needs and system gaps. Define potential projects, narrowing down to two possibilities (one BHCIP & one CCE), and scope the basics of each project such as site and staff plans, and building programming. Identify sites and buildings as candidates for each project, conduct constraints analyses, and feasibility studies. All of the planning activities would be under the review of the steering committee, which will meet 17 times for a total of 17 hours of process oversight and critical decision making.

BH INFRASTRUCTURE GOALS

Please briefly describe your behavioral health infrastructure goals and priorities.

Behavioral Health & Recovery Services (BHRS) has a long standing commitment to the construction and acquisition of permanent housing for our consumers, which remains a primary goal and priority. BHRS has a longterm vision for a community clinic in South San Francisco where one does not exist, meeting the needs of an area with BIPOC populations. BHRS and the County are committed to keeping residential facilities, from SUD residential treatment to ARFs to RCFEs, in the County to maintain and expand bed counts. This was demonstrated in 2017 with a mortgage program that paid or reduced provider property mortgages and BHRS seeks to expand this effort by securing vacant properties to be developed as residential facilities free of escalating land costs or the lure to sell property and lose beds, and BHRS desires to expand existing facilities. This could improve bed availability across several residential needs, facilities that serve our SMI and SUD residents that receive SSI, and targeted to communities with under served populations, including BIPOC and the homeless.

POTENTIAL OUTCOMES

What are your three desired outcomes from participation in this planning grant? Please briefly describe.

BHRS seeks from this process an outcome that identifies potential projects and their feasibility that can be used for future funding cycles related to this initiative or other future grant opportunities, as well as inform and help move forward the County effort to acquire land for future beds and to stem the continuous loss of beds. Another desired outcome is the opportunity to collaborate with our many partners and together develop a vision of possibilities that can strengthen our relationships and result in a common set of goals and priorities for behavioral health infrastructure. The third desired outcome is to come out of this process with a well defined project that is cost estimated and nearly shovel ready that can make BHRS a viable candidate for upcoming BHCIP and CCE funding cycles and end with a completed project that meets the vision created collaboratively under this planning grant and addresses the needs of specific populations that are now under or unserved.

PLANNING ACTIVITIES

What are your anticipated planning activities? Who are your stakeholders and how will you involve them? Please briefly describe. Planning activities include: 1) Project Start Up (Refine scope and budget, Kick Off); 2) Background & Baseline Analysis (Review assessments and data, stakeholder interviews, projects memo); 3) Identify Project Alternatives (Hold stakeholder sessions, conduct stakeholder survey, proposed projects memo); 4) Identify Preferred Projects (scope alternatives, planning level budgets, alternative options memo, stakeholder sessions, preferred project memo); 5) Preferred Project Plan (site & staffing plans, building programming, planning level budgets, alternative options memo, hold stakeholder sessions, implementation memo, draft and final plan documents); 6) Pre-Development Activities (Identify sites and buildings, constraints and barriers analyses, complete feasibility studies). The stakeholders identified in the "Collaboration" section will be interviewed, surveyed, and participate in 7 stakeholder sessions, and make the major decisions.

NEEDS ASSESSMENT

Have you conducted a county or tribal infrastructure needs assessment? Yes No

If yes, please describe. If not, describe what data will be used to inform the planning process.

San Mateo County (SMC) Health, of which BHRS is a division, conducts IRS conforming Community Health Needs Assessments on a regular basis, the last one in 2019, which includes behavioral health data. Housing infrastructure needs are identified in the No Place Like Home Community Plan and the Housing First Expectations document completed by Focus Strategies(2019), which amends the Ending Homelessness in SMC Strategic Plan (2017 (currently in update)), in the SMC Consolidated Plan (2018-2022), and the Housing Element of the General Plan (2015 (currently in update)); at risk and lost beds for SUD, ARF, and RCFE are analyzed in the Regional Bed Erosion Study (2020); and additional data comes from Strategies for Building Healthy, Equitable Community (Get Healthy SMC, 2015), the DHCS Needs Assessment (2022), and the data from the SMC All Together Better Portal (Youth Need Index, Health Data, Socio-Economic & Disadvantaged Data), which is also mapped.

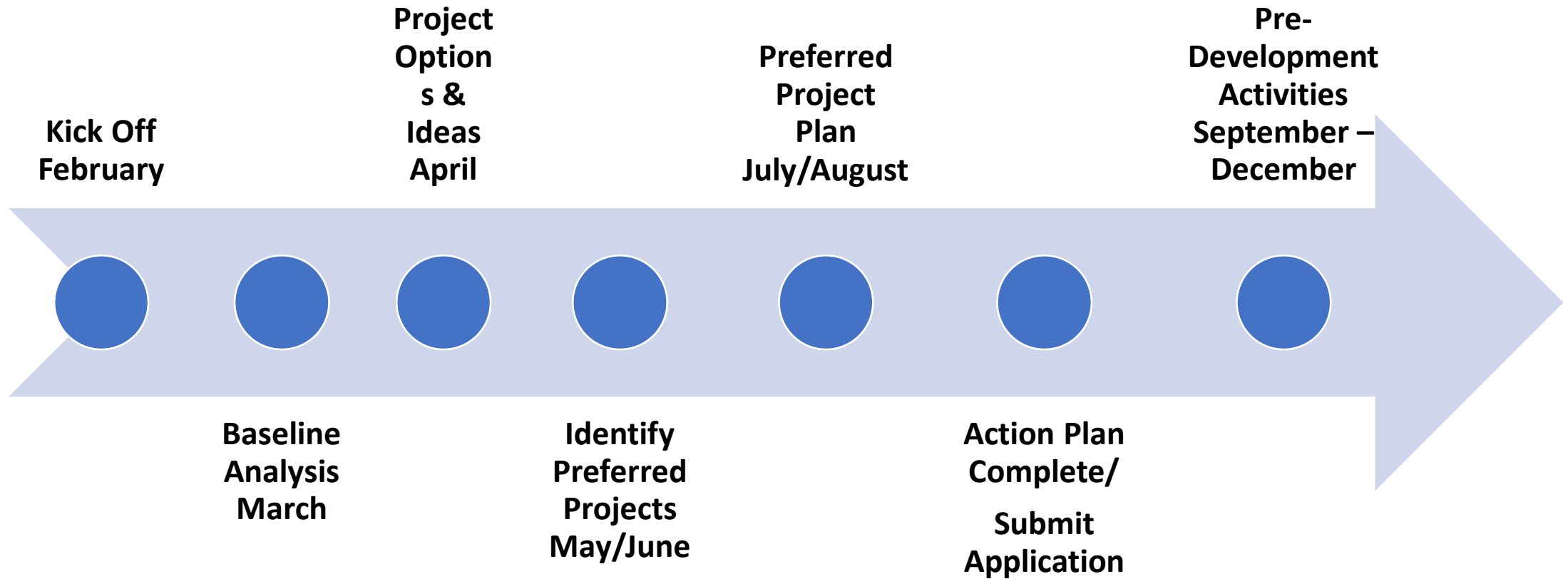
PRE-DEVELOPMENT ACTIVITIES

What pre-development or other activities do you hope to complete as part of this planning grant?

BHRS proposes pre-development activities to ready proposals for both the BHCIP and CCE grant funding cycles. This includes 1) Identify Development Sites & Buildings for Rehab/Expansion (Review housing and development land data to identify sites, meet with developers and Realtors to identify additional sites or gain information on identified sites, interview SUD, ARF, and RCFE facility owners to identify facilities, tour land and facilities, potential sites/building memo); 2) Site & Building Constraint and Barrier Analysis (Identify and analyze site and building constraints, prioritize based on analysis, produce preferred site & facility memo); and 3) Feasibility Studies (Hold stakeholder session to update participants on identified land and facilities, and the preferred projects based on the constraints and barriers analysis, then utilizing stakeholder direction, complete feasibility studies on the top BHCIP proposed project and the top CCE proposed project).

PLANNING PROJECT TMELINE

February - August





GRANT WEBSITE:

[Home - Improving California's Infrastructure
\(buildingcalhhs.com\)](http://buildingcalhhs.com)

STATE WEBSITE:

[BHCIP-Home \(ca.gov\)](http://ca.gov)



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Improving California's I

CalHHS infrastructure funding, alongside significant new state budget reform, and the social safety net, will address historic gaps in care and growing demand for services and supports across the lifespan.

The California Department of Health Care Services (DHCS) are planning to design and implement two new programs to support infrastructure