



# Behavioral Health Bridge Housing (BHBH) Program Office Hours

Hosted by Advocates for Human Potential September 6, 2023







-

# DHCS Welcome Kansa Foster

Behavioral Health Expansion Branch Community Services Division Department of Health Care Services

# Land Acknowledgement

Sarah Caligiuri, CEO/Co-Founder NARS

**Western Shoshone** 



## From the BHBH Program Tribal Entities RFA Team



Amanda Barrios Griggs Senior Program Manager, BHBH Tribal Project Lead



**Cheryl Wilcox** AHP Senior Consultant, Tribal Behavioral Health



Sarah Caligiuri NARS CEO, Principal Consultant





## Agenda

- ✓ Brief Overview of BHBH Program Tribal Entities RFA
   ✓ Purpose of Office Hours
- ✓ Purpose of Office Hours
- ✓ Open Forum
- ✓ Overview of Track 1 & 2 applications
- ✓ Closing



## **Behavioral Health Bridge Housing** (BHBH) **Program Overview**

Application Deadline: September 15, 2023 at 4:00 P.M. PST

California's Department of Health Care Services (DHCS) will provide a total of \$1.5 billion in funding to county behavioral health agencies and tribal entities to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have serious behavioral health conditions, including a serious mental illness (SMI) and/or substance use disorder (SUD).





## **Purpose and Priorities of the BHBH Program**

- The BHBH Program provides funding for operational and supportive services, not covered under other funding sources, to expand bridge housing implementation.
- > The following priorities drive the implementation of the BHBH Program:
  - > This is a critical need, and the focus is on immediate and sustainable solutions.
  - Collaboration will complement ongoing state, county, and Tribal efforts to address homelessness.
  - BHBH Program settings will provide supportive services and housing navigation to assist people who have serious behavioral health conditions and are experiencing homelessness.



#### Track 1 and Track 2: Overview Application Deadline: September 15, 2023 at 4:00 P.M. PST

# Total BHBH Program Funding: \$50M

#### Track 1: Planning Grant

- Funding Request: \$150,000
- Term: through December 31, 2024

#### **Track 2: Implementation Grant**

- Maximum Funding Request: \$5M
- Term: through March 31, 2027

# If you want to do both planning and implementation:

Apply under <u>Track 2: Implementation</u>



## **Purpose of Office Hours**

#### **General topics for this session:**

- Understanding the application process
- Budget requirements
- Troubleshooting issues

While encouraging applications for the BHBH Program, this presentation is about bridge housing services and how they can be developed. It is not intended to provide specific recommendations for the BHBH Program Tribal Entities RFA.







## **Open Forum for Questions**







# Behavioral Health Bridge Housing (BHBH) Application Guide

ACCESS THE ONLINE PORTAL

# **Application Procedures**



#### **Application Portal**

The BHBH Program application uses a fillable form on an online application portal hosted by <u>SurveyMonkey Apply</u>.

#### You will be asked to upload documents including:

- □ organizational chart
- □ budget
- □ budget narrative
- □ necessary supporting documentation

We recommend downloading the application and drafting responses

prior to working in SurveyMonkey Apply.

# **Application Procedures**



#### Accommodations

DHCS will provide assistive services such as reading or writing assistance and conversion of the RFA, questions and answers, RFA addenda, or other Administrative Notices to Braille, large print, audiocassette, or computer disk as needed. To request copies of written materials in an alternate format, please send an email to <u>BHBHinfo@ahpnet.com</u> or call (323) 545-6202.



# Part 1: Accessing the Application

## ibes & Tribal Entities

#### • Step 1: Visit the <u>BHBH Program</u> <u>Tribal Entities RFA website</u>.

• Click "Apply Now" to go to the SurveyMonkey Apply webpage.

#### Request for Applications (RFA) Documents and Resources

+	Download the FULL RFA	>
+	Track 1 Planning Grant	>
+	Track 2 Implementation Grant	>
+	Resources	>

+ Frequently Asked Questions (FAQs) >



#### New Funding Opportunity for Tribal Entities

The California Department of Health Care Services (DHCS) is pleased to announce the release of the Behavioral Health Bridge Housing (BHBH) Program Tribal Entities Request for Applications (RFA).

The BHBH Program Tribal Entities RFA will make up to \$50 million available for use in the planning and implementation of bridge housing services for individuals in Tribal communities who are experiencing homelessness and have serious behavioral health conditions, including serious mental illness and/or substance use disorder.

DHCS has engaged Advocates for Human Potential, Inc. (AHP), a consulting and research firm focused on improving health and human services systems, to serve as th BHBH Program administrative entity. AHP and partners will offer technical assistance during the application process and throughout the course of this grant.

#### Applications are due no later than September 15, 2023, at 4:00 p.m. PT.

Need Support? Contact the Help Desk!

**Part 1: Accessing the Application** 

• Step 2: Ensure the page is titled **Behavioral Health Bridge Housing** (BHBH) Program Tribal Entities **Request for Applications (RFA)** and review the welcome information.

Behavioral Health Bridge Housing (BHBH) Program Tribal Entities Request for Applications (RFA)

Welcome to the BHBH Program application portal. Note that applications will only be accepted from the Tribal entities as described in Attachment C of the RFA. If you have any questions on your eligibility, please send them to the BHBH Help Desk.

**BEHAVIORAL HEALTH** 

**HEALTH CARE SERVICES Bridge Housing** 

PHCS

**CALIFORNIA DEPARTMENT OF** 

Log

Advocates for Human Potential, Inc.



#### APPLY

Open to Organizations and individual applicants can apply.

Opens Jul 7 2023 12:00 AM (PDT)

Deadline Sep 15 2023 05:00 PM (PDT)

# Part 1: Accessing the Application

HCS |

 Step 3: After clicking "Apply", you will be asked to name your application. Please use the name of the organization applying for funding. Click "Create Application."

# X DO AM (PDT) Name your application Your Tribal Entity Name HEALTH 75 characters maximum CREATE APPLICATION CANCEL

**Part 1: Accessing the Application** 

PHCS | C BEHAVIORAL HEALTH Bridge Housing

• Step 4: Sign in with an existing SurveyMonkey Apply account or register a new account

#### Register with G OR Register as an individual Register as an organization First name Last name Email Password $\odot$ Confirm password $\odot$ By registering for an account, you agree to our terms of service and privacy policy.

I'm not a robot

reCAPTCHA Privacy - Terms



# Part 1: Accessing the Application

• Step 5: (Optional) Select "Add Collaborators" to allow others to contribute or view this application.

ential, Inc.	🐥 Programs	🏫 My Appl
Collaborators		
If you have chosen to apply as an individual, you can add collaborators who will be able to view or co	ontribute to your a	opplication.
Type of access View & edit View only		
Message (optional)		
		SEND
ED BY 🦚 Apply		Copyright © Mo

**Part 1: Accessing the Application** 

HCS 6 BEHAVIORAL HEALTH Bridge Housin

• Step 6: Click "Application Form" to continue the application process • You can exit and return using this link: **BHBH\_TribalEntities** 

	4	晃 Programs	Applications	i) -
oplication	🔿 🖹 Application Form			•••
<u>Housing (BH</u>	Application Questions		0%	
orm >	By checking this box, I acknowledge that I am con application on behalf of an eligible Tribal entity, a Applications (RFA).	npleting this as defined in t	BHBH Program the Request for	
complete				
23 02:30 PM (PDT)	SAVE & CONTINUE EDITIN	NG NEXT		
SUBMIT				
3 05:00 PM (PDT)				

Part 1: Accessing the **Application** 

HCS 6 BEHAVIORA HEALTH Bridge Housin

 Step 7: We recommend downloading the application and drafting responses prior to working in SurveyMonkey.

#### **Application Questions** We recommend downloading the application and drafting responses prior to working in SurveyMonkey. > For the purposes of this application process, Tribes and Tribal entities may be referred to as "organizations." In these questions, "you" and "your" refer to the applicant's organization, Tribe, or Tribal entity. Please complete the application questions from the perspective of your eligible Tribal entity, rather than as an individual.

#### **Required Organization Information**

1. Tribal Entity Type (as defined in Section 1603 of Title 25 of the United States Code and further defined in Section 5304):

Federally recognized Indian Tribe 

Application Form

E

(PDT)

UBMIT

(PDT)

- Tribal organization
- Urban Indian organization  $\Box$

#### 20

...

Download

Reset



HCS

- Step 8: Complete the application form
- Required Organizational Information – Select tribal entity type: For more information, please use the links provided.
- Tribal Entity Name

K Back to application		G
<u>vioral Health Bridge Housing (BH</u> <b>al Entity</b>		Aŗ
00000060		
Application Form	>	We Sur
0 of 1 tasks complete		For "or Tri
ast edited: Aug 31 2023 08:57 AM (MD	Т)	elig
REVIEW	т	Re
Deadline: Sep 15 2023 06:00 PM (MDT)	)	1. 1 an
		C

😑 🖹 Application Form

#### Application Questions

6%

Ne recommend downloading the application and drafting responses prior to working in SurveyMonkey.

For the purposes of this application process, Tribes and Tribal entities may be referred to as "organizations." In these questions, "you" and "your" refer to the applicant's organization, Tribe, or Tribal entity. Please complete the application questions from the perspective of your eligible Tribal entity, rather than as an individual.

#### **Required Organization Information**

1. Tribal Entity Type (as defined in <u>Section 1603 of Title 25</u> of the United States Code and further defined in <u>Section 5304</u>):

- Federally recognized Indian Tribe
- Tribal organization
- Urban Indian organization

🗌 Health care program operated by an Indian Tribe, Tribal organization, or Urban Indian organization

Other (please describe your organization)

#### 1a. Tribal Entity Name

2. Does the organization have 501(c)(3) status?

...



- 501(c)(3) Status: Choose 'Yes' if your organization has 501(c)(3) status. Otherwise, select 'No' or 'N/A' as applicable.
- Mailing Address

	1a. Tribal Entity Name						
2. Does the organization have 501(c)(3) status?							
	Yes						
	Νο						
	N/A						
3. Ma	ailing Address:						
Stree	et address						
City							
State	e						
	$\sim$						
Zip c	code						

HCS |

- Telephone Number
- Fax Number: If applicable, enter your organization's fax number.
- Website: If your organization has a website, provide the URL.
- Primary/secondary contact person information





- Funding Track: Select the BHBH Program funding track you are applying for:
  - > Track 1: Planning Grant
  - Track 2: Implementation Grant
  - Application questions will differ between Tracks 1 & 2

	🐥 Program	ns 🔒 My Applications	
3. Title:			
4. E-mail address:			
5. Phone Number:			
Which BHBH Program fun	ding track are you applying for?		
Track 1: Planning Grant			
Track 2: Implementation	Grant		
PREVI	US SAVE & CONTINUE EDITING	NEXT	

•	Section 1	– Executive	Summar <sub></sub>

**Part 2: Application** 

• Ensure that you select "Save & Continue Editing" occasionally, before clicking "Next"

									•••••
Back to application	•	🖹 Applicati	on F	orm					
<u>h Bridge Housing (BH</u>	Ар	olication (	Que	estions				13%	
	Sect	tion 1: Execu	tive	Summary					
cation Form	1 W/	hich county re	agio	a(s) is your Tr	ibal	entity locate	din	, ,	
of 1 tasks complete	You r	may select mor	e tha	an one.	ibat	entity located	um		
: Sep 5 2023 03:18 PM (PDT)		ALAMEDA		IMPERIAL		MODOC		SAN DIEGO	SOLANO
		ALPINE		ΙΝΥΟ		MONO		SAN FRANCISCO	SONOMA
SUBMIT		AMADOR		KERN		MONTEREY		SAN JOAQUIN	STANISLAUS
ep 15 2023 05:00 PM (PDT)		BUTTE		KINGS		NAPA		SAN LUIS	SUTTER
		CALAVERAS		LAKE		NEVADA	]	OBISPO	TEHAMA
		COLUSA		LASSEN		ORANGE		SAN MATEO	TRINITY
	0	CONTRA		LOS ANGELES		PLACER		SANTA	TULARE
				MADERA		PLUMAS			TUOLUMNE
				MARIN		RIVERSIDE		SANTA CLARA	VENTURA
		EL DORADO		MARIPOSA		SACRAMENTO		SANTA CRUZ	YOLO
		FRESNO		MENDOCINO		SAN BENITO		SHASTA	YUBA
		GLENN		MERCED		SAN		SIERRA	
		HUMBOLDT				BERNARDINO		SISKIYOU	

25

Instructions

PHCS | Construction BEHAVIORAL HEALTH Bridge Housing

• Section 2 – Community/Need for Assistance

• Ensure that you select "Save & Continue Editing" occasionally, before clicking "Next"

Housing (BH	Application Questions
	Section 2: Community/Need for Assistance
Form >	
s complete	1. Please describe your Tribal community. Include location (county/city and/or Tribal lands), service population information, if your organization is in a rural or urban area, housing availability, and any other information you feel is relevant to understanding
023 03:23 PM (PDT)	your service area.
SUBMIT	
23 05:00 PM (PDT)	
	2. How do behavioral health conditions (serious mental illness and/or substance use disorder) affect the ability of individuals to find and retain housing in your Tribal community?

PREVIOUS SAVE & CONTINUE EDITING

🐥 Programs 🏫 My Applications 🕕 🗸

•	Section	3 –	Experience
		-	

**Part 2: Application** 

PHCS | Construction BEHAVIORAL HEALTH Bridge Housing

Instructions

• Ensure that you select "Save & Continue Editing" occasionally, before clicking "Next"

\$		
ealth Bridge Housing <u>(B</u>	Application Questions	
1062	Section 3: Experience	
oplication Form		
0 of 1 tasks complete	1. Provide a brief description of your organization and experience serving Tribal communities.	
ited: Sep 5 2023 03:25 PM (PDT)		
/ SUBMIT		
ne: Sep 15 2023 05:00 PM (PDT)		
	<ol><li>Describe your experience providing housing and working with populations experiencing homelessness.</li></ol>	
		5
	3. Describe your experience working with populations experiencing serious mental illness and/or substance use disorder.	
	4. Does your proposed project include possible partnerships or subcontractors?	
	Yes	

PHCS BEHAVIORAL HEALTH Bridge Housing

**Branch question: Follow-up** question will appear after selecting "Yes" or "No"

# 4a. Yes 4. Does your project plan include key partners or subcontractors? 4a. Describe your subcontractors and other key partners, their role(s), and the expertise they will bring to the project. Specify all by name. 1, 4. Does your project plan include key partners or subcontractors? 4b. No

4b. Please explain your capacity to complete all implementation activities, including plans to hire additional staff, if needed.

 $\checkmark$ Yes

No

Yes

 $\checkmark$ No

#### Track 2 Only

HCS BEHAVIORAL HEALTH Bridge Housing

• Branch question: Follow-up question will appear after selecting "No"

# 5. Do you have experience implementing grants over \$200,000? Yes No

5a. If no, what are your plans to expand capacity to successfully administer the BHBH Program and ensure all funds are spent by March 31, 2027?

PREVIOUS SAVE & CONTINUE EDITING

Track 2

NEXT

29

HCS 6 BEHAVIORA HEALTH Bridge Housir

- Section 4 Proposed Planning Process
- Ensure that you select "Save & Continue Editing" occasionally, before clicking "Next"

# Track 1 Application Questions Section 4: Proposed Planning Process 1. Provide a brief description that includes what you hope to accomplish and your project goals. 250 word limit. Word count: 0 2. Instruction: Provide a brief timeline for the project using the table below or upload a document that provides the same information. **BHBH Program Planning Timeline - Upload Option** 1 Upload a file **BHBH Program Planning Timeline**

*This table only accepts whole numbers. Please do not use commas, decimal points or other symbols.* 

HCS 6 BEHAVIORAL HEALTH Bridge Housin

#### Section 4 – Proposed Implementation

• Select all activities you plan to implement and provide a brief description for each

# 1. Provide a brief description that includes what you hope to accomplish and your project goals.

2. What types of allowable uses will your program plan implement? Select all that apply.

• Each selection will prompt you to provide a brief description of how you plan to implement each of the selected allowable uses.

Planning activities

Outreach and engagement

Shelter and interim housing

Rental assistance

Bridge housing start-up infrastructure

Section 4: Proposed Implementation

>

M (PDT)

SUBMIT

(PDT)

Auxiliary funding in assisted living settings

Housing navigation

BHBH Program implementation

Track 2

1

Section 5 – Project Management

• Upload necessary information.

• Ensure that you select "Save & Continue Editing" occasionally, before clicking "Next" Application Questions
Section 5: Project Management and Sustainability

1. Describe your management and staffing plan for implementation of the BHBH
Program.

>

2. How will you include persons with lived experience in this project?

3. Instructions: Provide a brief timeline with significant milestones for the bridge housing start-up and implementation of the BHBH Program using the table below or upload a document that includes the same information:

PHCS | Construction BEHAVIORAL HEALTH Bridge Housing

 Section 6 – Proposed Budget/ **Budget Narrative** 

- Upload budget (Excel)
- Upload budget narrative

	🐥 Programs 🆙 My Applications 🕕 👻
pusing (BH	Application Questions
	Section 6: Proposed Budget/Budget Narrative
	1. Total Budget Requested:
omplete	Please round to the nearest dollar.
3 03:53 PM (PDT)	
SUBMIT	2. Please provide a detailed BHBH Program budget (1) and a budget narrative justification (1). The budget must be submitted using the <u>BHBH Program Excel budget</u> <u>template</u> , available on the <u>BHBH website.</u>
	BHBH Program budget upload:
	Minimum: 1 Maximum: 1
	⚠ Upload a file Accepted formats: .pdf, .doc, .dox, .xlsx
	Budget narrative justification upload:
	Minimum: 1 Maximum: 1
	Upload a file     Accepted formats: .pdf, .doc, .dox, .xlsx
	Request an Exception

Part 3: Understanding the Budget Documents

#### Track 1 Budget Template.

HCS | C BEHAVIORAL HEALTH Bridge Housing

> Download the <u>budget template</u> and complete the fillable form. Save your document and upload it with the application.

Start and End Date			
Total Number of Months:			
PERSONNEL			
Position	FTE	Total	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$ 	
		\$	
		\$ 	
TOTAL SALARIES		\$ - 0	
Benefits Rate (percent)			
BENEFITS		\$ - 0	
TOTAL PERSONNEL		\$ - 0	
SUBCONTRACTORS OR CONSULTANTS			
Name	(Optional Description)	Total	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL SUBCONTRACTORS OR CONSULTANTS		\$ - 0	
OTHER DIRECT COSTS			
Other Direct Costs	(Optional Description)	Total	
		\$	
		\$	
		\$	

Part 3: Understanding the Budget Documents

#### Track 2 Budget Template.

PHCS BEHAVIORAL HEALTH Bridge Housing

Download the <u>budget template</u> and complete the fillable form. Save your document and upload it with the application.

start and End Date			
Total Number of Monthe			
PERSONNEL	FTF	Total	
		Ś	
		Ś	
		Ś	
		Ś	
		Ś	
		Ś	
		¢ ¢	
		۶ ۲	
		<b>\$</b>	
TOTAL SALARIES		\$ -0	
Benefits Rate (percent)			
		\$ -0	
IOTAL PERSONNEL		\$ -0	
SUBCONTRACTORS OR CONSULTANTS			
Name	(Optional Description)	Total	
		\$	
		\$	
		\$	
		\$	
		\$	
TOTAL SUBCONTRACTORS OR CONSULTANTS		\$-0	
OTHER DIRECT COSTS			
Other Direct Costs	(Optional Description)	Total	
		\$	
		\$	
		\$	



HCS REHAVIORAL

- Step 9: Review and Mark As Complete
- Once you have completed reviewing all sections of your application, select "Mark As Complete"

YOUR APPLICATION IS NOT YET SUBMITTED



HCS |

- Step 10: Submit Application
- You <u>must</u> click the "Submit" button to complete your application.

#### K Back to application Behavioral Health Bridge Housing (BH ... Test2 ID: 000000062 Application Form Checked 1 of 1 tasks complete Last edited: Sep 5 2023 04:07 PM (PDT) REVIEW SUBMIT Deadline: Sep 15 2023 05:00 PM (PDT) 1a. Tribal Entity Name





• Step 11: You will receive a confirmation by email within 24 hours of application submission.

If you do not receive an email confirming submission of your application, it is not submitted.





- ✓ <u>FAQs</u> will be posted on the <u>BHBH Program website</u>. If you are not able to find an answer to your question, please submit it to the <u>Tribal Entities RFA Help Desk</u>.
- ✓ You may also request a consultation through the **<u>Tribal Entities RFA Help Desk</u>** form.
- ✓ Visit the **BHBH Program Website Resources Page** and searchable library.

Behavioral Health Bridge Housing (BHBH) Program Tribal Entities RFA Help Desk





# Thank You