

# Contra Costa Behavioral Health Services

## Behavioral Health Community Infrastructure Program Needs Assessment Findings

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# Agenda

Welcome and Introductions

BHCIP Overview

Needs Assessment Methods

Needs Assessment Findings

- Priority Populations
- Types of Programs/Level of Care
- Capacity Estimates

Next Steps

Questions and Discussion

# BHCIP and CCE Overview

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# BHCIP and CCE Overview

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## Behavioral Health Community Infrastructure Program

- Competitive grant program from DHCS
- Purpose to build new or expand capacity in behavioral health facilities for Medi-Cal services for Medi-Cal beneficiaries
- Must be available for 30 years
- Requires a letter of commitment from CCBHS for Medi-Cal service provision

## Community Care Expansion

- Competitive grant program from CDSS
- Purpose to build and/or preserve residential care facilities for SSI recipients
- Must be available for 20 years
- Requires evidence of local support but no commitment

- All projects require 10-25% real cash or property match

- Projects can include acquisition, rehabilitation/renovation, or new construction
- All BHCIP and CCE projects are exempt from conditional use permitting and CEQA

# BHCIP Timeline

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BHCIP	Status
Round 1 Mobile Crisis	CCBHS received infrastructure grant
Round 2 Planning Grant	CCBHS received planning grant
Round 3 Launch Ready	Open through May 31, 2022
Round 4 Children and Youth	Expected: August 2022
Round 5 Addressing Gaps #1	Expected: October 2022
Round 6 Addressing Gaps #2	Expected: December 2022

- CCE projects are being accepted on a rolling basis until funds are exhausted.

# Needs Assessment: Methods

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# Purpose of Needs Assessment and Action Plan

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## Needs Assessment

- Describe the populations who would benefit from BHCIP funded facilities, and
- Describe current capacity and estimate needed capacity based on agreed-upon definitions.

## Action Plan

- Guide future pre-development activities,
- Pave the way for subsequent funding requests, and
- Set forth a plan for developing new behavioral health facilities.

# Stakeholder Discussions

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## Information Gathering

- Contra Costa Behavioral Health
  - AODS, Adult/Older Adult, Children/Youth, Office of Client Empowerment and Community Support Workers, Public Guardian's Office, Justice-Involved Mental Health Program, A3 Program.
- Contra Costa Regional Medical Center
  - PES and Inpatient Psychiatry
- Contracted Providers
  - Children/Youth, AODS, Adult/Older Adult
- Clients living at Crestwood
- NAMI Executive Director
- Community Forum

## Education and Outreach

- CCHS and Public Works Real Estate and Capital Projects
- Current Board and Care Operators
- Nonprofit Housing Developers
- Current Contracted Providers
- Out-of-County Providers



# Methods: Quantitative Data

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- Quantitative data was used to:
  - Describe current systems capacity
  - Identify individuals served out-of-county
  - Estimate capacity needs
- Quantitative data obtained:
  - Aggregated service utilization data for FYs18-19, 19-20, and 20-21
  - Service cost information
  - Existing summary reports

## Key Data Sources

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PES Utilization & Discharge Data

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Inpatient Psychiatric Hospital Utilization Data

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MHRC / IMD Utilization Data

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Board & Care Utilization Data

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Youth Congregate Care Facility Utilization Data

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Referrals to Detention-based Mental Health Services

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CCBHS Housing Inventory Documents

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MH and AODS EQRO Reports & Summary Data

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CCBHS Medi-Cal Beneficiary Region Data

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Referrals to the Public Guardian

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Justice-Involved Mental Health Summary Data

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# Guiding Questions

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Who are the populations who are most in need of BHCIP and CCE funded facilities?

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What types of programs/levels of care are most needed based on target populations?

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What is the current facility capacity of the system?

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What is the additional estimated capacity to meet identified needs that could be funded by BHCIP and/or CCE?

# Needs Assessment: Findings

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# Identified System-wide Priorities



Serve people locally



Have coverage across the County



Build back capacity lost from facility closures



Build capacity across the continuum



Provide equitable services

# Populations Most in Need of BHCIP or CCE Funded Facilities

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People who are placed in out-of-county facilities

Adults with behavioral health issues who are involved with the criminal justice system

People living in West and East County

High need children who experience crisis, who may cross systems

Transition age youth who are struggling to launch into adulthood and/or cannot live with family

Older adults with serious mental health issues

# Crisis Services and Psychiatric Hospitalization Utilization

Level of Care	Adults (18+)			Youth (<18)		
	Client Volume	Total Bed Days	Avg. Length of Stay	Client Volume	Total Bed Days	Avg. Length of Stay
<b>Psychiatric Emergency Services</b>	<b>7,037</b>	<b>6,416</b>	<b>21.9 Hours</b>	<b>1,143</b>	<b>1,074</b>	<b>22.6 Hours</b>
<b>Psychiatric Hospitalization</b>	<b>1,251</b>	<b>13,401</b>	<b>11 Days</b>	<b>303</b>	<b>1,925</b>	<b>6 Days</b>
In-County	984	10,958	11 Days	179	1,074	6 Days
Out-of-County	267	2,443	9 Days	124	851	7 Days
<b>Adult Crisis Residential Treatment</b>	<b>426</b>	<b>6,675</b>	<b>16 Days</b>	-	-	-
Hope House	220	3,144	14 Days	-	-	-
Nierika House (Closed)	206	3,531	17 Days	-	-	-

Data represent CCBHS Clients in FY20-21

In-County psychiatric hospitals include CCRMC 4C/4D and John Muir Behavioral Health Hospital. CCRMC 4C/4D does not serve minors. Out-of-County psychiatric hospitalizations represent 42 hospitals across the state.

Hope House and Nierika House are In-County facilities serving adults; however, Nierika House closed in FY21-22.

# The majority of crisis and hospital services are located in Central County

- Crisis services organized around CCRMC
  - Planned developments also in Central County (i.e., Children’s CSU and Oak Grove)
- Desire for crisis satellite clinics in West and East County
  - Crisis respite services for children
  - CSU/CRT availability

COUNTY REGION OF CCBHS CLIENTS

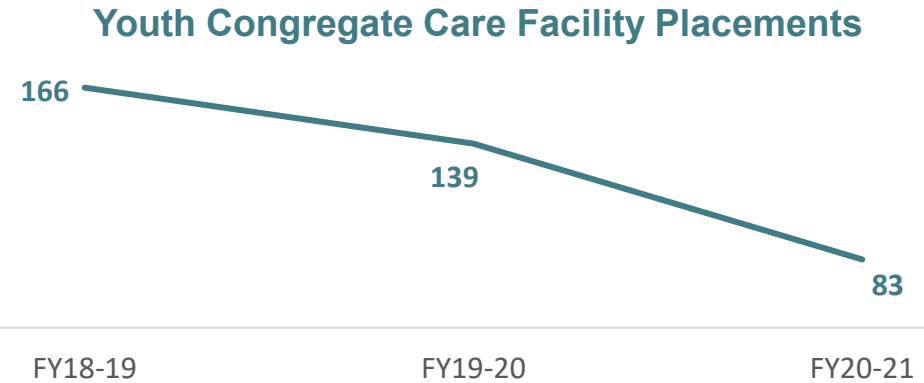
Region	Adults (18+)	Youth (<18)
Central	32%	22%
East	38%	45%
West	24%	29%
Unknown / Out-of-County	6%	4%

Data represent CCBHS Medi-Cal beneficiaries in FY20-21

# Many contracted residential beds are Out-of-County

## Children/Youth

- Limited availability, varying quality, and providers unwilling to take youth with higher needs
- Need for additional and enhanced STRTP and treatment beds for children/youth



Level of Care	FY20-21 Youth Clients		
	Clients Volume	Total Bed Days	Avg. Length of Stay
<b>STRTPs &amp; Group Homes</b>	<b>82</b>	<b>14,015</b>	<b>171 Days</b>
In-County	44	7,677	174 Days
Out-of-County	38	6,338	167 Days
<b>Community Treatment Facilities</b>	<b>1</b>	<b>658</b>	<b>658 Days</b>

Data in represent Contra Costa County youth dependents placed in STRTPs or Group Homes. Bed Day and Length of Stay data reflect the length of placements beginning in FY20-21 through April 28, 2022. All Community Treatment Facilities are Out-of-County.



# Many contracted residential beds are Out-of-County

## Adults/Older Adults

- Many adults placed in beds that are out of county
- There is a need for long-term, In-County programs:
  - Adult Residential Treatment (ART)
  - Mental Health Rehabilitation Center (MHRC)

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
<b>Adult Residential Treatment</b>	<b>74</b>	<b>7,101</b>	<b>96 Days</b>
Nevin House (Closed)	44	2,880	65 Days
The Pathway	30	4,221	141 Days
<b>Mental Health Rehabilitation Centers</b>	<b>74</b>	<b>14,031</b>	<b>190 Days</b>

Data represent CCBHS adult clients in FY20-21.

Nevin House and The Pathway are In-County facilities serving adults; however, Nevin House closed in FY21-22.

Mental Health Rehabilitation Centers represent 9 facilities across Alameda, Solano, Napa, Sacramento, Santa Clara, Marin, Merced, and Humboldt Counties.

# Adult Residential Treatment & MHRCs (FY20-21)

Level of Care	County	Contra Costa Region
<b>Adult Residential Treatment</b>		
Nevin House (Closed in FY21-22)	Contra Costa	West
The Pathway	Contra Costa	Central
<b>Mental Health Rehabilitation Centers</b>		
California Psychiatric Transitions	Merced	-
Canyon Manor	Marin	-
Crestwood - Angwin	Napa	-
Crestwood - Eureka	Humboldt	-
Crestwood - Sacramento	Sacramento	-
Crestwood - Vallejo	Solano	-
Crestwood – San Jose	Santa Clara	-
Gladman	Alameda	-
Villa Fairmont	Alameda	-

Data represent CCBHS contracted-facilities in FY20-21.

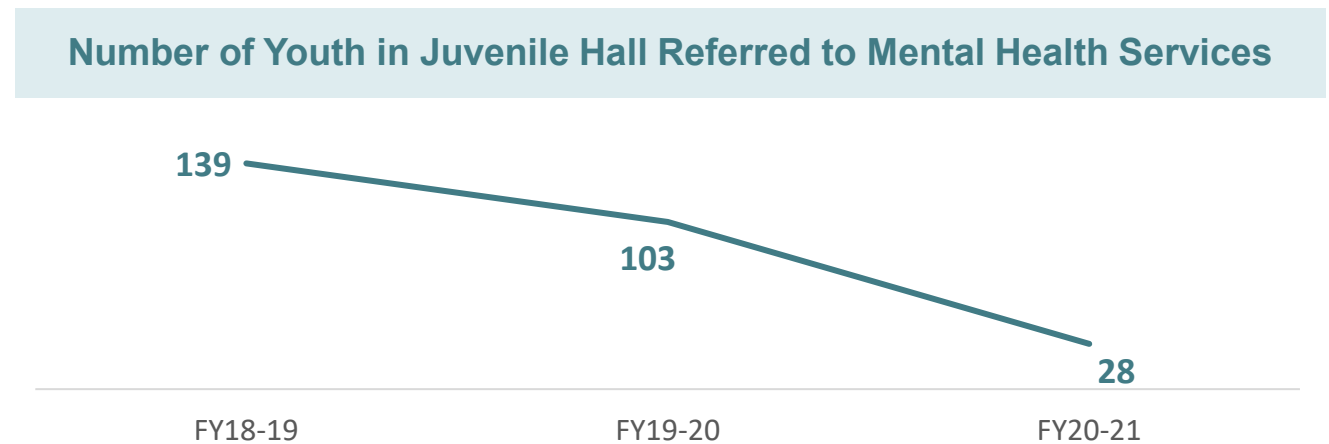
# Justice Involved Mental Health (JIMH) Capacity

- **Adult Detention Mental Health**
  - There are approximately 216 referrals per month to detention mental health
  - There are approximately 378 people receiving detention mental health services at any given time.
- ~22 clients at MDF and/or WDF are referred per year to the Public Guardian by the Courts to determine if they meet criteria for LPS conservatorship.
- ~11 clients who are on probation and are open to CCBHS forensic mental health outpatient services need additional housing supports
- There are no in-county residential programs targeting justice-involved mental health
  - Some portion of this group would need secure treatment (PHF/MHRC)
  - Some portion of this group could likely be served in an unlocked setting (ART/B&C)

*\*JIMH clients who experience detention and are served by PES and/or CCBHS are reflected in the CCBHS and PES data. The only clients not reflected in the capacity estimates are those who only experienced detention and were never served by CCBHS or PES.*

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
State Hospitals (Napa, Metro, Patton, Atascadero)	20	5,802	290 Days

Adult Clients	CY 2021
Adults Referred to Detention-based Mental Health	2,586
Average Monthly Census of Adults Open to Detention-based Mental Health	378



# The Older Adult population does not have adequate services to meet their needs

- Older adults cannot go to existing programs because of age limitations or mobility needs
- When a Skilled Nursing Facility Special Treatment Facility (SNF/STP) is not appropriate or available, there are few alternatives
- A lack of adequate services causes this population to over-rely on hospital beds

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
Skilled Nursing Facility / Special Treatment Programs	106	26,772	253 Days
Board & Cares: Residential Care Facilities for Elderly (RCFEs)	114	34,494	303 Days
In-County	111	33,984	306 Days
Out-of-County	3	510	170 Days

Data represent CCBHS adult clients in FY20-21.

All SNF / STPs facilities are Out-of-County, representing 7 programs (5 facilities) across Alameda, San Joaquin, and Santa Clara counties.

RCFE Board and Cares represent 13 facilities, including 12 In-County and 1 Out-of-County in Solano.

# SNF / STP Facilities & RCFEs (FY20-21)

Level of Care	County	Contra Costa Region
<b>Skilled Nursing Facilities / Special Treatment Programs</b>		
Crestwood Treatment Center & Manor - Fremont	Alameda	-
Crestwood Manor - Stockton	San Joaquin	-
Garfield Neurobehavioral Center	Alameda	-
Idylwood Care Center	Santa Clara	-
Morton Bakar Center SNF/STP	Alameda	-

Data represent CCBHS contracted-facilities in FY20-21.

Level of Care	County	Contra Costa Region
<b>Residential Care Facilities for Elderly</b>		
Baltic Sea Manor	Contra Costa	East
Concord Royale Board & Care	Contra Costa	Central
Crestwood Hope Center	Solano	-
Delly's Care Homes	Contra Costa	Central
Divine's Home	Contra Costa	West
Ducre's Residential Care	Contra Costa	West
Family Courtyard	Contra Costa	West
Friendship Care Home	Contra Costa	East
Gines Residential	Contra Costa	Central
Harmony House	Contra Costa	Central
Pleasant Hill Manor	Contra Costa	Central
Ramona Care Home	Contra Costa	Central
Walnut Creek Willows	Contra Costa	Central

# Across population groups, there is a need for more supportive housing options

- Transition Age Youth (TAY) populations are in need of more supportive housing
- In addition to supportive housing, adults need far more Board and Care options
- Older adults need additional supportive housing and Residential Care Facilities for the Elderly (RCFE)

Level of Care	FY20-21 Adult Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
<b>Board &amp; Care: ARFs</b>	<b>274</b>	<b>76,570</b>	<b>279 Days</b>
In-County	169	49,577	293 Days
Out-of-County	105	26,993	257 Days

Other Housing Options	Contracted Units
<b>Permanent Supportive Housing</b>	<b>180 Units</b>
MHSA Master Lease Housing: Scattered Site	97 Units
MHSA FSP Housing Flex Funds	Variable Use
MHSA Housing Program / Special Needs Housing Program	52 Units
No Place Like Home	31 Units
<b>Shelter Beds</b>	<b>95 Beds</b>

ARF Board & Care data represent CCBHS adult clients in FY20-21. ARF Board and Cares represent 23 facilities, 15 In-County and 8 Out-of-County.

Data were unavailable for Permanent Supportive Housing and Shelter bed utilization. The information reflects contracted beds/units in FY21-22.

# Adult Board and Care Facilities (FY20-21)

Level of Care	County	Contra Costa Region
<b>Board and Care Facilities</b>		
Afu's One Voice Care	Contra Costa	East
Blessed Care Home	Contra Costa	East
CC's Care Home	Contra Costa	Central
Crestwood – Our House	Solano	-
Crestwood – The Bridge	Contra Costa	Central
Ever Well – Enclave at the Delta	San Joaquin	-
Psynergy – Morgan Hill / Nueva Vista	Santa Clara	-
God's Grace – Hampton Road	Alameda	-
God's Grace II – Beckham Way	Alameda	-
Johnson Care Home	Contra Costa	East
Margarita's Villa of Care II	Contra Costa	Central
Menona Drive Care Home	Contra Costa	East

Level of Care	County	Contra Costa Region
<b>Board and Care Facilities</b>		
Menona Drive Care Home II	Contra Costa	East
Modesto Residential Living Center	Stanislaus	-
Oak Hills Residential Facility	Contra Costa	East
Paraiso Home	Contra Costa	East
Springhill Home	Contra Costa	East
Williams Board & Care Home - Richmond	Contra Costa	West
Williams Board & Care Home - Vallejo	Solano	-
Woodhaven Home	Contra Costa	Central
Yvonne's Home Care – Shane Drive	Contra Costa	West
Yvonne's Home Care – 6 <sup>th</sup> Street	Contra Costa	West

Data represent CCBHS contracted-facilities in FY20-21.

# Since Drug Medi-Cal Reform, the AODS system, with minimal exception, has adequate capacity

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## Current System

- Excess capacity for women's residential
- At capacity for men's residential
- No medical detox available
- County unable to meet network adequacy standards for Youth Medically Assisted Treatment (MAT) and youth residential

## Future Planning

- Changes to women's facilities in progress:
  - One program currently leasing may purchase a building and move
  - A women's residential program may be converted to housing (CCE)
  - County will need to augment Detox beds in a different facility to maintain capacity
- There is a desire to do a multi-level facility that has medically managed detox with social model detox and men's residential beds



# AODS Program Utilization (FY20-21)

Level of Care	FY20-21 Adult AODS Clients		
	Client Volume	Total Bed Days	Avg. Length of Stay
<b>Adult Narcotic Treatment Programs</b>	<b>1,237</b>	<b>1,142,165</b>	<b>923 Days</b>
<b>Adult AODS Residential Treatment</b>	<b>790</b>	<b>32,956</b>	<b>42 Days</b>
Female Facilities	272	10,776	40 Days
Male Facilities	518	22,180	43 Days
<b>Adult Detoxification Treatment</b>	<b>385</b>	<b>1,565</b>	<b>4.1 Days</b>
Female Facilities	123	456	3.7 Days
Male Facilities	262	1,109	4.2 Days

Level of Care	Contra Costa Region	Population
<b>Adult Narcotic Treatment Programs</b>		
BAART: Antioch	East	Adults
BAART: Richmond	West	Adults
<b>Adult AODS Residential Treatment</b>		
Bi-Bett: Wollam	East	Female
Bi-Bett: Frederic Ozanam Center	Central	Female
Ujima: La Casa	East	Female
Ujima: The Rectory	West	Female
Discovery House	Central	Male
Bi-Bett: Diablo Valley Ranch	Central	Male
J Cole Recovery Homes	East	Male
Pueblo del Sol	Central	Male
Richmond Health & Wellness	West	Male
<b>Adult Detoxification Treatment</b>		
Bi-Bett: Wollam	East	Female
Bi-Bett: Frederic Ozanam Center	Central	Female
Pueblo del Sol	Central	Male
Richmond Health & Wellness	West	Male

Data reflect adult AODS clients in FY20-21.

All Residential and Detoxification facilities are In-County. Currently, there are no youth-specific NTP, Residential, or Detoxification programs.

Length of Stay reflects the length of stay for any clients enrolled during FY20-21, including clients who began treatment before FY20-21, but continued treatment into FY20-21.

# BHCIP Capacity Estimates

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# Out-of-County Placements & Costs (FY20-21)

Out-of-County Facilities	Estimated Out-of-County Average Daily Census in FY20-21	Estimated Out-of-County Costs in FY20-21	Estimated Facility Beds Needed to Serve Clients In-County
Psychiatric Hospitals		~\$4.1 million*	
Adults	7 Clients	-	8 Beds
Youth	2 Clients	-	2 Beds
Mental Health Rehabilitation Centers	38 Clients	~\$5.9 million	45 Beds
Skilled Nursing Facilities / Special Treatment Programs	73 Clients	~\$2.8 million	85 Beds
Short-Term Residential Treatment Programs	17 Clients	~\$3.4 million	20 Beds
Community Treatment Facilities	1 Clients	~\$170,000	1 Bed
Board & Care: Residential Care Facilities for Elderly	1 Clients	~\$70,000	1 Bed
Board & Care: Adult Residential Facilities	74 Clients	~\$2.9 million	87 Beds

Average Daily Census is calculated as: Number of Admissions Annually x Length of Stay ÷ 365

Estimated Bed Need assumes 85% capacity and is calculated as: Average Out-of-County Daily Census / 0.85

Estimated costs are based on average daily rates from 2021 and/or 2022, depending on data availability. Costs were calculated as Total Placement Days x Average Daily Rate

\*Psychiatric hospitalization cost claims data were unavailable for ~50% of out-of-county placements and days for a variety of reasons. To estimate total out-of-county psychiatric placement costs in FY20-21, the average hospital rate was used for out-of-county placement days where cost information was unavailable. Due to these cost limitations, costs were estimated for total out-of-county psychiatric hospitalizations and were not estimated separately for youth and adults. STRTP costs reflect the STRTP reimbursement rate for placement (not including state and federal match) and the average County costs for MH Treatment for each youth per year. As the average length of stay for CTF extended beyond one year, estimated costs for FY20-21 were standardized to 365 days.

# Adult Residential & Crisis Residential Costs

## Bed Capacity

- All programs are 16-bed facilities and allow for Medi-Cal reimbursement
- ARTs
  - Nevin was a co-occurring residential program with the capacity to serve JIMH clients in West County
  - The Pathway is in Central County
- CRTs
  - All CRT capacity was/is in Central County

Level of Care	Estimated Total Costs in FY20-21	Estimated County Costs in FY20-21
<b>Adult Residential Treatment</b>	<b>\$1,134,157</b>	<b>\$517,133</b>
Nevin House (Closed)	\$509,031	\$210,775
The Pathway	\$625,126	\$306,358
<b>Adult Crisis Residential Treatment</b>	<b>\$2,813,168</b>	<b>\$884,547</b>
Hope House	\$1,350,147	\$388,003
Nierika House (Closed)	\$1,463,021	\$496,544

Data represent costs for CCBHS adult consumers in FY20-21.

Nevin House and Nierika House closed in FY21-22.

Total costs reflect total Medi-Cal claimed amount in FY20-21. Total costs to the county reflect the amount not reimbursed by Medi-Cal and paid by the County.

# In-County Adult/Older Adult Capacity

## Crisis Spokes Capacity

Region	FY20-21 Adult M/C PES Clients Discharged to Home / Self		
	M/C PES Clients Discharged to Home / Self	Estimated Average PES Daily Census by Region	Estimated CSU Beds Needed by Region
<b>TOTAL</b>	<b>4,590</b>	<b>12 Clients</b>	<b>14 Beds</b>
Central	1,453	4 Clients	5 Beds
East	1,744	4 Clients	5 Beds
West	1,124	3 Clients	4 Beds
Unknown / Out-of-County	270	1 Client	1 Bed

In FY20-21, 76% of adult client were discharged to home / self from PES. Of these clients 86% were Medi-Cal beneficiaries, Medicare beneficiaries, or had an unknown insurance status.

To determine estimates, the % of CCBHS Adult Medi-Cal beneficiaries living in each region were applied to the volume of clients discharged to home, and the adult average PES stay of 0.91 days was used.



# Children and Youth Capacity

## Children's Crisis: CSU or Crisis Respite

Region	FY20-21 Youth M/C PES Clients Discharged to Home / Self		
	M/C PES Clients Discharged to Home / Self	Estimated Average PES Daily Census by Region	Estimated CSU Beds Needed by Region
<b>TOTAL</b>	<b>479</b>	<b>2 Clients</b>	<b>2 Beds</b>
Central	105	<1 Client	<1 Bed
East	215	1 Client	1 Bed
West	140	<1 Client	<1 Bed
Unknown / Out-of-County	20	<1 Client	<1 Bed

In FY20-21, 64% of youth clients were discharged to home / self from PES. Of these clients, 65% were Medi-Cal beneficiaries or had an unknown insurance status.

To determine estimates, the % of CCBHS Youth Medi-Cal beneficiaries living in each region were applied to the volume of clients discharged to home, and the youth average PES stay of 0.94 days was used.

## STRTP

- 20 Beds

## AODS

- Youth Residential Treatment
  - 6 Beds
- Youth MAT/NTP
  - 6 youth per year

# BHCIP Program Needs

## BHCIP “Community Wish List”

- Adult/Older Adult System of Care:
  - Build back and expand capacity for Nevin (ART) and Nierika-type programs(CRT)
  - Plan crisis spokes in West and East County (CSU, CRT, Peer Respite)
  - Develop in-county MHRC
- Children and TAY
  - Children’s crisis services
  - STRTP+
  - Multi-level, multi-agency outpatient clinics
- AODS
  - Medically supervised withdrawal management
  - Youth residential treatment
  - Youth medication assisted treatment
  - Sobering station

## Coming Soon!

- Oak Grove
  - Urgent Care and Crisis Intervention
  - Peer Respite
  - Sobering Station
- CCRMC Campus
  - Children’s Crisis Stabilization

*\*These projects are already funded through other means and do not need to be replicated through the BHCIP process.*

## In Discussion

- Crisis Spokes: Do we need buildings for 4-6 bed programs, or can we expand within existing program locations?
- STRTP+: Can we enhance existing contracts, or do we need an additional building with the BHCIP commitment?
- Youth AODS: Is there the possibility of a regional approach?
- Older Adults: The health plans are responsible for SNF and Med Respite levels of care. Is there utility in engaging them in this discussion?

# Residential Living Options

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## CCE

- Older adult med respite
- Small and large board and care facilities (ARF and RCFE)
- Transitional housing for justice involved mental health consumers
- Supportive housing, project based and scattered site
- Supportive housing for TAY
- Supportive housing for LGBT+ youth

## CCE Outreach

- Educational sessions were held for housing developers, current and out-of-county providers, and B&C operators to engage them in this process.
- Many are exploring within their agencies, and some have reached out with additional questions.



# BHCIP and CCE “Short List”

## BHCIP

- Mental Health Rehabilitation Center
  - 1- 45 bed facility
  - 1- 16 bed facility
- 1- 16 bed CRT, preferably in West or East County, co-occurring capable
- 2- 16 bed ARTs, preferably in West and East County, co-occurring and JIMH capable
- Concord Outpatient Clinic (1420 Willow Pass) has outgrown its space
- AODS facility that includes medical and non-medical withdrawal management and co-occurring capable residential treatment
- AODS identified project for existing provider residential purchase

## CCE

- Residential Living Options for JIMH
  - ~40 B&C and/or transitional housing beds
  - Housing + co-located outpatient services
- B&C Capacity
  - ~85-90 B&C beds
  - Could be a combination of small and large facilities
- AODS identified project for CCE conversion
- Range of supportive housing options for TAY, LGBT+, adults, and older adult CCBHS clients

# Next Steps

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# Action Planning

## BHCIP and County-initiated CCE

Confirm projects and draft DHCS Action Plan

Communicate specifications to real estate and capital projects

Identify properties

Engage in pre-development tasks

Develop applications

Submit for funding

## Community and Provider-initiated CCE

Continue outreach and education efforts with potential CCE partners to encourage CCE project development

Provide TA to potential CCE partners to support their CCE project development

Thank  
You