

BHCIP Round 1 (2024): Launch Ready

Pacific Village Platinum Campus

Section 1: “Launch Ready” Minimum Requirements Confirmation

1. Needed to meet minimum requirements:

- Site control, proven by any of the following: (1) title vested to applicant demonstrated with title report (ownership); (2) executed purchase and sale agreement (PSA); (3) mutually executed Letter of Intent (LOI); (4) preexisting long term lease (acceptance of a Bond BHCIP Round 1: Launch Ready award will require a lease extension of no fewer than 30 years); or (5) executed Exclusive Negotiation Agreement.
- Preliminary title report.
- A sustainable business plan (pro forma) with five-year projections (income and expenses) of future objectives and strategies for achieving them.
- A conceptual/schematic site plan with a forecast of the property’s development potential. 5. A full and complete project budget, based on schematic site plan, including all costs for planning, permitting insurance, consultants, and construction; based on prevailing wage labor rates for all engineering and construction trades.
- An established preliminary development team: architect, construction manager, real estate attorney, civil engineer, or project manager, as needed.
- Stakeholder support as demonstrated by letters of support from internal boards of directors, tribal councils or advisory boards, and professional/community partners, as relevant. City, nonprofit, or for-profit applicants must also include a letter of support from their county behavioral health agency.
- Demonstration of county and Medi-Cal investments to support ongoing sustainability.
- Match amount and source identified.
- Board Authorizing Resolution (BAR) to confirm signing authority for the Program Funding Agreement (PFA).

1. Does the proposed project meet all 10 minimum requirements, indicating it has met the “minimum project threshold”? Yes

Section 2: Key Information

2. Proposed project title for Bond BHCIP Round 1: Launch Ready grant funding. Pacific Village Platinum Campus

3. Proposed population(s) of focus

Populations	Will Serve	Briefly Describe prior experience and plans for serving
Newborn-age 15		
Age 16-25	X	San Bernardino County has experience with serving all individuals in each category through service-delivery at Transitional Age Youth (TAY) facilities, residential facilities, Crisis Stabilization Units (CSUs), Community Response Teams (CRTs), TAY CRT, and through provision of services through the 400 contracts with

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		community organizations, county departments and state agencies.
Age 26+	X	The County has experience with serving all individuals in each category through service-delivery at Transitional Age Youth (TAY) facilities, residential facilities, Crisis Stabilization Units (CSUs), Community Response Teams (CRTs), TAY CRT, and through provision of services through the 400 contracts with community organizations, county departments and state agencies.
Pregnant and Postpartum women and their children	X	San Bernardino County provides gender specific intensive outpatient treatment services for pregnant/parenting women and therapeutic interventions for children through the Drug Medi-Cal Organized Delivery System.
Ages 65+	X	The County has experience with serving all individuals in each category through service-delivery at Transitional Age Youth (TAY) facilities, residential facilities, Crisis Stabilization Units (CSUs), Community Response Teams (CRTs), TAY CRT, and through provision of services through the 400 contracts with community organizations, county departments and state agencies.

4. Amount of Bond BHCIP Round 1: Launch Ready grant funding requested (must align with Total Bond BHCIP Round 1: Launch Ready Grant Funding Request of development budget).

\$38,722,987

5. Name and contact information of individual completing the application.

John Kim, (949) 874-4878, john.kim@cdh.sbcounty.gov

6. Key information for the lead

a. Lead applicant’s legal name as registered with the California Secretary of State and used on legal documents.: San Bernardino County Department of Behavioral Health

b. Specify any legal “doing business as” (DBA) names under which the organization operates. Do not include an abbreviated name or acronym that is not registered as a DBA. N/A

c. Type of applicant: County

d. Primary business phone. (909) 388-0805

e. Website. <https://dbh.sbcounty.gov>

f. Federal Tax ID (EIN). 95-6002748

g. Unique Entity Identifier number: PNJMSCHTMVF7

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h. Provide details of all current behavioral health licenses, certifications, and accreditations your entity holds at the state and/or local level to operate any existing programs (excluding any related to the new or expanded facility). Include the following information for each:

Type of License	Issuing Authority	License or Certification Number
Outpatient Alcohol Other Drug Certification	Department of Health Care Services	360050EN 360050HN 360050MN 360050KN 360050JN 360050LN
Outpatient Drug Medi-Cal Certification	Department of Health Care Services	36BI 3681 3699 36BK 3601 36AZ 36BB 36BJ 3697
Residential Alcohol Other Drug Certification	Department of Health Care Services	360002DN 360075AP 360001ZN 360075AP 300033AN 190085PN 360004BN 360004FN
Residential Drug Medi-Cal Certification	Department of Health Care Services	3645 36DR 36BA 36XU 8047 19DX 36BC 36BD
Narcotic Treatment Program Drug Medi-Cal Certification	Department of Health Care Services	3602 3656 3657 36XX 6752 1542 3337 3390

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Narcotic Treatment Program Alcohol Other Drug Certification	Department of Health Care Services	36-12 36-11 36-13 33-05 33-06
Perinatal Treatment Alcohol Other Drug Certification	Department of Health Care Services	360030AN 360001AAN 360015AN
Perinatal Treatment Drug Medi-Cal Certification	Department of Health Care Services	3634 36BA 3666

7. Key information for the lead applicant's Lead Authorized Representative(s)

1. Primary LAR: Name and contact information for the Primary LAR

Dr. Georgina Yoshioka, (909) 252-5142, georgina.yoshioka@dbh.sbcounty.gov

2. Secondary LAR: Name and contact information for the Secondary LAR (if applicable)

8. Key information for the lead applicant's Lead Authorized Signatory *The Lead Authorized Signatory (LAS) is an individual with the authority to sign legal documents on behalf of the lead applicant. Persons with signing authority usually sit on the board of directors or hold C-level positions. If your organization is awarded, the person you identify as a LAS will be required to submit a BAR confirming signing authority and will be required to execute the PFA on behalf of your organization.*

Dawn Rowe, Board Chair c/o Jennifer Alsina, Assistant Director at jennifer.alsina@dbh.sbcounty.gov (909) 388-0808

9. Key information for the proposed Project Director: The Project Director is the person responsible for the day-to-day management of the project and the primary point of contact for project-related questions and communications.

Jennifer Alsina, (909) 388-0808, jennifer.alsina@dbh.sbcounty.gov

10. Key information for the lead applicant's Attorney. (If awarded, this individual will be contacted during the contract process.)

Dawn Martin, (909) 387-4322, dawn.martin@cc.sbcounty.gov

11. Co Applicant: No

12. Is this a regional collaboration? No

Section 3: Project, Facility, and Property/Site Information

13. Project Information

a. Describe how the proposed project fits into and bolsters the community's behavioral health continuum of care. What gaps in the continuum does it address? (500-word limit)

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The Pacific Village Platinum Campus has been designed to create a “one-stop-shop” for housing supports and services, including access to recuperative care, substance use disorder (SUD) treatment, and permanent supportive housing for San Bernardino County residents experiencing or at risk of homelessness. The project is a strategic initiative of San Bernardino County aimed at developing a comprehensive continuum of care to support the county's most vulnerable populations, including older adults, individuals with disabilities, and those experiencing homelessness. Three County departments, Department Behavioral Health (DBH), Community Development and Housing Department (CDH), and Department of Aging and Adult Services (DAAS) have formed a collective impact partnership to develop and operate a continuum of care campus comprising the following components: permanent supportive housing (PSH), a 32-bed recuperative care facility, and residential substance use treatment and withdrawal management.

The Department of Behavioral Health (DBH) residential substance use treatment project, which is the portion of the campus related to this application for funding support, will create two residential substance use treatment facilities on the campus that will provide services to individuals with substance use disorders and mental health diagnoses. Each facility will offer 24-hour effective, efficient, gender-based care with a total of 32 residential treatment beds between the two buildings.

Pacific Village Platinum Campus will enhance San Bernardino County's ability to engage more individuals with acute SUD needs, offering current American Society of Addiction Medicine (ASAM) Level 3.5 care and the stepdown to co-located ASAM Levels 3.3 and 3.1 adult residential SUD treatment.

There continues to be a significant wait list for residential substance use treatment services in San Bernardino County. The planned expansions to DBH's Withdrawal Management facilities will enhance San Bernardino County's ability to engage more individuals with acute SUD needs, offering adult residential SUD treatment. Residential treatment currently records a waiting period of approximately 35 days to placement, which drastically increases the consumer's risk of overdose or other complications while unable to recover in a safe and stable environment. This data is only reflective of consumers who are willing to wait for this level of care.

Pacific Village Platinum Campus will add 32 additional residential treatment beds with access to withdrawal management services for those who need it. This expansion will allow San Bernardino County to expand services by serving an additional 384 adults in residential treatment (30-day average length of stay).

b. Describe how the proposed project will expand behavioral health services in the community or region. (500-word limit)

Pacific Village Platinum Campus will increase DBH's existing adult SUD residential treatment capacity by over 18% and assist the County in preparation for referrals that come from emergency departments and Lanterman-Petris-Short (LPS)-designated facilities as California enacts Senate Bill (SB) 43. SB 43 expands the involuntary commitment and treatment of individuals who are a danger to themselves or others. The target population for adult residential SUD treatment includes adults who need safe and stable living environments in order to develop and/or maintain sobriety including those who are court-mandated to complete treatment. Withdrawal management will be offered as a service for individuals who require a moderate withdrawal and can safely be managed at this level of care. These individuals may require withdrawal management from opioids, stimulants, or alcohol in a setting in which medical protocols are in place to determine when a transfer to a medically monitored facility or acute care hospital is necessary.

This holistic campus combines the resources of DAAS, DBH, and CDH to address many of the underlying causes of homelessness: lack of affordable housing, health wellness, and substance use disorders, for vulnerable populations with the greatest barriers to access. Residents will have access to a full array of on-site services and amenities to support whole-person wellness. On-site Case Management will provide individuals with a co-designed plan for sustainable independent living, including secure permanent housing and sustainable incomes, assistance applying for Social Security benefits and public assistance (e.g., Supplemental Nutrition Assistance Program), job training, and employment opportunities. Additional supports will provide residents with ample opportunities to participate in therapeutic and personal enrichment programs, including but not limited to individual therapy, group therapy, occupational therapy, and community-group activities, such as gardening or crafts.

Pacific Village Platinum Campus will also leverage California Advancing and Innovating Medi-Cal (CalAIM) resources, including support for the recuperative care program and enhanced care management, adding an extra layer of services and support for residents with multiple complex needs. Additionally, to ensure that these new and rehabilitated constructions may specifically benefit Supplement Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) recipients who are at risk of homelessness, DBH will be conducting targeted outreach to engage this older adult population through collaboration with the San Bernardino County Department of Aging and Adult Services and Office of the Public Guardian, Regional Councils on Aging, DBH Age Wise program, and DBH Cultural Competency Advisory Committee - Older Adults Awareness Subcommittee to increase awareness of this service availability for this population.

c. Describe the type of service(s) and level of care designation(s) to be offered in the facility after project completion. (500-word limit)

Pacific Village Platinum Campus will offer two adult residential SUD treatment facilities, totaling 32 beds, offering ASAM level of care designation 3.1, 3.3, and 3.5. The target population for adult residential SUD treatment includes adults who, because of specific functional limitations, need safe and stable living environments in order to develop and/or demonstrate sufficient recovery skills that will allow them to retain relative sobriety upon transfer to a less intensive level of care.

A bio-psycho-social assessment will be completed for each client at intake using the ASAM criteria to determine level of care and medical necessity for services. Service providers will work with the client to individualize care and offer the client options in their course of treatment. All clients will be provided with case management and care coordination services to assist the client in removing barriers in their care and to promote successful transition of care to the next ASAM level of care at discharge. The therapies that will be utilized in treatment will be evidence-based and provided by a highly trained workforce. Services will include group/individual counseling, alcohol and drug education, medication assisted treatment, relapse prevention, case management, family and parenting education and approaches, crisis intervention, and coaching for daily living skills. For individuals who require ASAM 3.5 level of care, staff will also provide medical monitoring and 24-hour supervision. Recovery skills are also offered in each level of care to promote sustaining long-term recovery after treatment.

d. Describe how the proposed project will receive referrals into the program. (500-word limit)

Referrals will come from local partners such as probation, the sheriff's office, local hospitals, Children and Family Services, Superior Court, self-referral and DBH services such as crisis support. As mentioned above, the County anticipates an influx of referrals from emergency departments and LPS-designated facilities of

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individuals who have been involuntarily committed to treatment with the enactment of SB 43. Screening and authorization for residential treatment in San Bernardino County is centralized through the county behavioral health call center. Once clients are screened and authorized, the call center will provide care coordination services for placement into the facility. Care coordination includes medication refills (if needed), transportation, and connection to psychiatry and medical services (if needed) for stabilization.

Additionally, the sheriff's Hope Team, a community-based unit using motivational interviewing techniques, will work with unhoused San Bernardino residents, meeting them where they live out in the community, and connecting them to care.

e. Is the proposed project connected to step-up/down services? Yes o [IF YES] Describe. (250-word limit) o [IF NO] Explain why not. (250-word limit)

The residential treatment facility at Pacific Village Platinum Campus will provide step-up/down services, often right on campus. The SUD residential treatment facility will be in the Drug Medi-Cal Organized Delivery System (DMC-ODS). The DMC-ODS is a full continuum of care for substance use disorder and co-occurring treatment in the County including: Opioid Treatment Programs (OTPs), outpatient/intensive outpatient programs, drug courts, recovery services, recovery centers, perinatal treatment, and early intervention treatment. Pacific Village Platinum Campus will be able to offer ASAM levels 3.1, 3.3, and 3.5 onsite, as well as permanent supportive housing, case management, and recuperative care facilities, if needed. The full range of San Bernardino County step-up/down options off campus will be available to residents of the SUD treatment facility as well, including access to three local outpatient programs and recovery residences in the area.

f. Describe the priority considerations or unmet needs that will be addressed by the proposed project; reference state or local needs assessments as applicable. (500word limit)

In 2023, San Bernardino County conducted a community health needs assessment. At that time, San Bernardino residents reported that alcohol misuse, methamphetamine/stimulant misuse, opioid misuse, and untreated mental illness were in the top ten most damaging things to the health of San Bernardino residents. Along those lines, homelessness, substance use, and poor mental health were three of the most damaging issues to the health of the community as a whole. Accessing care is difficult due to a shortage of treatment options. In addition, San Bernardino residents are more likely to live in poverty and be covered by Medi-Cal than the state average making it more challenging for individuals to meet their basic needs exacerbating the inability to access care. Additionally, 87% of San Bernardino County residents live in areas without access to addiction treatment services. Pair that with the fact that overdose deaths have increased in the County faster than the state's average. Data from 2023 shows an increase in the rate of drug overdose deaths from 9.4% in 2018 to 30.2%. Opioids contribute largely to drug overdose deaths. San Bernardino experienced 354 opioid-related overdose deaths in 2021 resulting in a crude mortality rate of 16 per 100,000 residents, an increase of 165% from 2019.

Pacific Village Platinum Campus hopes to meet the needs of San Bernardino County residents by providing residential substance use services for the most vulnerable of residents including older adults, individuals with disabilities, and those experiencing homelessness. The campus will operate in line with the State's 2022 report entitled "Assessing the Continuum of Care for Behavioral Health Services in California," which found that community-based living options are essential for people living with serious behavioral health diagnoses. These services will be provided in the context of community support and long-term housing post-treatment to reduce barriers to recovery and promote active and meaningful community engagement.

14. Additional Information on Population of Focus

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a. Estimate the percentages of the racial and ethnic populations that the project will serve (must add up to 100 percent)

Racial and Ethnic Populations	Estimated Percentage	Prior Experience
African American/Black	13%	<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 8.5% are African American/Black.</p> <p>Approximately 68% of individuals who have sought substance use treatment services identified as nonwhite in the last Fiscal Year. In FY 22/23, DBH ran a Community Health Worker program staffed with people with lived experience with behavioral health services to provide outreach and education around the early signs of mental health in specific communities. The Black/African American community was a specific focus of this program.</p>
Hispanic, Latino, or Spanish Origin	27%	<p>Approximately 50% of the county’s residents identify as ethnically Latino, which may be of any race. 28.8% of residents speak Spanish.</p> <p>Approximately 68% of individuals who have sought substance use treatment services identified as nonwhite in the last Fiscal Year.</p> <p>The Latino community was also a focus of DBH's Community Health Worker program.</p>
Asian Indian		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization. The Asian American Resource Center, and is updated as needed.</p>

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		There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.
American Indian/Alaska Native	1%	Approximately 0.4% of the San Bernardino population is Native American. It is anticipated that 1% of project participants will identify as American Indian or Alaskan Native. Approximately 68% of individuals who have sought substance use treatment services identified as nonwhite in the last Fiscal Year. In FY 22/23, DBH ran a Community Health Worker program staffed with people with lived experience with behavioral health services to provide outreach and education around the early signs of mental health in specific communities. The Native American/Alaskan Native community was a specific focus of this program.
White	54%	On average, approximately 32% of individuals seeking substance use treatment in the County identify as White.
Cambodian		San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. DBH has specifically provided translation services in the last fiscal year to Cambodian families. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed. There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory

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		Committee (CCAC) that meets regularly throughout the year.
Korean		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. DBH has specifically provided translation services in the last fiscal year to Korean families. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Laotian		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Native Hawaiian		San Bernardino County is home to 2.2 million residents from diverse communities of color and

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		<p>culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Guamanian or Chamorro		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Samoan		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based</p>

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		<p>organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Vietnamese		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. DBH has specifically provided translation services in the last fiscal year to Vietnamese families. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Japanese		<p>San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's</p>

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		Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.
Hmong		San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed. There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.
Filipino		San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed. There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.
Chinese		San Bernardino County is home to 2.2 million residents from diverse communities of color and

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		<p>culture. 6.3% of San Bernardino residents are Asian or Pacific Islander. 10% of residents speak Asian or Pacific Islander languages. DBH has specifically provided translation services in the last fiscal year to Chinese families. The curriculum for the Community Health Workers' Asian/Pacific Islander program was co-developed with a local community-based organization, The Asian American Resource Center, and is updated as needed.</p> <p>There is also an Asian/Pacific Islander Awareness Subcommittee (API) of DBH's Cultural Competency Advisory Committee (CCAC) that meets regularly throughout the year.</p>
Other (describe): unknown	3%	San Bernardino County is home to 2.2 million residents from diverse communities of color and culture 2.3% identify with a race not listed.
Total	100%	

b. Indicate which special or priority populations the project will serve.

Special Population	Will Serve	Prior Experience and Plans for Serving
People with disabilities	X	<p>DBH ensures accessibility through trained staff and specialized support programs that address physical and mental health needs across the spectrum of disabilities. Staff receive training in cultural and linguistic competence and creating an inclusive and accessible environment for all clients.</p> <p>Future efforts will emphasize expanded access to language and interpretation services, supporting individuals with</p>

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		disabilities in navigating behavioral health services.
Unhoused/unstably housed	X	<p>DBH has long-standing partnerships with housing organizations and community-based services to address the needs of the unhoused. These partnerships are essential to providing access to behavioral health services for individuals who are homeless or at risk of becoming homeless. Programs such as the Project Roomkey and Project Homekey initiatives have been instrumental in providing temporary shelter and connecting individuals with necessary mental health services.</p> <p>Recognizing that many unhoused individuals struggle with both mental health and substance use disorders, DBH provides integrated services designed to address these co-occurring needs. These services are available in accessible community settings, such as crisis residential treatment facilities and stabilization units, ensuring that clients receive support without unnecessary barriers.</p> <p>DBH also has a Homeless Outreach and Support Team (HOST) that offers community outreach and response as well as housing navigation. To support unhoused individuals in receiving the health care they need and building rapport, the InnRoads program provides field-based mental health services to residents.</p>
Justice involved	X	San Bernardino County operates AB 109 (through 2011)

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		<p>Realignment) programs designed for justice-involved individuals. Services are co-located in probation offices, operated by DBH, and include mental health, substance use treatment, and co-occurring treatment.</p>
LGBTQ+	X	<p>The Community Health Workers/Promotores de Salud program is designed to address the specific mental health needs of the LGBTQ+ population, offering culturally sensitive support and outreach.</p> <p>DBH will continue to build on the Promotores program, enhancing training and awareness to ensure that services remain inclusive and accessible to LGBTQ+ individuals.</p>
BIPOC	X	<p>DBH has established programs like the Resilience Promotion in African American Children and partnerships with organizations such as the Inland Empire Concerned African American Churches to support African American communities with targeted mental health interventions.</p> <p>DBH will expand its outreach efforts, particularly through culturally specific programs and partnerships with community leaders, ensuring services are equitable and reflect community needs.</p>
Severe mental health/behavioral health challenges	X	<p>The Full-Service Partnership (FSP) programs offer intensive support for individuals with severe mental illness, providing 24/7 availability and connecting clients to comprehensive resources. DBH aims to enhance access to FSP services, focusing</p>

		on resilience and recovery for clients with severe challenges, and ensuring availability across a range of culturally tailored options.
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• **IF 'PEOPLE WHO ARE JUSTICE INVOLVED' IS SELECTED**

- **Indicate which of the following partnerships apply:**
 - Local/county drug or other specialty courts
 - Local/county probation

Indicate which justice-involved age groups the project will serve:

- Transition-Age Youth (TAY; age 16–25)
- Adults (age 26+)
- Older Adults (age 65+)

How will those who are justice involved be referred to the facility? (250-word limit)

DBH has a long-standing partnership with the San Bernardino County probation offices and drug courts. There are already procedures and protocols in place for CDCR, drug courts, county probation, and parole offices to refer individuals to DBH-provided services. DBH staff are co-located in the probation office and can screen individuals in-person. Staff are able to provide information directly to the residential call center to streamline these referrals and ensure a smooth transition into care.

15. Indicate which of the state priorities the lead applicant’s proposed project aligns with. Describe how the project will meet the priority. Provide a distinctive description for each priority.

- Address urgent needs in the care continuum for people with mental health or substance use conditions, including unhoused people, veterans, older adults, adults with disabilities, and children and youth. (250-word limit)

Pacific Village Platinum Campus will help address an urgent gap for older adults, unhoused individuals, and adults with disabilities who need residential substance use treatment. The County's projected utilization of residential treatment services countywide is three times larger than the current capacity, per the State of California’s Network Adequacy methodology. The County’s current capacity for residential treatment services is 544 Medi-Cal beneficiaries countywide; however, projected utilization is 1,693 beneficiaries. This inability to match anticipated capacity represents a significant gap that the 32-bed expansion will help to fill. Additionally, strategically offering residential substance use treatment and withdrawal management facilities on the Pacific Village Platinum Campus creates a streamlined system of support for unhoused individuals who would otherwise have struggled to find supportive and sober housing post-discharge.

- Invest in behavioral health and community care options that advance health equity of behavioral health care and community options. (250-word limit)

San Bernardino County is home to 2.2 million residents from diverse communities of color and culture. Approximately 50% of the county’s residents identify as ethnically Latino, which may be of any race. Among the remaining non-Latino residents, 8.5% are African American/Black, 6.3% are Asian or Pacific Islander, 32.9% are Caucasian/White, 0.4% are Native American and 2.3% identify with a race not listed.

55.5% of San Bernardino County residents speak only English, 44.5% of residents speak a language other than English. This project serves to advance racial equity by expanding access to behavioral health services in a county where a significant percentage of residents come from diverse backgrounds.

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A significant inequity exists with the African American population pertaining to homelessness. They are disproportionately represented in the homeless population compared to their representation in the general population (8.5%). African Americans accounted for 24% of the total number of persons counted during the 2020 homeless count, 21% of the total number of persons counted as unsheltered (living on the streets, in makeshift shelters, tents, tarps, and/or boxes), and 32% of the total number of persons counted as sheltered, which includes staying in an emergency shelter, transitional housing, safe haven, and a hotel/motel room paid by a charitable entity.

Residential treatment reduces inequities for the target populations by providing a stable, secure, and structured environment and by connecting consumers with the resources necessary for ongoing recovery and stability.

- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization. (250-word limit)

In the adult system of care, the majority of individuals seeking SUD residential treatment are homeless or in a dependent living situation. In fiscal year 2020/2021, 84.2% of unduplicated consumers in residential treatment (SUD or mental health) identified as homeless or in a dependent living situation at the time of admission. 40.3% of unduplicated consumers in outpatient treatment identified as homeless or in a dependent living situation, including a recovery residence.

Expanding the available adult residential treatment services in this proposal increases the capacity of DBH to transition these individuals off the streets or into more independent living, when appropriate. In addition, residential substance use treatment services and increased withdrawal management availability reduces the likelihood that this population will encounter law enforcement and become incarcerated due to their substance use.

- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing unsheltered homelessness and justice involvement. (250-word limit)

As mentioned above, the vast majority of individuals seeking SUD residential treatment services are unhoused and often justice-involved due to substance use challenges and the criminalization of homelessness. Those who receive treatment at Pacific Village Platinum Campus will be among the most vulnerable of San Bernardino County's residents.

- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy. (250-word limit)

Pacific Village Platinum Campus will utilize the American Society of Addiction Medicine (ASAM) to determine appropriate level of care in the least restrictive setting. The multilayered nature of the network of services available at Pacific Village Platinum Campus ensures seamless coordination of care for adults receiving SUD services, reducing transition time and ultimately improving the quality of care. From more restrictive ASAM level 3.5 24-hour monitoring to lower level ASAM level 3.1 residential support to permanent supportive housing and case management services co-located on campus, Pacific Village's diverse treatment options are able to meet the consumer's needs at the lowest, most appropriate level of care while also providing a safe living environment that promotes their recovery when they no longer require residential services.

- Leverage county and Medi-Cal investments to support ongoing sustainability. (250-word limit)

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DBH delivers services through a robust continuum of care comprised of department-run programs with nearly 1,500 employees, in addition to over 400 contracts with community organizations, other county departments, state agencies, law enforcement partners, and more. The department has an established history of leveraging county and Medi-Cal investments to provide Specialty Mental Health Services (SMHS) and SUD services, including over 30 years of contracting for SUD and/or mental health residential treatment services. DBH and San Bernardino County are committed to ensuring the success of the residential SUD programs throughout their required 30-year usage period and beyond.

- Leverage the historic state investments in housing and homelessness

Pacific Village Platinum Campus thrives because of California’s historic investments in housing and homelessness. Individuals who receive services at the residential SUD treatment program on campus will then have access to permanent supportive housing created through braided funding from Community Care Expansion Grant (CCE), American Rescue Plan Act Local Fiscal Recovery (ARPA), a Homeless Housing, Assistance and Prevention Grant (HHAP), the Housing and Homelessness Incentive Program (HHIP), the Permanent Local Housing Allocation (PLHA), Homekey funding, and California Emergency Solutions and Housing (CESH).

16. Service Payors

a. Describe how the behavioral health services to be delivered at this project site will be funded upon completion of the construction/expansion. (500-word limit)

Approximately half of the ongoing services provided at the adult SUD residential treatment facility will be funded by Drug Medi-Cal reimbursements. The other half of the services will be supported by CalWORKs, 2011 Realignment, AB 109, and the Substance Abuse Block Grant funds.

b. Describe how the behavioral health services to be delivered at this facility will be funded for the full duration of the 30-year service use restriction period. (500word limit)

It is anticipated that Medi-Cal will continue to reimburse for substance use residential treatment services well into the future. Additionally, supporting behavioral health is a county, state, and federal priority. The County is confident that as new grants and funding becomes available over the next several decades, San Bernardino will be well positioned to secure awards due to its significant investment and experience in providing quality services.

c. Include anticipated percentages of individuals to be served by the construction/expansion based on the payor source. This is the anticipated percentage of funds by payor (the entire facility, including the portion that would receive Bond BHCIP Round 1: Launch Ready grant funding). Enter whole numbers only. Enter 0 if a payor category does not apply. The total must equal 100 percent.

Payor	Anticipated Percentage
Private insurance or employer-provided	
Medi-Cal	50%
Private pay	
Mental Health Services Act	
Behavioral Health Services Act	
SAMHSA	
Other (describe) : AB-109, CalWORKs, Children & Family Services, Substance Use Block Grant, Opioid Settlement and 2011 Realignment funding.	50%

17. Facility Details

- a. How many facility types are part of this request?** One
- b. What are the facility types?** Adult Residential SUD Treatment Facility
- c. What type of construction is this?**
 - New ground-up construction (e.g., a new facility or new setting being built)
- d. Total square footage being constructed, added, etc.?** 27,016 SF
- e. How many outpatient slots are currently available?** N/A
- f. How many outpatient slots are anticipated to be available?** N/A
- g. Based on this, how many individuals are anticipated to be served annually?** N/A
- h. How many beds are currently available?** 0
- i. How many beds are anticipated to be available after the construction?** 32
- j. What special populations will you serve?**
 - Adults with disabilities
 - BIPOC
 - Former foster care
 - Individuals experiencing homelessness
 - Individuals with serious mental illness
 - Justice involved adults
 - LGBTQ+
 - Seniors
 - TAY (ages 16–25)
 - Veterans
 - Women

k. Amount of requested funds that will be applied to this facility. \$34,850,688.00

l. Will this facility be part of an existing campus that co-locates multiple levels of care on the continuum? No

- **If no, will this facility be part of a new campus?** Yes
- **If yes, Will there be braided funding? Who?**

Pacific Village Platinum Campus has been made possible through braided funding. Funding comes from a variety of sources including: a Community Care Expansion Grant (CCE), American Rescue Plan Act Local Fiscal Recovery (ARPA), a Homeless Housing, Assistance and Prevention Grant (HHAP), the Housing and Homelessness Incentive Program (HHIP), the Permanent Local Housing Allocation (PLHA), Homekey funding, and California Emergency Solutions and Housing (CESH).

- **List all existing and planned behavioral health (BH) facility types and/or housing support that will not be funded from Bond BHCIP Round 1: Launch Ready grant funding. For each BH facility type or housing support: (1) Identify if status is existing and/or planned, (2) identify the existing and/or planned bed/slot counts, and (3) identify the funding source(s).**

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Existing:

Through Homekey funding for capital costs and PLHA and CESH funding for operational support, San Bernardino County Department of Community Development and Housing (CDH) has already created 28 units of Interim Housing onsite, including 22 travel trailers.

Planned:

Through a recent CCE grant for capital expenses and CalAIM support for operations, the Department of Aging and Adult Services will be developing 30 units of permanent supportive housing (PSH) for older adults, adults with disabilities, and people experiencing homelessness with onsite behavioral health support. In addition, using the same funding streams, DAAS will also be developing a 32-bed recuperative care facility of which 10 of the beds will be designated for Severely Mentally Ill (SMI) residents to address the specialized medical and behavioral health needs of those who may be otherwise subject to extended hospitalization or incarceration.

Through HHIP and HHAP funding for capital costs and PLHA and CESH funding for operational support, CDH plans to replace the 28 existing interim housing units with 28 units of PSH.

Describe how the services will be integrated and coordinated across facilities to enhance the continuum of care and achieve desired health outcomes.

Pacific Village Platinum Campus will be a platform for integrating and optimizing service delivery by the various County departments and their contracted service delivery partners. These Departments and partners normally interact independently with unhoused individuals who often have complex and overlapping service needs. Making multiple trips to different service settings and navigating care transitions is challenging for anyone. The goal of the project is to eliminate these barriers and create a seamless continuum of care by co-locating critical elements in one location to bring in a full spectrum of services for those who are open to receiving care. The three County Departments jointly overseeing Pacific Village Platinum Campus will coordinate their services to optimize care delivery, minimize duplication of efforts, and improve outcomes.

The three departments will establish a streamlined referral protocol to enable residents of the campus to access the wide-ranging array of housing, medical coordination, behavioral health treatment, and social services available while adhering to specific programmatic guidelines of each program. As an example, residents who require recuperative care after a hospital stay for an illness or injury will be guided through these care transitions with the support of their care coordinators, and the respective programs will be kept apprised of the resident's progress. Recuperative care is also an example of the integration of CalAIM services as a part of the programmatic design. The partners will also integrate transportation coordination and other CalAIM services to enhance participant access to additional care resources.

- **What is the anticipated date of completion for this campus?** March 2027

m. Will this facility operate as a locked facility? If so, why? No.

18. Project Site/Property

a. Have you identified a property? Yes

Address: 2226 E Pacific Street, San Bernardino, CA 92346

APN: 1191-141-38, 1191-141-40, 1191-141-42

b. What is the status of the property?

- Lead applicant currently owns the site and is the vested owner on the title.

c. Full legal name of the current owner of property. San Bernardino County, a political subdivision of the State of California

d. Are there currently any loans on the property? No

e. Would DHCS need to subordinate the lease? No

f. Are there any existing deeds of trust? If so, do you plan to pay off the deed with grant funds?
No

g. Are there any current encumbrances or use- restrictions recorded? If so, what? No

h. Has a member of the real estate or legal team reviewed the preliminary title report? Yes

i. Is this an addition to an existing property being constructed using BHCIP funds from a previous round? No

j. Is the property located on federally recognized tribal land? No

k. Is the property located on a federal trust rancheria or reservation? No

l. Is the property owned by a county? Yes

19. Abstract (250 words)

San Bernardino County’s Department of Behavioral Health (DBH) is requesting funding to further develop its Pacific Village Platinum Campus. In March 2021, the County completed the first phase of development of the campus, a 28-unit interim housing project on a 6.82 acre property. Now, the County is embarking on an expansion of the site into a full-service continuum of care campus to promote community health and provide housing options to the most vulnerable residents within the county. This development will include an array of housing interventions designed to address the root causes of homelessness, a priority for the County and its residents, and provide a viable pathway to independent living and permanent housing.

The Pacific Village Platinum Campus represents a first ever collective impact partnership among three diverse County departments: Department of Aging and Adult Services, Department of Behavioral Health, and Community Development & Housing Department.

Bond BHCIP Round 1 funding will be used by DBH for new ground-up construction of two adult residential substance use treatment facilities. The two facilities, built on County-owned land in the city of San Bernardino, will offer 32 new beds for ASAM Level 3.1, 3.3, and 3.5 residential services for adults with disabilities, older adults, and unhoused individuals over the age of 18. This project is in Phase 2: Design Development, and the County anticipates completion of the project by March 2027.

Section 4: Development Plans and Financing

20. What phase of development is the project? Phase 2: Design Development

21. How does the proposed project fit in the phase of development selected (500 word limit)?

Site control has been established with the fully executed Purchase and Sale Agreement (PSA), which was approved by the San Bernardino County Board of Supervisors on October 6, 2020. Site plans have been received from the design team and are enclosed with this application. Stakeholder support has been established, as evidenced by the enclosed letters of support from the County CEO and other

stakeholders. San Bernardino County anticipates that building permits will be obtained and construction will begin within six months of funding, if awarded.

22. List all construction approvals, will serve letters, and building permits required and strategy for applying for them within 6 months of funding. (500 word limit)

As a County, building permits do not apply. Currently, LPA Design Studios, the architecture and engineering team, is working on the plans. As plans become ready, County Land Use Services Department (LUSD) is concurrently reviewing the plans. As the project moves forward, County Project and Facilities Maintenance Department will self-inspect. San Bernardino County has accounted for all requisite approvals in its schedule submissions and application. Upon award of grant, the County will proactively seek and obtain any necessary regulatory and Authority Having Jurisdiction (AHJ) approvals. Additionally, the County will begin design, geotechnical, and environmental analysis. The County will adhere to the California Environmental Quality Act (CEQA) guidelines, as required for the work, utilizing consultation from one of several on-call vendors who specialize in California environmental matters. The County will also ensure all Board of Supervisor requisite approvals pertaining to environmental findings as well as approvals to competitively solicit construction contracts are presented and approved at the earliest possible meeting date. The County does not anticipate any issues being prepared to commence construction within 6 months of funding.

23. What is the estimated total development cost to acquire, plan, permit, insure, construct, license, and open services at the facility? \$38,722,987

24. Will the budget cover 100% of estimated total costs? If no, are you seeking other funding? What kind? Yes

25. You are responsible for any cost overruns. Describe scope and cost containment strategies as well as contingency plans for cost overruns (500 word limit) The County will utilize a Maximum Guaranteed Price (GMAX) contract to ensure cost containment. While cost containment strategies are anticipated to prevent cost overruns, if cost overruns do occur, DBH will be solely responsible for any costs to complete the project in excess of the program funds award amount. As required by the County Board of Supervisors, a contingency plan for potential cost overruns of the project will be included in DBH's financial plans to identify, set aside contingent funds, and obtain stakeholders approval as applicable.

26. Describe the fiscal strategies for managing the proposed project. Include specific examples of potential project cost savings; cost efficiencies; cost leveraging; braided funding; and additional funding, including other grants, philanthropic contributions, or contingency funding that may demonstrate conservative fiscal strategies and an industry-standard "responsible use of funds." (500-word limit)

Managing a proposed project effectively requires a comprehensive fiscal strategy that incorporates various approaches to ensure cost efficiency, sustainability, and responsible use of funds. As this project proposes new construction of two similar facilities at the same time, cost savings will be possible through bulk purchasing for construction materials and furnishings. As required by the County, a contingency fund of 5-10% will be created through General Fund dollars to address unforeseen expenses ensuring the project remains on track. DBH will also practice conservative fiscal strategies including developing and regularly reviewing and adjusting a comprehensive and detailed budget and budget justification to maintain fiscal discipline. Additionally, DBH will conduct periodic audits and financial reviews to ensure funds are being used responsibly and effectively.

By integrating these fiscal strategies, the proposed project can achieve not only cost savings and efficiencies but also a robust framework for responsible fund management. This approach not only maximizes the impact of every dollar spent but also aligns with industry standards for financial stewardship, enhancing the project's sustainability and success.

27. Proposed project construction and design

a. Describe all due diligence, feasibility studies, and site inspections completed to date that indicate site appropriateness for the facility.

During the escrow period for the purchase of the property in 2020, the County conducted a significant due diligence exercise with a third-party consultant which included the following inspections:

- A Phase 1 Environmental Site Assessment (ESA); a preliminary investigation that assesses the environmental condition of a property. This process included reviewing historical records and documentation to assess for environmental hazards, a physical visual inspection of the property, interviewing previous and current owners, tenants, and neighbors, and taking detailed photographs of the property;
- A seismic site inspection to assess the property's seismic risk; and
- A soil test to ensure the site had suitable soil for the construction project. This site inspection tested to make sure the soil could support the weight of the proposed structure, looked for the presence of pollutants in the soil which might cause delays and/or add additional costs during construction, ensured code compliance for things like earthquakes, wind loads, and flooding, and determined soil reactivity to inform the design of the foundation, footings, and slabs of the building.

The County and the third-party consultant did not find anything concerning during any of these inspections.

b. Describe any preliminary site plans, design drawings, and/or construction plans. If no construction plan is yet in place, plan to submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor. (Section 6: Required Documents) (500-word limit)

The Pacific Village Platinum Campus is situated on approximately 6.82 acres of land. The master planned campus will provide a total of 58 units of permanent housing and a 32-bed recuperative care facility on the Western portion of the campus, and a 32-bed residential SUD treatment facility will be cited on the Eastern portion. The entire campus will be landscaped to create a park like setting with walking paths and secluded meeting areas.

The residential SUD facility, the subject of this grant request, will comprise two buildings, each with a 16-bed capacity for a total of 32 beds. The first is a 13,148 square foot one story structure designed around a landscaped central courtyard, and the second building is a 13,868 square foot two story, L shaped structure. The two buildings will be connected via a covered walkway. Separating the facility into two buildings provides staff with maximum flexibility to optimize care and minimize distractions.

Each building will have 16 private rooms for clients, and all the complement of amenities to support them on their journey of recovery. The kitchen and dining area will provide nutritious meals, and snacks will be

available throughout the day. During non-meal periods, the multi-purpose room may be used as a community gathering space to foster interpersonal relationship skills, participate in social gatherings, and social/personal enrichment activities, such as games, arts and crafts, or book clubs. Visiting guests will have access to a visitation room for private conversation with their loved ones. In addition, the nursing station, med-room, exam room, group room, conference room, and various meeting rooms and offices will support the provision of recovery services. The facility has been carefully designed with privacy and security in mind. Perimeter fencing will separate this portion of the campus from the other programs, and each building has an internal secluded garden for clients to enjoy. Also, the facility will be fully ADA compliant to provide easy accessibility.

c. Specify the process used to develop your Bond BHCIP Round 1: Launch Ready application budget, including naming who (company, title, name) produced the budget estimates.

LPA Design Studios, the architecture & engineering group, is currently proceeding with design development, and Cumming Group, a project management and cost consulting company, is providing budgeting support.

d. Describe any site amenities (e.g., community and common areas, laundry, gated access, security, recreational areas, community garden) and sustainable and green building elements. (500-word limit)

The facility housing the residential treatment units will offer a landscaped courtyard and garden area for residents to enjoy. Additionally, individuals who are receiving substance use treatment will be encouraged to enjoy the full range of amenities that Pacific Village Platinum Campus offers. The campus is designed to create a cohesive and unified community, with a variety of housing typologies, land uses, facilities, and services. Complete with beautiful landscaping, integrated walking paths, on-site clubhouse, and laundry facilities, Pacific Village Platinum Campus will provide a safe and tranquil home for residents. Upon completion, the campus will provide various outdoor activity and leisure areas, such as a shaded barbeque area, multiple outdoor lounges with fire-pits, gaming areas, and a pet park. The gated-community and carefully planned campus will provide residents and guests a peaceful haven to call home.

e. Describe any onsite and offsite improvement requirements and/or complex or costly structural or site/topographical requirements. (500-word limit)

Both facilities will require minimal grading, and no complex or costly requirements are anticipated.

f. Describe any needed demolition. (500-word limit) None needed

28. List similar health care construction projects the proposed team completed.

Name of Project	Description	Completion Date	Address	Website

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<p>Casa Paseo Center (CRT)</p>	<p>Provides consumers with crisis services in a secure and homelike 24/7 facility for stays up to 90 days with a maximum of 16 beds.</p>	<p>July 2017</p>	<p>720 E. Gilbert St., San Bernardino 92415</p>	<p>https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span_.pdf</p>
<p>Windsor Center (CSU)</p>	<p>Provides residents of all ages who experiencing a crisis within a home-like setting to receive recovery based treatment options, interventions, and stabilization services for up to 23 hours.</p>	<p>May 2018</p>	<p>1481 N. Windsor Dr., San Bernardino 92415</p>	<p>https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span_.pdf</p>
<p>Wellspring Center (CRT)</p>	<p>Provides consumers with crisis services in a secure and homelike 24/7 facility for stays up to 90 days with a maximum of 16 beds.</p>	<p>July 2017</p>	<p>15217 San Bernardino Ave, Fontana 92355</p>	<p>https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span_.pdf</p>
<p>Merrill Center (CSU)</p>	<p>Provides residents of all ages who experiencing a crisis within a home-like setting to receive recovery</p>	<p>May 2018</p>	<p>14677 Merrill Avenue Fontana 92355</p>	<p>https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span_.pdf</p>

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	based treatment options, interventions, and stabilization services for up to 23 hours.			
Morongo Oasis Center (CRT)	Provides consumers with crisis services in a secure and homelike 24/7 facility for stays up to 90 days with a maximum of 16 beds.	August 2018	60805 29 Palms Hwy, Joshua Tree 92252	https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span .pdf
Desert Hill Center (CRT)	Provides consumers with crisis services in a secure and homelike 24/7 facility for stays up to 90 days with a maximum of 16 beds.	July 2017	16552 Sunhill Dr. Victorville 92395	https://wp.sbcounty.gov/dbh/otherservices/ https://wp.sbcounty.gov/dbh/wp-content/uploads/2018/11/All-CRT.CSU-Eng.Span .pdf

29. What is the match and where is the match coming from? Match funding of \$3,872,298 will be provided by the land value of the property which was supported by the Homekey Grant and ARPA Funds. \$591,000 is the appraised value of the land. ARPA funds will cover \$3,227,027 of the match.

30. If awarded, do you plan to submit sunk costs for reimbursement? The County will be submitting sunk costs of \$54,272 for the design of the facility.

Personnel	total
ARCHITECT (FRP 1)	\$ 26,000.00
SUPERVISING PM	\$ 16,640.00
CHIEF OF PM	\$ 3,440.00
PROJECT ENGINEER	\$ 1,392.00
EXTERNAL - PM	\$ 4,000.00
EXTERNAL - PE	\$ 2,800.00
TOTALS	\$ 54,272.00

Section 5: Letters of Support

Letters of Support (**Label all letters of support as follows: LOS_Project Title_Agency**)

- **Bord of Sups**
- **County Behavioral Health Director**
- **Community Stakeholders (if applicable)**

Section 6: Required Documents

Forms (label: Application ID_Form Name)

- Form 1: Narrative
- 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 Engagement Tracking
- Form 8: Schematic Design Checklist
- Form 9: Facility Financial Operating Pro Forma
- Form 10: Board Authorizing Resolution
- Drawings: Preliminary site plans, design drawings, or construction drawings
- ROM cost estimate from architect, engineer
- Resumes of the development team
- Contracts: A copy of all executed contracts for hire related to the development team
- Preliminary title report
- Certificate of Good Standing from California