

Application: Substance Use Disorder Comprehensive Treatment Campus & PRTF for Youth

Jennifer Alsina - jennifer.alsina@dbh.sbcounty.gov
BHCIP Round 5: Crisis and Behavioral Health Continuum

Summary

ID: R5--5554138232
Status: Pending Review
Last submitted: Feb 9 2023 04:15 PM (PST)

Pre-Application Consultation Request Form

Completed - Nov 23 2022

Form for "Pre-Application Consultation Request Form"

This is my form.

1. Please provide organization information:

Project Information

Project Title	Substance Use Disorder Comprehensive Treatment Campus & PRTF for Youth
Amount Requested	45600000
Match Value	4560000

Applicant Information

First Name	Jennifer
Last Name	Alsina
Telephone	909-388-0805
Email	jennifer.alsina@dbh.sbcounty.gov

Organization Information

(Entity Applying for Funding Information)

For addresses: please put apt., suite, place, etc. information ONLY on the line labeled as such.

Name of Entity	San Bernardino County Department of Behavioral Health
Street Address	303 E. Vanderbilt Way 4th Floor
Apt., suite, place, etc.	(No response)
City	San Bernardino
State	CA
ZIP Code	92415
Telephone	909-388-0805
Fax	(No response)
Website	https://wp.sbcounty.gov/dbh/
Federal Tax ID (EIN)	95- 6002748
UEI Number	PNJMSCHTMVF7

Lead Authorized Representative

First Name	Georgina
Last Name	Yoshioka
Title	Interim Director
Email	georgina.yoshioka@dbh.sbcounty.gov

2. What type of entity is the lead applicant?

County

2a. Is there a co-applicant?

No

3. What type of facility are you planning on developing?

Click on the boxes below to open the drop down and select facility type. Use the horizontal scroll bar at the bottom of your browser window to view the full facility name. Please choose as many types as necessary/appropriate. See [full list of facilities in the BHCIP Round 5 RFA](#).

Crisis Continuum Eligible Facility Types

1. Psychiatric Residential Treatment Facility (PRTF)
2. Adolescent Residential SUD Treatment Facility with DHCS/ASAM Level of Care 3.5 Designation and WM Designation
3. Adolescent Residential SUD Treatment Facility with DHCS/ASAM Level of Care 3.5 Designation and WM Designation
4. (No response)
5. (No response)

Behavioral Health Continuum Eligible Facility Types

1. Office-based Outpatient Treatment
2. (No response)
3. (No response)
4. (No response)
5. (No response)

4. Tell us briefly about your organization and your overall project and how BHCIP Round 5: Crisis and Behavioral Health Continuum funds would help achieve your project goals.

San Bernardino County, Department of Behavioral Health is proposing a comprehensive treatment campus to include:

An additional 32-newly constructed residential treatment beds (adults),
24-single-dwelling units to provide ASAM 3.2 withdrawal management services (adults),
Outpatient/Intensive Outpatient facility,
16-bed adolescent substance use disorder residential treatment program and
16-bed psychiatric residential treatment facility (PRTF) for youth.

The property identified is a 29-acre site with several acres available for expansion of infrastructure. The goal is to expand the adult continuum currently being provided at this property and develop a separate youth campus on undeveloped land. These funds would assist the San Bernardino County in meeting the demand for these services and expand the continuum of care for the community.

5. Every capital project involves many development and construction-related activities. Please indicate where, specifically, your organization would apply BHCIP funds.

(Select all that apply)

To purchase real property	<input checked="" type="checkbox"/>
For reimbursement of acquisition costs already incurred to purchase real property	<input checked="" type="checkbox"/>
To plan and design the facility	<input checked="" type="checkbox"/>
To renovate existing square footage of a facility	<input checked="" type="checkbox"/>
For new construction of a facility	<input checked="" type="checkbox"/>
For new construction to add new square footage to an existing facility	<input checked="" type="checkbox"/>
Other	(No response)

6. What is the address of the proposed project site?

Street Address	13333 Palmdale Rd
Apt., suite, place, etc.	(No response)
City	Victorville

7. What is the county in which the proposed project is located?

San Bernardino

8. On a scale of 1 - 3, what is the anticipated level of community support for the project?

(Support from local elected officials, county/city support and other stakeholders who support the project; any stakeholder engagement efforts conducted or planned, etc.)

1 = No support from the community; no effort made to contact or connect with community members

2 = Some support expressed by community members; at least some contact or connection made.

3 = Positive support from the community overall; connections made with local leaders, who support the project

3

9. Do you anticipate any barriers at the community level? Describe any possible barriers and solutions:

San Bernardino County does not anticipate any barriers at the community level; there is a high need for these services and there is positive community level support.

10. Do you or your co-applicant have all current required licensing, certifications, and/or accreditations from the appropriate state or local agencies to operate the proposed facility? Answer N/A if not applicable.

Yes

11. If you are not currently licensed, certified, or accredited, do you intend to pursue licensing, certification, or accreditation?

Yes

12. Do you have a proposed budget?

(If yes, please upload below. Any format is acceptable.)

Yes

Budget Upload

13. Is it anticipated that the project will result in the displacement of existing residents during construction?

No

14. Would you like technical assistance from a community development financial institution (CDFI) to better understand the match requirements or financing options?

No

15. Have you identified your real estate project development team?

Yes

Question 12: Pre-Application Budget Form

Incomplete

Round 5 Application

Completed - Feb 9 2023

Application Questions

1. Please provide organization information:

Project Title	Comprehensive Treatment Campus
Amount Requested	51731501
Match Value	12460446

2. Applicant Information

(Name and Contact Information for Project Director)

First Name	Jennifer
Last Name	Alsina
Telephone	909-388-0805
Email	jennifer.alsina@dbh.sbcounty.gov

3. Organization Information

(Entity Applying for Funding Information)

Name of Entity	San Bernardino County Department of Behavioral Health
Street Address	303 E. Vanderbilt Way
Apt., suite, place, etc.	(No response)
City	San Bernardino
State	CA
ZIP Code	92415
County	San Bernardino
Telephone	909-388-0805
Fax	909-890-0435
Website	https://wp.sbcounty.gov/dbh
Federal Tax ID (EIN)	95-6002748
UEI Number	PNJMSCHTMVF7

4. Lead Authorized Representative

First Name	Georgina
Last Name	Yoshioka
Title	Director
Email	georgina.yoshioka@dbh.sbcounty.gov
Work Phone	909-252-5142
Mobile Phone Number	909-252-5142

5. Please Identify Fiscal Agent

First Name	Tan
Last Name	Suphavarodom
Title	Deputy Director
Email	Tan.Suphavarodom@dbh.sbcounty.gov
Work Phone	909-388-0826
Mobile Phone Number	909-388-0826

6. Please Identify Project Director

First Name	Jennifer
Last Name	Alsina
Title	Deputy Director
Email	jennifer.alsina@dbh.sbcounty.gov
Work Phone	909-388-0805
Mobile Phone Number	909-388-0805

7. What type of entity is the lead applicant?

County: Behavioral Health Agency

8. Is there a co-applicant?

No

9. Please summarize the applicant entity's organization and experience working with the target population.

San Bernardino County Department of Behavioral Health (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 site of the project proposed herein has been operated by a contract provider with DBH since 1990, offering a comprehensive system of substance use disorder (SUD) care that includes residential treatment for SUD, withdrawal management (detox), clinic-based outpatient treatment for SUD, a recovery center, and multiple recovery residences. Thus, DBH has extensive experience delivering services at this location through the facilities proposed for rehabilitation and expansion. DBH has decades of experience establishing services from the ground-up, including the proposed levels of care offered in the Comprehensive Treatment Campus. DBH also has a well-established history of monitoring Medi-Cal services offered through contract providers. Monitoring includes providing technical assistance with programming, regulation compliance, and managing complex client cases. DBH has over 75 contracts with community-based organizations with multiple locations specific to substance use disorder/co-occurring enhanced services, in the Drug Medi-Cal Organized Delivery System.

DBH is also experienced in acquiring and operating facilities to house new programs. Between 2014 and 2016, DBH was the recipient of Investment in Mental Health Wellness (IMHW) grant funds awarded through the California Health Facilities Financing Authority. These awards funded the construction of four (4) new Crisis Residential Treatment programs, strategically placed in four (4) disparate regions of the county, and two (2) new Crisis Stabilization Units, centrally located in two (2) of the county's most populated regions.

In this proposal, DBH presents its plans for ground-up construction of a comprehensive treatment campus to serve youth in one wing and adults in another. The youth campus will include a Psychiatric Residential treatment Facility (PRTF), an adolescent residential SUD treatment facility, and a Community Wellness Center (CWC) serving youth in both programs in addition to their families and/or other collateral supports who may benefit from DBH services. The adult campus will include standalone expansions of the existing adult residential SUD treatment and withdrawal management facilities, in addition to the development of a new outpatient SUD treatment facility.

The target population for the PRTF will be adolescents aged 12 to 17 for whom (a) intensive home-based or community-based services are not sufficient, and (b) psychiatric hospitalization is inapplicable as they are not at sufficient risk for harming themselves or others. As a nonhospital inpatient facility, the PRTF requirements are well designed to meet the needs of this population, and San Bernardino County DBH has extensive experience working with children and youth in such a high state of need. The target population for the adolescent SUD residential treatment facility will be adolescents who need intensive motivating strategies in a 24-hour structured program, live in an environment that is dangerous to recovery, and/or require residential treatment to promote recovery goals or for protection. Both of these new programs will be closely connected to DBH's four (4) contracted Crisis Stabilization Units (CSU), which will function as the primary referral source for the PRTF and a significant referral source for the residential facility. In FY 2021-2022, the CSUs served 1,031 youth, 148 (14.35%) of whom presented with co-occurring mental health and SUD diagnoses. These new programs, therefore, will add a new layer to the safety net DBH provides for youth who are already in its continuum of care.

Currently, DBH operates or contracts with nine (9) outpatient clinics that can provide SUD services to youth, three (3) juvenile drug court programs, and one (1) out-of-county youth SUD residential program within the County's Drug Medi-Cal Organized Delivery System. DBH also currently contracts with 36 providers for Medi-Cal funded Specialty Mental Health Services (SMHS) at 70 different Short Term Residential Therapeutic Programs (STRTPs). DBH also operates a 24-hour call center that fielded over 44,000 calls for substance use disorder/co-occurring disorder treatment services in Fiscal Year (FY) 2021-2022. Additionally, DBH maintains Alcohol and Drug Counselors (ADC) co-located within San Bernardino County's Department of Children and Family Services who screen, link, and refer both adults and youth to the SUD continuum of care. This enables access for the vulnerable justice- and child welfare-involved youth populations, in addition to their families and/or other adult collateral supports. DBH was also the first County Mental Health Plan (MHP) to open a CRT specifically designed to serve the young adult population (i.e., aged 18 to 25) in 2011. The manager involved in opening this Transitional Aged Youth (TAY) CRT in 2013 will be involved in the identification of an appropriate CBO to open and operate the

PRTF in conjunction with DBH. As with this TAY CRT, San Bernardino County will again serve as a pioneer in the delivery of behavioral health care, integrating a PRTF in the formative stages of state-issued requirements and regulations.

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 so they do not immediately relapse or continue to use in imminently dangerous manner upon transfer to a less intensive level of care. A portion of the proposed adult residential SUD beds will be ASAM 3.2WM designated and serve 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. In FY 2021-2022 5,187 unduplicated consumers were served in DBH's SUD continuum of care and received multiple services, accounting for 9,236 episodes of SUD services throughout the year. Of these unduplicated consumers, 1,674 (32%) were from the High Desert region, wherein this project is proposed.

As stated, DBH has decades of experience linking consumers with and operating SUD treatment programs, with a diverse countywide network of care that includes 24/7 beneficiary access to SUD screening assessments and referrals, residential treatment, withdrawal management, outpatient treatment, drug court programs, intensive outpatient treatment, perinatal treatment, Narcotic Treatment Programs (NTP), recovery services, and Driving Under the Influence (DUI) programs. The expansions herein would increase DBH's existing SUD withdrawal management capacity by 300% and existing adult SUD residential treatment capacity by over 70%, in addition to new implementation of SUD outpatient treatment, currently unavailable at this site.

Project Information

10. Facility Category

Using the checkboxes below, please select the category or categories of the facility(ies) according to requirements of eligible projects outlined in the RFA in Section 3.3: Eligible Facilities. (Do not double count beds or slots).

The definition of slots is the unduplicated number of persons served by this facility on an annual basis. For example, the number of clients served in a mental health clinic, or the number of patients served by a partial hospitalization program or crisis stabilization unit.

All client counts should be unduplicated. Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.

****To calculate total slots please use formula - Annual Slots Current + Annual Slots Added = Annual Slots Total****

****To calculate total beds please use formula - Beds Current + Beds Added = Total Beds****

Outpatient Crisis Services

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)	✖			
Crisis Stabilization Unit (CSU)	✖			
Sobering Center (Funded by DMC- ODS and/or Community Supports)	✖			
Total				0

Outpatient Behavioral Health Services

	Check	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Hospital-Based Outpatient Treatment (outpatient detoxification/with drawal management)	✘			
Intensive Outpatient Treatment	✘			
Narcotic Treatment Program (NTP)	✘			
NTP Medication Unit	✘			
Office-Based Outpatient Treatment	✔	0	225	255
Total				255.0

Residential Crisis Services

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Psychiatric Hospital	✘			
Adolescent Residential SUD Treatment Facility with a DHCS/ASAM Level of Care 3.5	✘			

Designation and
Withdrawal
Management (WM)
Designation

Adult Residential
SUD Treatment
Facility with
Incidental Medical
Services (IMS) and
BHCS/ASAM Level
of Care 3.5
Designation only
or with DHCS Level
of Care 3.2 WM
Designation only



6

18

24

Children's Crisis
Residential
Program (CCRP)



Community
Residential
Treatment System
(CRTS)/Social
Rehabilitation
Program (SRP)
with the category
of Short-Term
Crisis Residential
only



Mental Health
Rehabilitation
Centers (MHRC)
only with
Lanterman-Petris-
Short (LPS)
Designation



Peer Crisis Respite



Psychiatric Health
Facility (PHF)



Psychiatric
Residential

Treatment Facility (PRTF)	✓	0	14	14
Total				38.0

Residential Behavioral Health Services

	Check	Beds Current	Beds Added	Beds Total (Sum of Current + Added)
Acute Inpatient Hospital - medical detox/withdrawal management (medically managed inpatient detoxification/with drawal management facility)	✗			
Acute Psychiatric Inpatient Facility	✗			
Adolescent Residential SUD Treatment Facility	✓	0	16	16
Adult Residential SUD Treatment Facility	✓	54	36	90
Community Treatment Facility (CTF)	✗			
Chemical Dependency Recovery Hospital	✗			
General Acute Care Hospital (GACH) and Acute Care Hospital (ACH)	✗			

Mental Health
Rehabilitation
Center (MHRC)

✕

Peer Respite

✕

Short-Term
Residential
Therapeutic
Program (STRTP)

✕

Skilled Nursing
Facility with
Special Treatment
Program (SNF/STP)

✕

Social
Rehabilitation
Facility (SRF) with
Transitional or
Long-Term Social
Rehabilitation
Program (SRP)

✕

Total

106.0

11. Community Wellness Center

If your facility is a community wellness center, please indicate whether it will provide mental health and/or SUD treatment.

	Facility Type	Annual Slot Counts: Current	Annual Slot Counts: Added	Annual Slot Counts: Total (Sum of Current + Added)
Mental Health	✓	0	100	100
SUD Treatment	✓	0	275	275
Wellness/Prevention	✓	0	300	300
Other	✗			

Community Wellness Center

Other explanation:

(No response)

12. Populations

Estimate the percentages of the racial and ethnic populations that you will serve.

(Whole numbers only and percentages must add up to 100%.)

	% Population Served
African American/Black:	13
Asian American/Pacific Islander:	1
Latino/Hispanic:	35
Native American/Alaska Native:	3
White:	43
Mixed race:	0
Other (please specify below and limit your response to a paragraph):	5
Total	100.0

Other explanation:

The Department of Behavioral Health Electronic Health Record (EHR) currently captures the racial and ethnic populations listed above. The "Other" category indicates consumers for whom race/ethnicity are unknown.

13. Project Site Information

Enter the street address of the proposed project. For new ground-up construction, enter the APN# or Parcel ID if no address has been assigned. Abbreviate as follows: Rd., St., Pl., Blvd., Ave.

Street Address	13333 Palmdale Rd.
Apt., suite, place, etc.	(No response)
City	Victorville
State	CA
ZIP Code	92392
County	San Bernardino
APN #	3105-191-11
Parcel ID	8

14. Please provide a narrative description of the proposed project, including the structural plan for the facility and all planned services.

Youth Campus Structural Plan:

- o A 14-bed Psychiatric Residential Treatment Facility (PRTF) for youth and a 16-bed Adolescent Residential Treatment Facility. (Building F, 10,944 square feet each).
- o A Community Wellness Center (CWC) is included in the youth campus and includes: a multi-purpose court, activity room, outdoor patio and equipped with multi-media (Building H, 13,662 square feet).

Youth Campus Planned Services:

- o Psychiatric Residential Treatment Facility (PRTF): will include all services outlined in the forthcoming regulations. As a nonhospital inpatient mental health program, it is understood that this will include, but not be limited to, a complete assessment of needs and implemented treatment plan within 72 hours of admission and reviewed, minimally, every ten days. All treatment will be provided by the multidisciplinary team and consistent with the Integrated Core Practice Model (ICPM). Care coordination will be similar to Intensive Care Coordination (ICC). The focus will be on stabilizing the youth such that services may continue in either a home setting or an STRTP.
- o Adolescent Residential Treatment Facility: a structured 24-hour therapeutic facility that serves adolescents (ages 12-17 years old), who meet ASAM Criteria for residential treatment levels 3.1 and 3.5.

This co-occurring enhanced program offers psychiatric services, medical evaluation, laboratory services and evidence-based programming.

- Community Wellness Center (CWC): will offer a multitude of wellness, prevention/early intervention and family engagement services including linkage and referral.

Adult Campus Structural Plan:

o Co-Occurring Residential Treatment Structural Plan: The residential facilities, "Building A," (1,740 square foot) includes four-bedrooms, common area, four bathrooms and kitchen/dining area. "Building B" (2,894 square foot) apartment-style facility includes eight bedrooms, four bathrooms, four kitchen areas and common areas. There are two "Building As" and one "Building B" that will provide residential treatment and accommodate (36) beds.

o Withdrawal Management Structural Plan: two (2) "Building Gs" each includes 12 bedrooms, four (4) bathrooms, a living/dining area, laundry areas, a nurse's station and storage. These two (2) "Building Gs" accommodate 24-beds. Note: meals are prepared in the existing cafeteria and taken to the residents in withdrawal management facilities.

o Outpatient Structural Plan: The outpatient/intensive outpatient facility (6,840 square foot) has eight (8) offices, three (3) large classrooms/group rooms, lobby, conference room, restrooms and a urinalysis laboratory, break room and storage area. (Building C).

Adult Campus Planned Services:

o Co-Occurring Residential Treatment Planned Services: thirty-six (36) additional beds for adults in this 24-hour therapeutic community. Services include ASAM levels 3.1, 3.3 and 3.5 residential levels of care, clinical hours per week range in these levels of care from 5 to 20 clinical hours, based on individualized client needs utilizing evidence-based programming.

o Withdrawal Management Planned Services: 24-withdrawal management beds will be offered where 24-hour safe monitoring of the detoxification process is the primary service.

o Outpatient Planned Services: Early Intervention/Outpatient/Intensive Outpatient counseling services are provided to clients, six to nineteen hours a week, through structured evidence-based programming.

15. Describe how the proposed project will expand service capacity for crisis and/or behavioral health facilities.

This project will expand both crisis and behavioral health services in both the local community and the entire county. No equivalent to either residential facility proposed for youth exists in San Bernardino County at this time. Currently, county residents may access crisis services through DBH's mobile response teams, community outpatient clinics, or one of four (4) contracted Crisis Stabilization Units

(CSUs). While there are local emergency rooms in the High Desert community, there are no inpatient mental health programs or youth SUD residential services. In FY 2021-2022, over 100 children and adolescents presented to the county hospital, Arrowhead Regional Medical Center (ARMC), Emergency Department (ED) seeking inpatient treatment, 30% of whom waited in the ED for longer than five (5) days due to limited bed availability. The adolescent treatment facilities herein would therefore reduce the likelihood of continued placement challenges in serving this population.

The PRTF and SUD residential programs will provide a needed safety net to the youth throughout the county and enhance the existing capacity for services. DBH currently operates and/or contracts with nine (9) outpatient clinics that provide SUD services to youth, and three (3) juvenile drug court programs. DBH also has an extensive system of care for children and youth that includes contracts for Wrap-Informed Full-Service Partnerships and with 70 different Short Term Residential Therapeutic Programs (STRTPs). However, many youth specifically need a residential program to stabilize them to the point that these other services may be effective. Without these new programs, there will continue to be no residential programs in the county to meet this need.

Additionally, locating a Community Wellness Center (CWC) on the campus will facilitate access for the families impacted by the high needs experienced by the youth. The CWC will provide mental health, SUD, and prevention services to the families at their time of highest need and then be integrated into the family's aftercare services after the crisis is resolved.

Finally, for those adults with more acute SUD residential needs, 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 both intensive Withdrawal Management and the stepdown to co-located adult residential SUD treatment. Withdrawal Management currently records a waiting period of approximately 35 days to placement, which drastically increases the consumer's risk of overdose or other complication 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. The Comprehensive Treatment Campus will add 36-additional residential treatment beds and 24-withdrawal management beds allow San Bernardino County to expand services by serving an additional 432 adults in residential treatment (30-day average length of stay) and 1,248 adults in withdrawal management (7-day average length of stay).

16. Licensing and Certifications

List any behavioral health licensing, certifications, and/or accreditations required at the federal, state or local level to operate the planned program services. More lines will appear as needed (max 10):

(Please only include organizational level information - do not provide individual provider numbers)

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
1.	Drug Medi-Cal Certification/ASAM Designation 3.1, 3.3, 3.5, 3.2WM	Yes		State
	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
2.	Incidental Medical Services	Yes		State
	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
3.	Alcohol and Other Drug Certification	Yes		State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
4.	Drug Medi-Cal Certification/ASAM Designation 1.0, 2.0	No	Planned Future	State
	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
5.	Clinical Laboratory Improvement Amendments (CLIA) Waiver	No	Planned Future	State
	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
6.	Drug Medi-Cal Certification/ASAM Designation 3.1, 3.5 (Adolescents)	No	Planned Future	State
	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
7.	Community Care License (on-site daycare)	Yes		State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
8.	Community Care License (Adolescent treatment facilities)	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
9.	Psychiatric Residential Treatment Facility (PRTF) license	No	Planned Future	State

	Name of License/Certification	Currently Held?	Current Status	Federal, State or Local?
10.	Medi-Cal Certification for PRTF	No	Planned Future	State

17. State Priorities

Identify each of the State Priorities your project is targeting (RFA Section 1.1) and describe how the project will meet these priorities. Check all that apply:

Description

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

Invest in behavioral health and community care options that advance racial equity



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. 28.8% of residents speak Spanish and 10% of residents speak Asian or Pacific Islander languages. Approximately 68% of individuals who have sought services through the contracted provider currently operating at this proposed project site identified as nonwhite in the last Fiscal Year. Therefore, these projects serve to advance racial equity by expanding access to behavioral health services in a county where a significant percentage of residents come from diverse backgrounds.

Residential services for youth are currently unavailable in San Bernardino County, which spans 20,105 square miles and hosts a population of approximately 2.2 million, an estimated 26% of whom are under the age of 18. Of all of the residents in the County, over 385,000 reside in the High Desert region where this proposed Comprehensive Treatment Campus will be located. The current contract provider for adolescent residential SUD services is outside of the county, 60 miles from the proposed site, between

1 and 4.5 hours away from potential residences in the county, and records a waitlist duration of 35 days, on average. As Psychiatric Residential Treatment Facilities (PRTF) are a new treatment option in California, no such facilities exist anywhere in the state at this time. Therefore, the establishment of both facilities represents a significant stride towards geographic equity for the youth population in need of residential services.

Additionally, the High Desert region represents 30% of all consumers, adult and adolescent, served throughout the SUD continuum of care and is the highest referring region to SUD services countywide. Expanding residential and outpatient SUD services in this region therefore enhances geographic equity for this high-referral region. Available services at this site will also include ASAM 3.3 residential treatment availability, a need highlighted in "Assessing the Continuum of Care." Only 36 facilities in California offer this level of care, and half of these facilities are in Los Angeles County. San Bernardino County currently does not have in-county access to ASAM 3.3 level of care. As stated, distance to the out-of-county provider that offers this level is 1 to 4 hours away, depending on where the beneficiary resides in the county. Only 54 SUD residential beds and six (6)

Seek geographic equity of behavioral health and community care options



withdrawal management beds, serving only adults, are available in the high-desert region; however, this region represents the highest need for these services in the County. Furthermore, ASAM level 3.3 services are only available in 36 locations statewide, as referenced in the state's needs assessment. Upon renewal of the adult residential treatment contract, the existing facilities in addition to the proposed expansion will offer 3.3 in addition to the existing 3.1 and 3.5 services, thus addressing this need and furthering geographic equity for this level of care. The Comprehensive Treatment Campus will address the geographic and transportation barriers to this level of care by bringing much-needed services to within county borders and expanding withdrawal management/residential bed capacity to meet the demand in the highest referring/highest need region of the county.

According to DHCS's "Assessing the Continuum of Care," approximately 90% of adults with SUD begin using substances prior to the age of 18, and mental health ED visits among adolescents increased 31% from 2019 to 2020. As stated, no residential services for this population are currently available within San Bernardino County. The incorporation of the PRTF and adolescent SUD residential facilities therefore meets this

priority of addressing an urgent gap in the continuum of care for the youth population.

Furthermore, for adults, the County's projected utilization of residential treatment services countywide is three (3) 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. The County's projected utilization of SUD outpatient treatment services countywide is two (2) times larger than current capacity of 1,576 beneficiaries at a projected utilization of 3,715. This inability to match anticipated capacity represents a significant gap that the expansions proposed herein would serve to fill.

Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth



As stated, Withdrawal Management currently records a waiting period of approximately 35 days to placement – equal to the wait for adolescent residential SUD treatment – which drastically increases the consumer's risk of overdose or other complication 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. Many lose hope that they will successfully receive these services; this waitlist therefore may not include the full scope of

consumers who are in need of and/or awaiting these levels of care.

Of those served in FY 2021-2022 in the county's contracted Crisis Residential Treatment (CRT) programs, which serve adults experiencing a mental health crisis and require a residential environment in which to stabilize their symptoms, 57.9% presented with a co-occurring substance use diagnosis, all of whom were referred to SUD outpatient treatment. The inclusion of outpatient treatment options in the Desert Region, in which 42% of these co-occurring consumers received crisis residential treatment, would increase the likelihood that these consumers exiting mental health residential placement will remain in recovery through successful transition to the next level of care.

The Comprehensive Treatment Campus proposed herein enables a uniquely diverse, co-located behavioral healthcare delivery system that provides treatment options across the lifespan - for both adolescents and for adults. As stated prior, in FY 2021-2022, over 100 children and adolescents presented to the county hospital, Arrowhead Regional Medical Center (ARMC), Emergency Department (ED) seeking inpatient treatment. 30% of these youth waited in the ED for longer than five (5) days due to limited bed availability. The

Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization



adolescent treatment facilities herein would offer a placement option that may be appropriate for these youth who are unable to receive appropriate behavioral health interventions while in a medical ED.

In the adult system of care, approximately 85% of individuals seeking SUD residential treatment are homeless or in a dependent living situation. 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, thus meeting this state priority. In addition, the addition of outpatient SUD services and increased withdrawal management availability reduces the likelihood that this population will encounter law enforcement and become incarcerated due to their substance use.

In FY 2020-2021, DBH's Screening Assessment and Referral Center (SARC) received 248 referrals from programs or agencies that interact with justice-involved youth, including drug courts, parole officers, and forensic DBH programs. The SUD continuum of care was able to serve 133 unduplicated youth in that year, an indication that the demand and need for adolescent services is nearly double the capacity. These calls for services from justice partners were for

Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement



referrals to higher levels of care such as substance use disorder/co-occurring residential levels of care. Of all individuals seeking residential levels of care, 85% were homeless or in a dependent living situation. Of all individuals seeking outpatient/intensive outpatient treatment, 42% were homeless or in a dependent living situation. In addition to the SUD components meeting the needs of justice involved individuals, the PRTF will provide a highly needed resource for foster and probationary youth. Both these populations may be placed into an STRTP to address their needs; however, should their needs exceed the abilities of the STRTP they will be either hospitalized, placed back into juvenile detention, or managed at the child welfare office until placement can be located. On an average day there are three or four foster youth residing in a child welfare office, but there have been as many as fifteen. The PRTF will provide an exceptional treatment option for the probationary and foster youth, thereby avoiding a return to the detention center or a multiple day stay in the child welfare office. The proposed Comprehensive Treatment Campus will meet the needs of these vulnerable populations by providing an expanded continuum of care and enhancing care coordination services for these target populations to ensure: success transitions of

care, long term recovery and identification of housing status at admission and through successful collaboration with the beneficiary, transition to housing stability upon discharge.

In FY 2021-2022, the County's contracted CSUs served 1,031 youth aged 12 to 17 in immediate crisis, 14.4% of whom presented with co-occurring mental health and SUD diagnoses. At this time, youth exiting these facilities are limited in their discharge options and may either return home, be hospitalized, or be placed in a Short Term Residential Therapeutic Program (STRTP) - none of which may be appropriate for the individual. The incorporation of the PRTF and adolescent SUD residential treatment facilities represents a level of care lower and potentially more appropriate for the youth's needs than a psychiatric hospital, thereby ensuring treatment in the least restrictive environment.

Additionally, the multilayered nature of this network of services ensures seamless coordination of care for adults receiving SUD services, reducing transition time and ultimately improving the quality of care. Adults entering the campus with severe detoxification needs and receiving Withdrawal Management services may then graduate to residential treatment, then ongoing

Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy



outpatient treatment. In the outpatient/intensive outpatient facility, early-intervention and recovery services are offered, thereby expanding the least-restrictive options for beneficiaries and promotion of long-term recovery. Therefore, this campus offers diverse treatment options to best meet the consumer's needs at the lowest, most appropriate level of care. Should San Bernardino County be successful in receiving Community Care Expansion (CCE) funding for recovery residences, these individuals will also have access to a safe living environment that promotes their recovery.

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 Substance Use Disorder (SUD) services, including over 30 years of contracting for SUD and/or mental health residential treatment services. DBH and San Bernardino County is committed to ensuring the success of these programs throughout their required 30-year usage period

Leverage county and Medi-Cal investments to support ongoing sustainability



and beyond, as evidenced by the \$8,122,500 in Operating Reserves that the county has offered as Match to support sustainability and maintenance in addition to the County's proven history of delivering quality services to Medi-Cal beneficiaries in need of the highest level of behavioral health care.

Leverage the historic state investments in housing and homelessness **X**

18. Is this a multi-county collaboration? If yes, select all counties that apply.

No

19. Previous Applications

Has the applicant applied for one or more prior BHCIP rounds (1-4)? Please indicate the round(s) below, identify where funds were awarded and provide a description of how funds requested in Round 5 will be used for separate and distinct purpose of further expansion of behavioral health services for the target population.

Applied	Awarded	Round 5 Funding Distinct Purpose
		San Bernardino County was awarded \$7,703,122 in Round 1: Crisis Care Mobile Units grant funding. This funding is being used to implement a call center to enhance and expedite mobile crisis response triage and dispatch, in addition to

Round 1: Crisis Care Mobile Units (CCMU)	✓	Yes	expanding mobile crisis response teams for more rapid deployment into the community. The funds requested in this application for a Comprehensive Treatment Campus will serve a separate and distinct purpose to the programs for which the County was awarded funding.
Round 2: County and Tribal Planning	✓	Yes	San Bernardino County was awarded \$150,000 in Round 2: County and Tribal Planning funding. This funding is being used to support personnel playing key roles in implementing the Department of Behavioral Health's (DBH) stakeholder engagement and infrastructure goals. The funds requested in this application for a Comprehensive Treatment Campus will serve a separate and distinct purpose to the programs for which the County was awarded funding.
Round 3: Launch Ready	✓	No	
Round 4: Children and Youth	✗		

20. Services Payors

Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete.

The ongoing services provided at the PRTF will be 100% funded via Medi-Cal services, with local match funding from the Community Supportive Services (CSS) component of the Mental Health Services Act (MHSA). The current MHSA plan includes a Children's Full-Service Partnership (FSP) program (i.e., C-1 Comprehensive Children and Family Support Services) that currently includes services to children and youth either at risk for placement or currently placed at a Short Term Residential Therapeutic Program (STRTP). If awarded the grant to build the PRTF, the intention is to incorporate the PRTF into the C-1 Program so that children and youth served at the PRTF may transition smoothly to appropriate aftercare.

Ongoing services provided at the outpatient SUD, adult SUD residential, and adolescent SUD residential treatment facilities will be funded by Drug Medi-Cal, CalWORKs, 2011 Realignment, AB 109, County Children and Family Services (CFS), and the Substance Abuse Block Grant. The co-location of outpatient and residential SUD services, in addition to the CCE-proposed recovery residences, allows for an onsite multilevel system of care to enable smooth and prompt transitions of care.

21. Cost Overrun

Grantees who are awarded BHCIP funds shall be solely responsible for any costs to complete the project in excess of the program funds award amount. Neither DHCS nor AHP will be responsible for any cost overruns. Please describe contingency plans for any cost overruns for the project.

If awarded in full, DBH will be solely responsible for any costs to complete the project in excess of the program funds award amount. Contingency plan for cost overruns of the project will be included in DBH's annual and/or three-year Mental Health Services Act Plan update(s) to obtain stakeholders approval to identify and set aside contingent funds.

22. Percentages of Funds by Payors

Please include anticipated percentages of funds by payor. Enter whole numbers only. Enter 0 if a payor category does not apply. The total should equal 100%.

	Anticipated Percentage
Insurance	
Medi-Cal	92
Private pay	
Other	8
Total	100.0

Please explain other category:

CalWORKS, AB 109, Substance Abuse Block Grant, Mental Health Services Act, County Children and Family Services funding

23. Diversity, Equity and Inclusion

Are you serving or do you plan to service justice-involved population(s)?

Yes

If yes, please choose the best match of the population(s) projected to serve:

Local/County Probation

24. Describe how the project will advance racial equity and meet the needs of individuals from diverse backgrounds. Applicants must affirm they will not exclude certain populations, such as those who are justice involved or in foster care.

The proposed projects will advance racial equity by increasing residents' access to behavioral health care

for adolescents (ages 12-17), adults and their families in San Bernardino County. Expanding the behavioral health infrastructure and services in this region will increase access to care specifically for Adolescent Residential SUD and PRTF services, bringing these services within County borders where current services are (a) only available out-of-county or (b) unavailable anywhere in the state, respectively. The proposed services will be located in the High Desert region of San Bernardino, which accounts for 93% of the County's land area.

The racial/ethnic makeup of the County is as follows as of 2022: Latinos 49%, Caucasian/White 32.8%, African American/Black 8.5%, Asian/Pacific Islander (API) 6.3% and .4% Native American. While Latinos make up 49% of the population, they represent 45% of mental health clients served in FY 2021/2022 and are underserved. API, also underserved, represent 6.3% of the population but only 2.1% of mental health clients served and 1.7% of substance use disorder clients served. Native Americans represent .4% of the population and represent .6% of mental health clients served and 1% of substance use disorder clients; this is an overrepresentation in accessing services for this population. Through DBH's Office of Public Relations (PRO), Office of Equity and Inclusions (OEI) and Mental Health Services Act (MHSA) Administration program, San Bernardino County will inform and educate residents about these new programs in their preferred language and environments. These programs host and attend various community meetings and provide opportunities for increased awareness. DBH will leverage existing partnerships with various agencies to educate residents, increase awareness, reduce stigma for these new services, and generate referrals to the new programs. For the Latino community, DBH will work in partnership with OEI and the Mexican Consulate. For the API community, DBH will work with OEI and the MHSA Prevention and Early Intervention Community Health Workers Program. For the Native American Community, DBH will work with OEI and Riverside San Bernardino County Indian Health Inc. (RSBCIHI) MHSA Prevention and Early Intervention programs. RSBCIHI is a non-profit, tribally controlled and managed health care program serving nine (9) federally recognized tribes in the Inland Empire, which includes San Bernardino and Riverside counties. DBH will monitor program outcomes and penetration rates of these populations through the department's Quality Improvement Plan activities to ensure the advancement of racial equity for diverse populations by increasing access to appropriate levels of care.

Additionally, through DBH's robust community planning process, San Bernardino County will continuously engage stakeholders, inform them of the programs, and request continuous feedback for program improvements and enhancements to meet the needs of diverse consumers. These stakeholders may include, but are not limited to, individuals who are justice involved or in foster care. Improvements and enhancements will take into consideration community defined practices to recovery and wellness and, when appropriate, will be funded by MHSA.

25. Project Readiness

Has the proposed project met **ALL** the minimum threshold for project readiness (as outlined in RFA Section 3.2)? Please note, this is a minimum requirement for all applications.

Yes

25a. Confirm Readiness

Please confirm site readiness by confirming the below project minimum thresholds, referenced in the [RFA section 3.2](#).

Site control, defined as ownership with clear title, an executed Purchase and Sale Agreement (PSA), an executed Letter of Intent (LOI), or an executed Exclusive Negotiation Agreement (ENA)	Confirm
--	---------

A sustainable business plan with (pro forma) projections of future objectives and strategies for achieving them	Confirm
---	---------

A conceptual site plan with a forecast of the developmental potential of the property	Confirm
---	---------

Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners	Confirm
---	---------

Demonstration of county and Medi-Cal investments to support ongoing sustainability of the behavioral health program	Confirm
---	---------

An identified match amount	Confirm
----------------------------	---------

An initial budget - one for each phase and a total budget for acquisition and construction	Confirm
--	---------

26. Development Phase

Which phase of development describes the current status of the project ([see RFA Section 3.2](#))? Select only one.

Phase 2: Design development

27. Development Phase Description

Describe the phase selected above and how your project fits within that phase.

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 January 24, 2023. 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. The feedback solicited from consumers and community members included both adult and adolescent populations who live in the High Desert Region. This input and feedback were included in the design of the facilities and the scope of the services offered at the Comprehensive Treatment Campus. For example, using a Likert scale of 1-10, where 1 was "not at all necessary" and 10 was "very necessary," 79% of the adult population who participated in the focus groups indicated that all services proposed herein - residential, outpatient, withdrawal management and recovery residences (transitional housing) - were "very necessary" in their community. The adolescents who participated in the focus groups indicated that mental health, residential facilities, and early intervention counseling service were very necessary in their community. Adolescents also provided input into the design of the Community Wellness Center (CWC) which included, but was not limited to, a multipurpose court, garden area, arts and crafts area and a gaming/relaxation area. San Bernardino County anticipates that building permits will be obtained and construction will begin within six (6) months of funding, if awarded.

28. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Office-based Outpatient Treatment
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	6840

28a. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Adult Residential SUD Treatment Facility
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	6374

28b. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Please complete for each facility type referenced in this application - additional entries will generate upon completion of question. Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Adult Residential SUD Treatment with IMS and DHCS/ASAM Level of Care 3.5 or DHCS Level of Care 3.2
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	9132

28c. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Psychiatric Residential Treatment Facility (PRTF)*
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	10944

28d. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Adolescent Residential SUD Treatment Facility
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	10944

28e. Construction Type by Facility

Choose all construction types planned for your proposed project, and enter the square footage associated with each project type. Multiple selections are allowed.

Separate out the square footage for each type that applies; values should equal total project square footage. Enter values as numbers only; for example, 1,354 square feet should be entered as "1354."

Facility Type	Community Wellness Center
Construction Type	New ground-up construction (e.g., a new facility or new setting being built)
Square Footage	13662

29. Permits and Approvals

List all construction approvals and permits for each facility type referenced previously within this application that will be required to complete the project and describe your strategy for obtaining them within 6 months.

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.

30. Types of Services

Please describe the types of service(s) that will be offered as a result of this project.

The PRTF will operate within the parameters of AB 2317 and in accordance with forthcoming applicable regulations from DHCS. At this point, the intention of these services will be to stabilize children and youth who are in such a crisis that they are unable to be served in a lower level of care. One means by which this will be accomplished is to establish a direct referral process from any of DBH's four (4) established Crisis Stabilization Units (CSUs), which provide stabilization in less than 24 hours and then aid clients in transitioning to the next appropriate level of care. Currently, for children and youth, transition options are limited to a psychiatric hospital, back to their home, or an STRTP.

PRTF programming will include mental health treatment services 7 days per week and actively involve families and other people involved in the care of the child or youth. A clinical assessment will be conducted upon the day of admission, and treatment services will be provided as needed. The initial assessment will include the multidisciplinary team and assess the broad needs of the client (e.g., immediate through long-term behavioral health goals, developmental needs, individual and family needs and strengths). The care plan development process will be done within the Integrated Core Practice Model (ICPM) framework and finalized by the multidisciplinary team responsible for services. The delivery of services under this care plan will be consistently monitored and modified with a new care plan, based

on needed modifications, formalized every 10 days. SUD assessments may also be offered to adolescents admitted to the PRTF with co-occurring substance use diagnoses to engage them in SUD treatment prior to discharge from the PRTF.

The adolescent SUD treatment facility will offer residential SUD treatment, with a length of stay determined by individual need (average of 35 days). ASAM levels of care will include 3.1 and 3.5 residential treatment, including co-occurring enhanced treatment. 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. The recreational activities are included in treatment and physically offered through the Community Wellness Center.

The Community Wellness Center (CWC) will be designed to focus on the needs of family members of the youth served at both the PRTF and the SUD residential programs. During the time a youth in such a high state of need families tend to be open to assistance and help that they will, during other times, not typically initiate for themselves. The CWC will provide mental health, SUD, and prevention services to children, youth, and adults. These services will include a comprehensive behavioral health program including prevention services, wellness classes, mentoring and peer support to develop their healthy behaviors, social functioning, personal development and recovery, screenings, assessments, diagnosing, and outpatient Specialty Mental Health Services (SMHS) to address behavioral health conditions. Support groups will be provided to address mental health and substance use disorders. There will be a variety of groups including, but not limited to: groups addressing specific disorders, psychoeducational groups for family members, wellness groups (e.g., mediation, fitness, etc.), and youth development (e.g., mindfulness, gardening, mentoring, and peer support).

The CWC will embrace consumer families to encourage family engagement in youth treatment. Family engagement is a crucial component to treatment, as it strengthens the relationship between the youth and the family. The CWC will enhance family involvement by offering a safe space to participate together in wellness activities, and by educating the entire family on the treatment process and how to be a support to a person in recovery. Families will be informed of the additional services the Comprehensive Treatment Campus offers when engaged through the CWC, with the ability to conduct problem identification, linkage and referral when needed.

The adult SUD residential treatment units will expand San Bernardino County's capacity to provide residential treatment services on-site, increasing the number of residential beds available on the campus and using the existing treatment facilities to deliver services. ASAM levels of care include 3.1, 3.3, and

3.5 residential treatment, including co-occurring enhanced treatment. A bio-psych-social assessment is completed for each client at intake using the ASAM criteria to determine level of care and medical necessity for services. Service providers work with the client to individualize care and offer the client options in their care. All clients are provided case management and care coordination services to assist the client in removing barriers in their care and promote successful transition of care to the next ASAM level of care at discharge. Therapies utilized in treatment are evidence based and are 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. Adults may also seek residential treatment in on-site Withdrawal Management facilities, which are proposed to expand by 300% in this proposal. These facilities will be certified ASAM level 3.2WM and offer intensive detoxification services to stabilize individuals experiencing acute withdrawal in order to promote success in residential treatment. Clients have the ability to self-administer medications as the facility will be Incidental Medical Services (IMS) certified through the Department of Health Care Services. Withdrawal Management services include: medical evaluation, consultation, withdrawal support for the client and families of the client, individualized treatment planning, a physical exam, daily assessment of the client's progress and transition/discharge to the next level of care. Recovery skills are also offered in each level of care to promote recovery skills throughout the treatment process with the goal of sustaining long term recovery after treatment.

The outpatient facility will offer early intervention and outpatient/intensive outpatient services to clients through structured programming. ASAM levels of care include 0.5, 1.0, and 2.0. Services will be available to youth and adults and will include group/individual counseling, alcohol and drug education, medication assisted treatment, relapse prevention, case management, family and parenting education, crisis intervention, and coaching for daily living skills. This added stepdown level in this co-located treatment campus enables a one-stop shop for multiple service needs and facilitates recovery in an environment that will remain familiar to the consumer as they move through the system of care. Recovery services are offered within all ASAM levels of care within the Comprehensive Treatment Campus with the long-term goal of sustaining recovery during treatment and post-treatment.

31. Narrative Description

Provide a detailed narrative description of the proposed project's construction and design (limit: 1500 words).

- Describe any preliminary site plans, design drawings, and/or construction plans for the proposed

project. This may include cost estimates with valid budgetary numbers from an architect, engineer, or licensed general contractor.

- If no construction plan is yet in place, please submit a valid rough order of magnitude (ROM) cost estimate from an architect, engineer, or licensed general contractor.
- Describe any site amenities (examples: community and common areas, laundry, gated access, security, recreational areas, community garden, etc.) and sustainable and green building elements.
- Please describe any site mitigation requirements and complex or costly structural or site/topographical requirements.
- Include an explanation of any required demolition and off-site improvements

The current program on site is a large withdrawal management/residential treatment facility with nine (9) existing buildings. It has 54 beds available for 33 men, 16 women, and a “totland” (serving 5 parents plus 1-2 children each). An additional six (6) beds are onsite for withdrawal management services. This campus has an onsite licensed daycare, dining room, laundry room, pool, a chapel used for group education and activities, and a tennis/basketball court. There are nine (9) one-story, concrete block buildings, totaling 17,770 square feet on a 29.47-acre lot, zoned R1, residential use. This is a special-use property located on the west side of the City of Victorville. It is a legally permitted use and in average condition.

Construction plans to develop the Comprehensive Treatment Campus include, as discussed:

- For the youth population:
 - o Site Plan F (a): 16-bed adolescent SUD residential treatment facility. The F building can accommodate up to sixteen (16) residents through eleven (11) bedrooms – five (5) double occupancy and six (6) single occupancy. This building will also include staff office and cubicle space; rooms for therapy, psychiatry, medical examinations, medication administration, family visitation, laundry, and storage. The facility is also equipped with four full resident restrooms, one partial resident restroom, two staff restrooms, and one public restroom.
 - o Site Plan F (b): 14-bed Psychiatric Residential Treatment Facility (PRTF). While the provided floorplan for site F indicates 16 beds, per existing PRTF regulation, at least 50% of the beds must be in single occupancy rooms. Therefore, eight (8) of the bedrooms will be single occupancy, and three (3) of the bedrooms will remain dual occupancy, for a total of 14 beds. As with the above facility, this building will also include staff office and cubicle space; rooms for therapy, psychiatry, medical examinations, medication administration, family visitation, laundry, and storage. The facility is also equipped with four full resident restrooms, one partial resident restroom, two staff restrooms, and one public restroom.
 - o Site Plan H: Addition of a 13,662 square-foot Community Wellness Center (CWC) to enhance the youth campus. This facility will be shared between the proposed PRTF and adolescent SUD residential

treatment center. Included in the site plan are a large multipurpose court in which to hold wellness classes and host recreational activities emphasizing fitness; an activity room with TV and ping pong tables, an outdoor patio area, two multi-stall restrooms, and a small kitchen.

- For the adult population:

- o Site Plans A and B: Addition of thirty-two (32) adult SUD residential treatment beds through two (2) 1,740 square-foot buildings A and one (1) 2,894 square-foot building B. Building A is a four (4) bedroom facility, with four (4) bathrooms, a common living area and kitchen. This building can accommodate up to eight (8) residents Building B can accommodate up to sixteen (16) residents through four (4) units, each with two (2) bedrooms, a kitchen and bathroom. This building may accommodate families, if needed.
- o Site Plan C: Addition of a 6,860 square-foot outpatient/drop-in facility with expanded administrative space: Administrative space to support 15 to 20 staff capacity for both outpatient and residential treatment staff; currently residential staff workstations are housed in converted residential rooms. This expansion would allow staff to relocate into the administrative building and these rooms can be repurposed back to men's residential treatment beds. Three (3) group rooms, four (4) intake rooms and a recreation area for the Recovery Center/drop-in recovery services are included in this outpatient facility. The residential staff workspace area would be repurposed to men's residential beds; the front area of the residential building would be converted to reception and visiting area.
- o Site Plan G (2): Addition of two (2) 4,566 square-foot withdrawal management (detox) units, twelve (12) beds each unit, total of 24 beds. These expansion/relocations will consist of two (2) newly constructed home-like facilities. Each facility will have: Twelve (12) bedrooms with private closets, a common living space, a kitchen area, and four full bathrooms. The six (6) current detox beds on the main campus would be relocated to this unit to allow for expansion of this service. The six (6) spaces formerly used for detox would be repurposed into men's residential treatment beds as these beds are on the men's side of the existing residential facility.

Additional expansions will include upgrades to amenities integral to the recovery process, including:

- Addition of a community garden
- Gating the youth treatment campus property for safety
- Driveway expansion on property for safe navigation and ease of driver access
- Covered patio area to protect consumers from direct sunlight in the pool area and co-located outdoor fitness center
- Caged parking to secure clinic vans and a mobile Medication-Assisted Treatment (MAT) unit that serves the City of Victorville and surrounding communities
- Any other safety upgrades as recommended by construction and development specialists

32. Match Requirements

Please identify the source(s) and amounts of funds or real property contributions fulfilling the match requirement (see RFA Section 3.4). If identifying a real property contribution, please provide a certified appraisal and a bank loan document. The match values listed here should align with the match values listed in Form 2: Budget Template. Check all that apply.

Match requirements are set according to applicant type. See section [3.4 of the RFA](#) for more information.

Match Requirements:

- Tribal entities = 5% match
- Counties, cities, and nonprofit providers = 10% match
- For-profit providers and/or private organizations = 25% match

For-profit providers who partner with tribes, counties, cities, or nonprofit providers will be eligible for the lower match. For example, an organization operating a CTF that has partnered with a county will have a match requirement of 10%.

		Funds/Contribution Amount	Funding Source Detail Notes
American Rescue Plan Act (ARPA) funds granted to counties and cities	✗		
Local funding	✗		
Mental Health Services Act (MHSA) funds in the 3-year plan (considered "other local")	✓	12,460,446	29% in the form of cash
Foundation/philanthropic support	✗		
Opioid settlement funds for SUD facilities	✗		
Loans or investments	✗		
Cash on hand	✗		

Incentive payments from managed care plans	<input checked="" type="checkbox"/>
Land trust	<input checked="" type="checkbox"/>
Unused government and tribal buildings	<input checked="" type="checkbox"/>
Buildings originally intended for another purpose	<input checked="" type="checkbox"/>
Surplus land	<input checked="" type="checkbox"/>
Government and tribal property	<input checked="" type="checkbox"/>
Other source	<input checked="" type="checkbox"/>

If other source selected, please identify below:

(No response)

33. Medi-Cal Beneficiaries Served

Please provide the following figures, based on the proposed facility type(s):

- A. Current number of unduplicated clients served annually (unduplicated = number of unique clients served annually)
- B. Expected number of additional unduplicated clients to be served annually (not including current capacity)
- C. Expected total number of unduplicated clients to be served annually (current + expected increase)
- D. Current number of unduplicated Medi-Cal beneficiaries served annually
- E. Expected number of additional unduplicated Medi-Cal beneficiaries to be served annually (not including current capacity)
- F. Expected total number of unduplicated Medi-Cal beneficiaries to be served annually (current + expected increase)

**All client counts should be unduplicated.
Unduplicated means each client is counted only once, no matter how many times they may have received the same service during the year.**

To calculate total for expected clients served annually, please use the formula $A+B=C$

To calculate total for expected Medi-Cal beneficiaries served annually, please use the formula $D+E=F$

	Count
A) Current total number of clients served annually	175
B) Added number of clients to be served annually through expansion	977
C) Total number of clients served annually	1,152
D) Current number of Medi-Cal beneficiaries served annually	166
E) Added number of clients who are Medi-Cal beneficiaries to be served annually through expansion	961
F) Total number of Medi-Cal beneficiaries to be served annually	1,127

34. Required documents

Please be prepared to upload the corresponding files below for each topic. ***You will be prompted to upload these files after completion of this application.***

Limit each file to 20MB. Label files as follows: Form Name_Project Title_Date. An example would be: Form 8_Wildflower Rehab_060122 or Drawings_Wildflower Rehab_060122.

- 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
- Drawings: preliminary site plans, design drawings, or construction drawings for the proposed project—these may include schematic designs, architectural drawings, construction blueprints, other renderings
- Resumes: Resumes of the development team that developed the design/construction plans
- Contracts: A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

35. Letters of Support

Upload all letters of support in the appropriate category below.

Label all letters of support as follows: LOS_Project Title_Agency or Role of Author. An example would be: LOS_Wildflower Rehab_Kern County BH Department. Abbreviations are acceptable.

Please list the name, title, and affiliation of all authors of letters of support included with this application in the text box that will appear after you upload each file.

If you have requested any letters of support that are still being written, please provide those details below, along with the expected date each letter will be submitted.

36. County board of supervisors or county executive

37. County behavioral health agency

[LOS_Comprehensive Treatment Campus - San Bernardino County CEO.pdf](#)

Filename: LOS_Comprehensive Treatment Campus - San Bernardino County CEO.pdf **Size:** 77.9 kB

38. City council

39. Tribal council (i.e., tribal council resolution)

If the applicant is a Tribal Entity, this is a required form.

40. Community stakeholders and/or other community-based organizations

[LOS_Comprehensive Treatment Campus_San Bernardino County Chief Probation Officer.pdf](#)

Filename: LOS_Comprehensive Treatment Campus_San Bernardino County Chief Probation Officer.pdf

Size: 336.7 kB

[LOS_Comprehensive Treatment Campus_San Bernardino County CFS Director.pdf](#)

Filename: LOS_Comprehensive Treatment Campus_San Bernardino County CFS Director.pdf **Size:** 461.4

kB

[LOS_Comprehensive Treatment Campus_SJOG.pdf](#)

Filename: LOS_Comprehensive Treatment Campus_SJOG.pdf **Size:** 62.1 kB

41. Elected or appointed officials

42. Applicant's CEO and/or board

[LOS_Comprehensive Treatment Campus - San Bernardino County CEO.pdf](#)

Filename: LOS_Comprehensive Treatment Campus - San Bernardino County CEO.pdf **Size:** 77.9 kB

43. Tribal board

If the applicant is a Tribal Entity, this is a required form.

44. Letters of support still being written and expected date of submission. Please write "N/A" if this does not apply

N/A

Section Heading

45. Please provide a high-quality proposal abstract summarizing the project in no more than 250 words. If you are awarded BHCIP funds, this abstract may appear in public materials. Please include the following information:

- **Name of organization**
- **Project title**
- **List the BHCIP round of funding.**
- **Type(s) of construction (i.e., new ground-up construction; addition to an existing structure; rehabilitation of an existing facility; acquisition and adaptive reuse of an existing property; and/or acquisition of existing facility/building, ready for turnkey operations)**
- **Describe expanded service capacity as a result of this project**
- **Geographic area(s) (county, city)—identify if multi-county collaboration**
- **Phase of project development (planning and pre-development, design development, shovel ready, construction, or acquisition) and projected timeline for completion**
- **Organization's experience serving target population**
- **Priority population(s) to be served by the facility, such as justice-involved persons, individuals experiencing homelessness, and/or youth in foster care**
- **Co-applicants or partners involved in the project, if any**

- **Priority considerations or unmet needs addressed by the proposed project; please refer to state or local needs assessments as applicable**

EXAMPLE: The Omega Organization is requesting funding for its ABC Project, which will repurpose a grocery store to become a Community Mental Health Clinic that will expand behavioral health capacity for children and youth. This project is in the design development phase, and we anticipate completion of the project by August 2024. The Omega Organization has over 50 years of experience working with children and youth and will partner with Westvale Behavioral Health to build a clinic that will expand behavioral health services for children, youth, and their families. ABC Project will address the high need for children and youth behavioral health services in the northern region of Inyo county and will specifically serve youth who are justice-involved and/or in foster care. As identified in the state's needs assessment, at present there are no community mental health centers designed to serve children and youth in this area.

San Bernardino County Department of Behavioral Health (DBH) is requesting funding for new ground-up construction, currently in the design development phase, of a Comprehensive Treatment Campus in BHCIP Round 5 Crisis and Behavioral Health Continuum. The Comprehensive Treatment Campus has two dedicated areas. It has a youth campus providing Psychiatric Residential Treatment Facility services, adolescent residential Substance Use Disorder (SUD) treatment, and a community wellness center to support children and families. The primarily adult SUD campus includes a comprehensive system of SUD treatment for the adult population including outpatient services, withdrawal management, and residential SUD treatment. Outpatient SUD for youth will also be provided. The Comprehensive Treatment Campus offers co-occurring enhanced programming and inclusion of family-oriented services and accommodations. Both residential programs for adolescents were a crucial need highlighted in the state's needs assessment and increasing SUD treatment options for adults in the largest county in the contiguous United States is a top priority. The adolescent residential programs and expansion of existing SUD services addresses multiple state priorities including, but not limited to, filling crucial gaps in the continuum of care, enhancing geographic equity, meeting the needs of vulnerable populations, and expanding options for care in the least restrictive environment. As the county Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), DBH is the safety net for Medi-Cal beneficiaries and uninsured residents within the borders of San Bernardino County and has a longstanding history of providing quality behavioral healthcare through a robust network of treatment

options.

After completing the application form, you will be prompted to upload any related documents. You must upload all required documents before submitting the final application. Once you have uploaded documents and confirmed the application is complete, click the "Complete" button to submit the entire application package.

Document Upload: Form 2: Budget Template

Completed - Feb 7 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

[Form 2 Budget_Comprehensive Treatment Campus_020623](#)

Filename: Form_2_Budget_Comprehensive_Treatment_Ca_oXwuBnk.pdf **Size:** 198.6 kB

Document Upload: Form 3: Development Team Information

Completed - Feb 3 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

[Form 3 Development Team Information_Comprehensive Treatment Campus_020323](#)

Filename: Form_3_Development_Team_Information_Com_0wZ1QOl.xlsx **Size:** 19.5 kB

Document Upload: Form 4: Design, Acquisition, and Construction Milestone Schedule

Completed - Feb 7 2023

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

Template: [Design, Acquisition, and Construction Milestone Schedule](#)

Template (excel format): [Design, Acquisition, and Construction Milestone Schedule](#)

[Form 4 Design, Acquisition, and Construction Milestone Schedule_Comprehensive Treatment Campus_020623](#)

Filename: Form_4_Design_Acquisition_and_Constructi_Mb8m1X6.pdf Size: 303.9 kB

Document Upload: Form 5: Applicant's Certification of Prevailing Wage

Completed - Feb 3 2023

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

Template: [Design, Acquisition, and Construction Milestone Schedule](#)

Template (excel format): [Design, Acquisition, and Construction Milestone Schedule](#)

[Form 5 Applicants Certification of Prevailing Wage_Comprehensive Treatment Campus_020323](#)

Filename: Form_5_Applicants_Certification_of_Preva_tHAhLC.pdf Size: 73.2 kB

Document Upload: Form 6: Applicant's Certification of Funding Terms

Completed - Feb 9 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

[Form 6 Application Certification of Funding Terms_Comprehensive Treatment Campus_020323](#)

Filename: Form_6_Application_Certification_of_Fund_BMX9poe.pdf Size: 155.0 kB

Document Upload: Form 7: Community Engagement Tracking

Completed - Feb 7 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

Form 7 Community Engagement Tracking Comprehensive Treatment Campus_020623

Filename: Form_7_Community_Engagement_Tracking_Com_tiFsUPw.pdf **Size:** 159.5 kB

Document Upload: Form 8: Schematic Design Checklist

Completed - Feb 9 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

Form 8 SchematicDesignChecklist Comprehensive Treatment Campus_020623

Filename: Form_8_SchematicDesignChecklist_Comprehe_PU5cyZC.pdf **Size:** 177.1 kB

Document Upload: Drawings: Preliminary Site Plans, Design Drawings, or Construction Drawings

Completed - Feb 8 2023

Preliminary site plans, design drawings, or construction drawings for the proposed project— these may include schematic designs, architectural drawings, construction blueprints, other renderings.

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

Design Drawings Comprehensive Treatment Campus_020623

Filename: Design_Drawings_Comprehensive_Treatment_Xqw9pgy.pdf **Size:** 7.5 MB

Rough Order of Magnitude (ROM) Comprehensive Treatment Campus_020623

Filename: Rough_Order_of_Magnitude_ROM_Comprehensi_vH1a8QQ.pdf **Size:** 2.0 MB

Document Upload: Resumes: Development Team That Developed Design/Construction Plans

Completed - Feb 8 2023

Please label all files for upload as follows: *Document Title_Project Title_Date*. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as *Form 2 Budget_Sunny Acres Project_0601*.

Do not upload a password protected file.

[Development Team Resume - Nick Ikker Comprehensive Treatment Campus_020623](#)

Filename: Development_Team_Resume_-_Nick_Ikker_Com_NcUW663.pdf **Size:** 538.3 kB

[Development Team Profile Comprehensive Treatment Campus_020623](#)

Filename: Development_Team_Profile_Comprehensive_T_Z51CV0J.pdf **Size:** 6.4 MB

Document Upload: Contracts

Completed - Feb 8 2023

A copy of all executed contracts for hire related to your project's development team (lawyer, construction manager, development manager, architect, consultants, contractor, etc.)

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

[Design Team Executed Agreement Comprehensive Treatment Campus_020623](#)

Filename: Design_Team_Executed_Agreement_Comprehen_rKjGuz6.pdf **Size:** 7.2 MB

[OCMI Proposal Comprehensive Treatment Campus_020623](#)

Filename: OCMI_Proposal_Comprehensive_Treatment_Ca_IY49L0F.pdf **Size:** 138.3 kB

Document Upload: Site Readiness Documents

Completed - Feb 8 2023

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

[Site Readiness - Execution Version of PSA 13333 Palmdale Rd, Victorville Comprehensive Treatment Campus_020623](#)

Filename: Site_Readiness_-_Execution_Version_of_PS_f4bhfZs.pdf **Size:** 1.6 MB

[Board Agenda Item for 012423-13333 Palmdale Rd - Item 46 Comprehensive Treatment Campus_020623](#)

Filename: Board_Agenda_Item_for_012423-13333_Palmd_mkdxZfk.pdf **Size:** 249.4 kB

Document Upload: Operating Agreement

Incomplete

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

Document Upload: Collaboration Documents

Completed - Feb 8 2023

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

Community Engagement Report Comprehensive Treatment Campus_020623

Filename: Community_Engagement_Report_Comprehensiv_idnqzFL.pdf **Size:** 263.3 kB

Focus Group Findings 03-22-22 Comprehensive Treatment Campus_020623

Filename: Focus_Group_Findings_03-22-22_Comprehens_ZVlcAOP.pdf **Size:** 153.9 kB

Document Upload: Documents of Incorporation

Completed - Feb 8 2023

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.

San Bernardino County Charter Comrehensive Treatment Campus_020623

Filename: San_Bernardino_County_Charter_Comrehensi_R4fVCuY.pdf **Size:** 66.4 kB

Document Upload: Plan to Obtain Site Control

Incomplete

Please label all files for upload as follows: Document Title_Project Title_Date. Keep file names short - abbreviations are acceptable. Consistency is appreciated by the review team. Using this example, Form 2: Budget Template could be uploaded as Form 2 Budget_Sunny Acres Project_0601.

Do not upload a password protected file.