



**BEHAVIORAL HEALTH CONTINUUM  
INFRASTRUCTURE PROGRAM (BHCIP)**  
**JOINT RFA: LAUNCH READY APPLICATION**  
PART 1: 04/08/22

b1. Project title and proposed project location	Community Wellness Center for SUD Natives at Best Life
b2. County where project is located	El Dorado
b3. What type of entity is the lead applicant?	Tribal Entity
b4. If applicable, what type of entity is the co-applicant?	Nonprofit Corporation
<p><i>b5. If the applicant is a private for-profit organization that does not have prior experience, it must collaborate with a nonprofit organization, tribal entity, city, or county, and provide the following (<a href="#">see RFA Section 3.1</a>). Please submit the supporting document(s) when you reach the 'Upload Documents' section of the application.</i></p>	
<p><i>b6. Please use the attached form to describe the applicant's or developer's experience relevant to acquiring, developing, and/or operating the project. The required <a href="#">Form 5 "Development Team Description Contact"</a> should be downloadable <a href="#">here</a>. Please submit the supporting document(s) when you reach the 'Upload Documents' section of the application.</i></p>	
<p><i>b7. Have you scheduled or undertaken a pre-application consultation for either BHCIP Launch Ready and/or CCE? (This is a required activity. If you have not scheduled this consultation, you must do so before you will be able to submit the application.)</i></p>	
b8. Name of City, County, Agency, Tribal Entity, or Organization	Native Directions Inc. & HomeCA Inc.
b9. DUNS #	93449163
b10. Agency Tax ID	
b11. Address Line (Physical Address of Business)	13505 S Union Rd
b11. 2 City	Manteca
b11.3 State	CA
b11.4 Zip code	95336
b12. Telephone Number	1-209-858-2421
b13. Agency Entity Type	Tribal Entity
b14. State of Formation	California



b15. Date Business Established	06/05/72
b16. Business Website URL	natedirection.org
b17. Lead Authorized Representative First Name	Patrick
b18. Lead Authorized Representative Last Name	Prado
b19. Date of Birth (Information Redacted) b20. Social Security Number (Information Redacted)	
b21. Lead Email	
b22. Lead Applicant Address	
b23. Preferred Phone Number	
b24. Percent of Ownership	0
b25. Project Director Name (First and Last)	Gina Wasdyke
b26. Agency or Tribal Entity Name	Native Directions Inc.
b27. Director email	
b28. Project Director Telephone Number	1-916-505-128
b29. Please select the type of project according to requirements of eligible projects outlined in the <a href="#">RFA Section 3.2: Eligible Uses.</a>	Outpatient services

b29.1. If more than one, please explain:	
N/A	
b30. Does your project support efforts to ensure care can be provided in the most appropriate and least restrictive settings to support community integration, choice, and autonomy and/or reduce homelessness?	yes
b30.1. Please describe:	
<p>The project is a community Wellness Center dedicated to Native Americans who need therapeutic treatment in the community. It will be similar to a day program where farming and horse therapy will be utilized as part of their treatment.</p>	
b31. Identify each of the State Priorities your project is targeting ( <a href="#">see RFA Section 1.2</a> ). Choose all that apply.	
<p>Invest in behavioral health and community care options that advance racial equity</p>	

b31.1. Please describe how the project will meet these priorities.

The project will invest in behavioral health and community care options that advance racial equity by creating a community wellness program that will be exclusive to Native Americans, both male and female. The service will be open to all Native Americans, male and female, regardless of the county. With this new service, it will lower hospitalization, homelessness, institutionalization of Native Americans.

b32. Describe how the proposed project will expand community capacity for serving the target populations and address urgent gaps in the care continuum. *For BHCIP, this includes the behavioral health (mental health and substance use disorder) population. Please include data that demonstrates the project's need. This may include, for example, a county needs assessment, a facility wait list, the number of comparable facilities in the area, or other quantifiable documentation*

The proposed project is unique because it utilizes farming and horse therapy as a form of treatment. This project will expand community capacity for wellness centers with 250 spots, Monday-Friday from 9am-2pm. This addresses an urgent gap in the care continuum for BHCIP because it will fill the individual's day with person centered activities in the community. Likewise, the program will integrate cultural sensitivity.

#### MEDI-CAL

b33. Does the proposed project make a commitment to serve Medi-Cal beneficiaries?

Yes

b34. Of the population that will be served by your project, what is the projected percentage of Medi-Cal beneficiaries?

100

#### LICENSING/CONSTRUCTION TYPE/ AMOUNTS REQUESTED

b35. Which of the following best describes the project?

Addition to an existing structure

b36. Will the applicant need to purchase land for the proposed project?

Yes

b37.1. Is the current application requesting funding for development planning?

yes

b37.2. If yes, enter amount:	97500
b37.3. Is the current application requesting funding for an Acquisition?	
b37.4. If yes, enter amount:	505282
b37.5. Is the current application requesting funding for rehabilitation of an existing facility for expansion?	no
b37.6. If yes, enter amount:	N/A
b37.7. Is the current application requesting funding for new construction?	yes
b37.8. If yes, enter amount:	1927500
b37.9. Please enter the TOTAL funding amount requested:	\$2,852,182.00
b37.10. Please download the <a href="#">BHCIP Budget Template</a> , complete it and submit on the Upload Documents page.	
b38.1. Does the facility already exist?	no
b38.2. If yes, is the facility licensed and in good standing?	N/A
b38.3. If the answer is no; please explain	
N/A	
b39. If the project is new construction (i.e., a new facility or new setting being built), how many individuals from the target populations will it serve annually? As applicable, provide the number of beds.	The project is a new construction and it will serve 250 Native Americans annually.
b40. If the project is an expansion (addition, renovation, or adaptive reuse) of an existing facility or setting, how many more individuals from the target populations will it serve than at present, and what is the percentage increase in numbers served? As applicable, provide the number of beds.	250 Natives
b41. If the applicant is renovating a facility that is providing services to existing clients and the clients must be temporarily relocated during the renovation, does the applicant certify that they are adhering to all applicable relocation plan requirements and licensing and/or certification requirements?	Does not apply

b42. Describe the planned facility, including the types of services that will be offered and the number of individuals who will be served on an annual basis. (500 words)

The project is a community based wellness center serving 250 Natives annually. There will be onsite counseling in addition to farming which can be vocational or recreational. The program will also utilize horse therapy to help with treating SUD.

<p>b43. Please identify the source(s) and amount of cash and/or in-kind contributions—such as land or existing structures—that fulfill the match requirement. Services are not allowed as match. (<a href="#">see RFA Section 3.3</a>)</p>	<p>6 Beds has executed a \$250,000 loan with 0 interest payable in 2 years. Documents will be attached.</p>	
<p>b44. Does the applicant have evidence of site control? (Please submit the supporting document selected to the “Upload” Docs section)</p>		
<p>b44. Does the applicant have evidence of site control? (Please submit the supporting document selected to the “Upload” Docs section)</p>	<p>A fully executed option to purchase, sales contract, or other enforceable agreement to acquire the property;</p>	
<p>b44.1. If the applicant does not have evidence of site control, please describe the plan and timeline for obtaining site control and provide supporting evidence for the plan. (200 words)</p>		
<p>Not applicable</p>		
<p>b45. Does the applicant have all needed approvals and permitting, or the capacity to obtain them?</p>	<p>no</p>	



b46. List all approvals and permits that will be required to complete the project and describe your strategy for obtaining them. (Limit 500 words.)

1. Approval from the Native Directions Board (secured)
2. Permit to start construction. Will notify the county of the urgency of the project (to be submitted)
3. Our consultant has set up a meeting with the Director of Healthcare Services for El Dorado County to introduce Native Directions and HomeCA and provide information of the various projects we are planning to initiate in the county.
4. We are also going to notify the Fire Department and do a pre inspection prior to applying for a DHCS license to operate a community wellness center. We have consulted with a Fire Captain to help us with the new fire safety requirements.

b47. If the project can't be licensed/certified by the state or at the local level until it is completed, please list the relevant licensing/certification timelines and requirements. (Limit 500 words.)

It will be licensed through DHCS as a community wellness center for Native Americans. It takes approximately 3-6 months (depending on workload) to get licensed and program certified with DHCS.



**(Continued)** b48. Please provide a detailed narrative description of the proposed project's...

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b49. Does the applicant have documentation of all required certifications/licenses, including those required by the appropriate state department?

yes

b49.1. If the project can't be licensed/certified by the state or at the local level until it is completed, please list the relevant licensing/certification timelines and requirements. (200 words)

The licensing and certification application will be submitted while construction is undergoing. It takes about 3-6 months to get certified and licensed. Prior to licensing, the building needs to be completed, the zoning department consulted and the fire department notified.

b50. Please attach the following on the Upload Documents page

1) *Schematic Design Checklist* 2) *any site plans; architectural drawings, blueprints, and/or other renderings; cost estimates with valid numbers from an architect, engineer, or licensed general contractor (or, if no construction plan is yet in place, a valid estimate from an architect, engineer, or licensed general contractor.* 3) *Resumes of the development team that developed the design/construction plan.* 4) *Copies of all executed contracts for hire related to your project's development team.* **Please attach additional notes below (800 words)**

We consulted with our legal team and we were advised to not enter into any written contract with the members of the development team and the construction team until we receive approval of the grant for legal reasons.

b51. Please fill out and upload the schedule for design, acquisition of the property, and/or development or rehabilitation ([download here](#)). *Design, acquisition, or development/rehabilitation should begin within 6 months of funding award, subject to achieving necessary permits and applications. Please attach additional notes below (800 words) **Enter Notes Below***

We will share information for any significant updates to the project proposal.



<p>b52. To demonstrate support for the proposed project, please attach a letter of support from one or more of the following: Choose one of the options below and upload your letter on the Upload Documents Page</p>	<p>tribal council resolution</p>
<p><i>b52.1 Please demonstrate local engagement in the project by completing <a href="#">Form 6 – Community Engagement Form</a> and submitting it on the Upload Documents page</i></p>	
<p>b53. Describe how the project will address inequities for the target population(s) and meet the needs of individuals from diverse backgrounds. Examples of types of diversity include race, religion, country of origin, language, disabilities, culture, economic background, gender, sex, and behavioral health. The description should include supporting evidence of the strategies' effectiveness, if available. (Limit 500 words.)</p>	
<p>The project will address inequities amongst American Indians, whom to this day do not have access to meaningful community wellness centers that addresses their unique cultural sensitivity needs.</p>	



b54. For the racial and ethnic populations that will be served, provide your best estimate of the percentage of the total people of each population. (Percentages must add up to 100%.)	
b54.1. African American/Black	0
b54.2. Asian-American/Pacific Islander	0
b54.3. Latino/Hispanic	0
b54.4. Native American/Alaska Native	100
b54.5. White	0
b54.6. Mixed Race	0
b54.7. Other	
Not applicable	
b55. How have you verified that your projected percentages reflect the community you plan to serve, and how will you measure successful utilization? Please include any data sources used for comparison.	
<p>10% of Native Americans have a substance use disorder.  4% of Native Americans have an illicit drug use disorder.  7.1% of Native Americans have an alcohol use disorder.  Nearly 25% of Native Americans report binge drinking in the past month.  Native Americans are more likely to report drug abuse in the past month (17.4%) or year (28.5%) than any other ethnic group</p> <p>Successful utilization measure will include:</p> <ol style="list-style-type: none"> <li>1. ASI score will show a significant change between admission and discharge from each program.</li> <li>2. Statistics showing a decrease of recidivism rates among Native Americans in the jail system related to drug and alcohol addiction o Based on California American Indian/Alaska Native Data Sources</li> <li>3. Statistics showing a decrease of homeless adolescents. o Based on California American Indian/Alaska Native Data Sources</li> </ol>	

<b>PAC Survey Code Verification:</b>	<b>3895_389544</b>
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<i>Lendistry Application ID</i>	7692b080-a287-4d5b-a124-8db0c7e13f92
<i>Lendistry Account ID</i>	