

# California Behavioral Health Planning Council

## Housing and Homelessness Committee Agenda

Thursday, October 19, 2023

8:30 am to 12:00 pm

Embassy Suites by Hilton San Francisco Airport Waterfront

150 Anza Boulevard, Burlingame, CA 94010

Ambassador B Room

[Zoom Meeting Link](#)

**Meeting ID:** 821 3229 6847      **Passcode:** CBHPCCHC

**Join by phone:** (669) 900-6833      **Passcode:** 95455161

<b>8:30 am</b>	<b>Welcome and Introductions</b> <i>Monica Caffey, Chairperson</i>	
<b>8:40 am</b>	<b>Approve June 2023 Meeting Minutes</b> <i>Monica Caffey, Chairperson and All Committee Members</i>	<b>Tab 1</b>
<b>8:45 am</b>	<b>Chair-Elect Nomination</b> <i>Monica Caffey, Chairperson and All Committee Members</i>	<b>Tab 2</b>
<b>8:55 am</b>	<b>CBHPC Workgroup Updates</b> <i>Monica Caffey, Chairperson and All Committee Members</i>	<b>Tab 3</b>
<b>9:10 am</b>	<b>Community Care Expansion Program Update</b> <i>Dania Khan and Ronni Heake, Horne</i>	<b>Tab 4</b>
<b>9:25 am</b>	<b>Adult Residential Facilities Advocacy Discussion</b> <i>Jenny Bayardo, CBHPC Executive Officer</i> <i>Theresa Comstock, Executive Director, California Association of Local Behavioral Health Boards</i> <i>Bennie Tinson, Executive Director, Licensed Adult Residential Care Association (LARCA)</i>	<b>Tab 5</b>
<b>10:05 am</b>	<b>Public Comment</b>	
<b>10:20 am</b>	<b>Break</b>	
<b>10:35 am</b>	<b>Community Listening Session Report</b> <i>CBHPC Staff</i>	<b>Tab 6</b>
<b>10:45 am</b>	<b>CBHPC Behavioral Health Services Act Advocacy</b> <i>Jenny Bayardo, CBHPC Executive Officer</i>	<b>Tab 7</b>
<b>11:00 am</b>	<b>Proposition 1 Discussion</b> <i>Monica Caffey, Chairperson, and All Committee Members</i>	<b>Tab 8</b>
<b>11:50 am</b>	<b>Public Comment</b>	

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date

# California Behavioral Health Planning Council Housing and Homelessness Committee Agenda

**11:55 am**    **Wrap-up Next Steps**  
*Monica Caffey, Chairperson*

**12:00 pm**    **Adjourn**

The scheduled times on the agenda are estimates and subject to change.

**Officers:** *Monica Caffey, Chairperson*

**Committee Members:** Barbara Mitchell, John Black, Arden Tucker, Darlene Prettyman, Deborah Starkey, Vera Calloway, Stephanie Blake

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Approve HHC June 2023 Meeting Minutes

**Enclosures:** Draft June 2023 HHC Minutes

**Background/Information:**

The Committee members will discuss any necessary edits and accept the draft minutes presented for the June 2023 meetings.

**California Behavioral Health Planning Council**  
**Housing and Homelessness Committee**  
**DRAFT Meeting Minutes**

Thursday, June 15, 2023

8:30 am to 12:00 pm

Doubletree Hilton Hotel Santa Ana - Orange County Airport  
201 East MacArthur Blvd Santa

**Committee Members Present:**

Monica Caffey, Chairperson

Deborah Starkey

Stephanie Blake

Arden Tucker

Barbara Mitchell

Vera Calloway

**Staff Present:**

Jenny Bayardo, Naomi Ramirez, Gabriella Sedano

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**Item #1: Welcome and Introductions**

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Monica Caffey welcomed all committee members and guests. A quorum was reached.

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**Item #2: Approve April 2023 and May 2023 Meeting Minutes**

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A motion to approve the April and May 2023 Housing and Homelessness Committee minutes was made by Barbara Mitchell and seconded by Deborah Starkey. The motion passed with no abstentions.

**Public Comment**

None.

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**Item #3: CBHPC Workgroup Updates**

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Monica Caffey opened a discussion on how the HHC can coordinate and align the Committee activities with the CBHPC's three workgroups (Reducing Disparities, Children and Youth, and Substance Use Disorder).

Jenny Bayardo identified Monica Caffey, Vera Calloway, and Arden Tucker as attendees of the Reducing Disparities Workgroup, and Barbara Mitchell as an attendee of the Substance Use Disorder Workgroup. The Children and Youth Workgroup still

needs representation from the HHC. Jenny Bayardo stated that she could provide an update for the Children and Youth Workgroup.

Vera Calloway brought attention to the importance of the older adult population. Monica Caffey questioned why the Council does not have a workgroup to focus on older adults. Jenny responded that staff and scheduling create a challenge with creating new workgroups, but the Council is aware of the issue, and it can be considered.

Barbara Mitchell agreed that it would be beneficial to integrate older adults into the Committee's Work Plan.

Monica Caffey stated that the HHC will continue to integrate the workgroups and will be mindful to also include the older adult population in HHC activities.

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#### **Item #4: CA Interagency Council on Homelessness Presentation**

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Cody Zeger, Director of Statewide Policy for the California Interagency Council on Homelessness (Cal ICH), provided a brief background of Cal ICH. Cal ICH, formerly the Homelessness Coordinating and Financing Council (HCFC), was formed in 2017 in statute by SB 1380 to oversee the implementation/compliance of Housing First policies. When first created, the Council was a mix of state staff and community members. In 2021, AB 1220 changed the Cal ICH Council structure to include almost exclusively directors or secretaries from State departments and agencies working on homelessness, as well as two community member positions appointed by the Senate and Assembly. An advisory committee, comprised of 31 experts across the state, was also formed to provide guidance to state leaders.

The Cal ICH team compiles the housing and homelessness-related work of the members of the Council and then works with them to find performance measures and identify successes to prevent and end homelessness across the State.

Vera Calloway expressed concern with Cal ICH's Council structure and questioned the connection to the work of the Council with state agencies, and if they are promoting the State's agenda, such as the CARE Act. She recommended that Cal ICH consider her concern.

Cody responded that the Council does not oversee individual programs or the implementation of programs such as the CARE Act, but they work with the advisory committee and other working groups to find the best practices and how to incorporate programs effectively.

Vera responded that the community perspective needs to be kept in mind.

Nykole Sakihara shared information on Cal ICH's Action Plan. At the end of every year, Cal ICH completes an implementation progress report based on the Action Plan that is discussed by the Council and then released publicly with metrics such as: first-time homelessness, persons successfully placed in housing, recidivism, and the number of people who are accessing shelter each year.

The Action Plan with 5 Action Areas (with BH/MH focus) are as follows:

- Action Area 1: Strengthening Our Systems to Better Prevent and End Homelessness in California
  - Develop interagency practices for integrating and sharing data from health and human services, housing and homelessness programs; Stakeholder engagement to inform the design of the CARE Act; Support Collaboration between LHJs and COCs; Leverage public health data with HDIS to inform policy; Support communities in building disaster preparedness plans.
- Action Area 2: Equitably Addressing the Health, Safety, and Services Needs of Californians Experiencing Unsheltered Homelessness
  - Implement and evaluate the impact of Encampment Resolution Funding program, Help connect providers to training and supplies for overdose reversal and referrals to treatment options, Implement CalAIM; Continue Community Services and Supports program using Mental Health Services Act resources.
- Action Area 3: Expanding Communities' Capacity to Provide Safe and Effective Sheltering and Interim Housing
  - Implement Behavioral Health Bridge Housing Program; expand availability of residential treatment and interim housing; implement DSH Diversion Program; implement Community Based Restoration Program; Provide training and technical assistance; provide guidance and resources regarding overdose reversal.
- Action Area 4: Expanding and Ensuring Equitable Access to Permanent Housing in Our Communities
  - Develop and advance CalAIM; Provide training and technical assistance to providers utilizing Community Based Restoration funds; Design and implement the Veterans Support to Self-Reliance Program.
- Action Area 5: Preventing Californians From Experiencing the Crisis of Homelessness
  - CalAIM PATH funding; Forensic Assertive Community Treatment (FACT); Early Access to Treatment Services; Improve IST discharge planning; Returning Home Well Initiative; No Place Like Home Program.

#### Q&A:

Barbara Mitchell asked if the work plan looks at where Housing First is not working, or the number of chronically homeless people that are unsuccessful in maintaining housing. She asked if Cal ICH has received feedback from people with lived-experience of mental illness on what it is like to be placed in housing where many residents are actively using substances, while they are trying to maintain sobriety and housing.

Cody responded that they are working on providing appropriate resources, information, and funding when necessary to actually implement Housing First in a way that is successful. Cal ICH hopes to look at how can people be successful in that environment and work with folks at the local level to see what is and isn't working, and what resources are needed.

Barbara asked how the CBHPC could send documentation to Cal ICH on why they should consider re-examining statutory language or make recommendations to the Legislature regarding Housing First. Cody responded that he could take messages back from this meeting and the public is welcome to comment at Cal ICH meetings.

Vera Calloway commented that people receiving services are the true stakeholders, and they should be the ones forming the committees and inviting the state agencies and legislators to take direction from them in the decision-making. If people with lived experience were invited to the table in the beginning, before the programs were implemented, they would be able to let agencies know what would not work right away. Vera also commented that the coordinated entry system tends to be biased and gives lower acuity scores to black and brown people.

Cody Zeger acknowledged people with lived experience have been left out of the decision-making process for far too long and the hope is to bring these people into the process earlier. Vera noted that since Cal ICH is new, they can be innovators and break down some of the barriers.

Arden Tucker agreed with Vera's comments. She emphasized that since Cal ICH is new there is a hope that some change will begin with them. Arden also asked where they get their data from queer and transgender folks who they may not feel safe to show up and asked about outreach for the Deaf and hard-of-hearing community.

Cody Zeger responded that they work with the Department of Rehabilitation to assist with disaster preparedness and outreach. He also responded that the data they receive comes from HMIS systems.

#### **Public Comment:**

Elizabeth Stone, Ventura County, echoed the necessity of having people with lived expertise at the table early on, and the importance of supportive services and not just housing-only. She emphasized the need for peers in the workforce for supportive services.

Steve McNally, Orange County, asked that Cal ICH share what they heard so they can confirm what they heard was said, because it is not clear that the state is listening. In year 19 of the MHSA, we cannot demonstrate what works. Steve asked that they look at how much MHSA money has been taken for housing prior to No Place Like Home. He would like to see urgency and completion of serving a need versus effectiveness. He commented on how individuals are taken from their community and moved to another place in mixed housing where people don't look like them. He also commented on how housing money is separated across so many different silos, people are competing for the same space, and it isn't focused. "Recovery is based on honesty, openness, and trust, and California has a trust problem. Think about empowering the people."

Arden Tucker thanked the presenters then echoed the comments of Steve McNally about building trust and emphasized that advocacy means action.

Vera thanked the presenters and closed by saying the end result should be permanent supportive housing because actually building and creating housing is not being addressed or met.

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## Item #6: Licensed Adult Residential Care Association Presentation

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Bennie Tinson, MPP, Executive Director, Licensed Adult Residential Care Association (LARCA) gave an introduction of the formation of LARCA in Los Angeles County, speaking on behalf of over 280 state licensed ARFs and RCFEs. Per the last AB 1766 Quarterly closure report, 27 facilities that serve low-income residents in Los Angeles County living with SMI have closed. LARCA is trying to prevent those that are currently housed from becoming homeless and immediate action is needed to prevent further closure of these facilities.

Bennie Tinson emphasized funding is needed so quality care can continue. He shared that individuals diagnosed with SMI receive approximately \$44 per day while individuals diagnosed with Developmental Disabilities or Intellectual Disabilities receive \$177 to \$384 per day. Many of the individuals with SMI need the care and the housing provided by the Adult Residential Facilities, but \$44 a day is not enough. The Governor and the Legislature should act immediately to address the inequity.

Bennie Tinson provided a sample budget for an Adult Residential Facility, showing a cost of -\$22,710 per month while 6 residents in a home would bring in approximately \$7,920 per month, resulting in a large deficit.

LARCA has launched a petition on their website for others to take action by signing at [www.larcala.org](http://www.larcala.org). The petition calls for (1) an Immediate infusion of \$2,000 per bed for each state-licensed facility with 70% of their census on SSI and living with Serious Mental Illness with no supplemental assistance including all AB 1766 population facilities, and (2) Implementation of the 1915 c Waiver to provide care and housing to low-income residents living with Serious Mental Illness that is on par with those living with Developmental Disabilities.

A licensed ARF provider, at risk of closure, was invited to speak by phone. Her facility has been open since 2003 but it is increasingly difficult to remain open. Now the challenge is to close the facility or to find another alternative. She is appealing for help for herself and other facilities so they can continue to provide for people.

Q&A:

Vera Calloway asked about the average daily cost per person per day. She also mentioned a complaint about ARFs is a lack of activities for residents, which she recognizes funding is needed in order to have. Vera then shared an art program she was able to do with her previous work that engaged residents and encouraged that to be replicated through funding.

Bennie responded there are several associations that represent ARFs throughout the state, but they are working to ensure they are speaking as one industry and are looking to grow their numbers in Los Angeles County. They just received legal counsel's approval in LA County to expand outside of LA County, and are looking to expand across the state. He also responded that the daily rate needed is \$200 per person per day for housing and care. Bennie also noted that the minimum wage is \$16 an hour in his county, and just the labor costs alone make it unsustainable. LARCA is also looking at expanding the number of ARFs and forming a land trust to make sure the facilities



that close will remain facilities to serve the population. They connect their residents to the local community to offer training workforce development, music as therapy, and other creative things.

Barbara Mitchell suggests increase budget on staff, because \$16 dollars an hour with overlaps in shifts for 24 hours a day with lunch and break times is unrealistically low. Increase the number of hours in the budget to be able to show the true cost which is much higher. Barbara asked how many people in the association were able to get the limited number of subsidies of operating slots in residential care homes to subsidize operations.

Bennie responded that they don't have the number received. LARCA serves predominantly medium and small operators.

Barbara said she provided comments when the money came out that it was an unrealistic plan, and asked how many residential care operators would agree to a deed restriction on their property based on getting small loans for a number of years. One thing might be to provide the state with feedback on the lack of reality of that program, based on the input of what is going on in the state. Individuals will not be able to take advantage of the program due to the many restrictions. More money is needed than asked.

Vera asked about unlicensed facilities and if they are totally separate from licensed. She mentioned that residents in unlicensed facilities are not necessarily cared for.

Bennie responded that LARCA's focus is on licensed facilities, and they encourage unlicensed facilities to become licensed.

Monica Caffey expressed her gratitude for the presentation and the need for action.

### **Public Comment**

Theresa Comstock, CalBHB/C, thanked Bennie for the presentation and would like to partner with LARCA moving forward and find out more to bring to the board for their meeting.

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### **Item #7: Community Listening Session Report Review/Discuss**

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Jenny Bayardo shared the draft of the listening session report. She asked Council members for feedback on the report and volunteers to work with Council staff on finalizing the report. The committee then discussed the specifics of the listening session.

Barbara recalled issues about people experiencing racial and ethnic disparities from the coordinated entry systems. People who self-report are able to use skills to get in with a score that can house them, while there are people on waiting lists forever. The housing list is not first come first serve, but by score which is not fair to people who have been on a waiting list for years and years. This should be investigated.

Vera would like to focus specifically on what the organizations in the resource list can do, and the reason why they are on this list. Who are the organizations that are really doing the work and what can they actually do? She also would like to add to the list.

Monica Coffey stated that the report should culminate all of the comments so we have something that is concrete and can keep the conversation going.

Arden and Vera volunteered to assist Council staff with the report if needed. All committee members are to send suggestions or recommendations to Jenny Bayardo while HHC staff are out.

### **Public Comment**

Elizabeth Stone shared that culturally, self-reporting varies a lot and creates disparities because there are different perceptions of sharing personal hardships. There is a segment of people who are unhoused who are surprised they fell into homelessness and did not know of resources because they never anticipated that they would ever be in that situation.

Vera added that when you have people working with unhoused asking questions and filling out the forms, there is often no empathy or understanding with the population. She stated that you are not eliciting the information you need to make the report of value to the system-- which is why peers make great case managers with the unhoused.

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### **Item #8: Work Plan Finalization (Action Item)**

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Chairperson Monica Caffey led the HHC in a discussion about the Work Plan for 2023-2024. Monica asked if the Committee would still like to discuss and evaluate the Housing First policy as a goal. Vera believes the HHC should look at it because it probably isn't going anywhere. The Committee can make recommendations, such as for people who are trying to get clean and sober alongside people who are actively using while in housing.

Jenny confirmed Goal 1 sounds complete and accurate, but Goal number 2 and 3 could use more clarity and detail.

Naomi Ramirez suggested more specific goals for Goal 2, such as the activity to be completion of the Listening Session Report and who the committee wants to send it out to, and for Goal 3 to identify specific steps to take with the Behavioral Health Bridge Housing and MHSA Modernization proposal.

Barbara Mitchell emphasized that Goal 3 is critical at this point, and it is important to move attention to the MHSA modernization proposal and look at Behavioral Health Bridge housing. HHC may also want to look at redirecting community care expansion to operation support.

Vera brought up stakeholder feedback and non-government organizations, tenant coalitions, and consumers who are likely an untapped resource. The greater community advocating for unhoused people are not reached by CBHPC and the Council is not on their radar either. She sees a gap and would like to reach out to the grassroots resources of what is needed so the report can result in something.

Jenny recommended adding clarity in older adults in Goal 2, and Naomi Ramirez agreed that the specific activities to address the main goal are missing. She asked what steps the committee is trying to take for Older Adults.

Vera asked what the difference is in the resources available to those populations (adults vs. older adults vs. transitional-age-youth), and whether there are organizations that are taking care of older adults specifically. She also recommended looking at bridge-housing models for different populations.

Naomi agreed that looking at what Vera suggested would help provide clarity in what needs to be researched.

Jenny Bayardo confirmed with the HHC that Goal 2 will focus on youth, TAY, adults, and older adults as the focus is on reviewing and evaluating. The group agreed Goal 1 is fine as-is, but Goal 3 requires minor adjustments to be accelerated.

Barbara Mitchell suggested that the HHC look at and have recommendations for the Housing proposals in the Governor's redesign no later than October, and/or have an interim meeting and finalize it by October, set a timeline and have someone from DHCS review all of the BHBH proposals that came in that were funded, and provide an evaluation at the next meeting because June is the timeline to finalize them. Barbara also would like Stephanie Blake of the Department of Aging to bring someone from her Department to provide input on what issues they are seeing with older adults and homelessness, and what initiatives they are taking.

Monica asked if a motion needed to be made, and Jenny Bayardo stated that the Work Plan could be updated and brought to an in-between meeting or the next meeting.

### **Public Comment**

Elizabeth Stone mentioned Goal 2 of the Committee Work Plan regarding identifying state laws that impede matters contributing to housing and said there seem to be reports and environmental assessments to block the building of housing. The housing stock is insufficient, and there are many state laws and regulations that impede housing.

Arleen Garcia-Herbst wanted to ask if the proposals will identify specific locations for the housing, such as putting housing where unhoused folks are congregating or where they seek services.

**The meeting adjourned at 12:00 pm.**

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Nomination of Chairperson Elect

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate, and advocate for an accessible and effective behavioral health system.*

The chairperson and chair-elect lead their committee with a focus on supporting the Council's mission through their work.

**Background/Description:**

Each standing committee shall have a chairperson and chair elect. Monica Caffey is the current chairperson. The committee shall select a chairperson elect.

**Chair-Elect Responsibilities:**

- Facilitate the Housing and Homelessness Committee meetings as needed, in the absence of the chairperson.
- Assist the chairperson and staff with setting the committee meeting agenda and committee planning.
- Participate in the Executive Committee Meetings.
- Participate in the Mentorship Forums.

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** CBHPC Workgroup Updates

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the opportunity for the Housing and Homelessness Committee to coordinate the activities of the CBHPC workgroups in accordance with the HHC Work Plan.

**Background/Description:**

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with HHC activities and Work Plan items.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
  - Representative(s): Monica Caffey, Arden Tucker, Vera Calloway
- **Children and Youth Workgroup**
  - Representative(s): TBD
- **Substance Use Disorder Workgroup**
  - Representative(s): Barbara Mitchell

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Community Care Expansion Program Update

**Enclosures:** None

**Background/Information:**

The Community Care Expansion (CCE) Program was authorized through Assembly Bill (AB) 172. The program is administered by the California Department of Social Services (CDSS) and funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve SSI/SSP and CAPI applicants and recipients, including those who are experiencing homelessness or at risk of homelessness. The HHC has been following this initiative as it was a potential solution to the Adult Residential Facilities Crisis.

The CCE program has made \$570 million available for capital expansion projects, including acquisition, construction, and rehabilitation of residential care settings. Grantees may be approved to use a portion of these funds to establish a capitalized operating subsidy reserve (COSR) for projects, available for use for up to 5 years.

The CCE program is providing \$249 million to preserve licensed care settings that currently serve the target population. This consists of \$107 million for Operating Subsidy Payment funds (\$55 million appropriated in FY 2021-22 and \$52 million FY 2022-23) as well as \$142.5 million in Capital Project funds to preserve existing licensed facilities serving the SSI/SSP and CAPI population that are in need of critical repairs or required upgrades. Both funds aim to prevent facility closure, which could result in residents exiting to homelessness.

This and other information can be found on the new Community Care Expansion Program Website: <https://www.ccegrant.com/>

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Adult Residential Facilities Advocacy Discussion

**Enclosures:** [CALBHB/C Issue Brief: Adult Residential Facilities](#)

CALBHB/C Letter to DHCS re: 1115 Demonstration Waiver

Summary of 1915 (c) Waiver Request

1915 (c) page 2 and page 3

[CCF Adult Rate Schedule](#)

HHC Draft Work Plan

**Background/Information:**

In 2018, the Legislation Committee identified a need for increasing access to appropriately staffed and maintained Adult Residential Facilities (ARFs) in California for adults (including older adults) with mental illness, as outlined in the 2018 [Adult Residential Facilities \(ARFs\) Issue paper](#). A workgroup was formed that included many partners such as the Steinburg Institute, the California Behavioral Health Directors Association, and the California Association of Local Behavioral Health Boards and Commissioners that began to look at ways to address the issue.

The Council continued to advocate for appropriate funding for ARFs and met with the Governor's Office in September of 2021. At that time the Council was informed that due to the many initiatives recently funded, the administration wanted to wait to see how these programs addressed the issues ARFs face.

Adult Residential Facilities (ARFs) in California continue to close resulting in loss of beds for our behavioral health consumers. This is an issue with statewide implications that the California Association of Local Behavioral Health Boards and Commissioners has identified as an ongoing issue of concern.

During the agenda item, Theresa Comstock, the Executive Director of the CA Association of Local Behavioral Health Boards and Commissions (CALBHB/C), will talk about their concerns around ARFs and share their 1915 (c) waiver request. The committee identified ARF advocacy as an item to address in the current work plan.

The committee may discuss the following;

- Pursuing a request for the state to use the 1915 (c) waiver.
- How we can advocate for ARFs through current funding (CARE, proposed Housing Bond) and align with the Governor's priorities.
- If changes or additions to the work plan need to be made.

For copies of enclosed documents please contact Naomi Ramirez at [Naomi.Ramirez@cbhpc.dhcs.ca.gov](mailto:Naomi.Ramirez@cbhpc.dhcs.ca.gov) or by phone at (916) 750-4606.



**California Behavioral Health Planning Council  
Housing and Homelessness Committee  
Work Plan 2023-2024  
DRAFT**

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**GOAL 1**

**Evaluate the Effectiveness of the Housing First Policy**

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**Objective:** Review the state-level Housing First policy, evaluate its effectiveness, and compare it to the federal requirements to make recommendations for changes.

**Target Audience:** Stakeholders, Legislature

**Activities:**

- Research and review the current state and federal policies and compare
- Identify and compile a list of concerns and develop recommendations for changes, if appropriate
- Share information on Housing First with the committee

**Timeline:** October 2023 - April 2024

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**GOAL 2**

**Advocate for Equitable Access to Housing for Persons with  
Serious Mental Illness Across the Lifespan**

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**Objective:** Assess the availability of housing resources for persons across the lifespan and review how state laws have impeded matters contributing to housing and homelessness issues

**Target Audience:** Counties, stakeholders, Legislature

**Activities:**

- Review and evaluate housing resources and funding for youth, transition-age youth (TAY), adults, and older adults (share resources with the committee)
- Identify state laws that impede on matters contributing to housing and homelessness issues
- Identify types of housing and make recommendations for certain populations
- Share resources of information gathered to be made available to the public
- Track performance outcomes of various housing initiatives

**Timeline:** January 2024-December 2024

**California Behavioral Health Planning Council  
Housing and Homelessness Committee  
Work Plan 2023-2024  
DRAFT**

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**GOAL 3**

**Contribute to the Development of Regulations for Housing  
Initiatives for Persons with Serious Mental Illness**

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**Objective:** Provide input and recommendations on the development and implementation of housing regulations

**Target Audience:** Counties, stakeholders, Legislature

**Activities:**

- Identify and review housing funding initiatives on the horizon and in development stages to identify opportunities to provide input
  - Behavioral Health Bridge Housing
  - CA Interagency Council on Homelessness Action Plan for Preventing and Ending Homelessness
  - MHSA Modernization Proposal
- Identify new housing initiatives that may provide an opportunity for ARF and Residential Care for the Elderly (RCFE) funding
- Collaborate with stakeholders and provide stakeholder feedback
- Develop written input and recommendations

**Timeline:** June 2023-October 2024

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Community Listening Session Report

**Enclosures:** Draft Listening Session Report

Survey Monkey Results

**Background/Information:**

The HHC members decided to host a community listening session via a webinar to provide consumers with the opportunity to share their preferences for housing options that would best support their recovery. The event was coordinated by Council staff and was held Tuesday, April 11, 2023, from 3:00 p.m. to 5:00 p.m. on Zoom.

During this agenda item, Council Staff will review the contents of the draft report. The committee will provide staff direction for any changes they wish to see. The Committee will also discuss and develop potential recommendations to be included in the final report.

# HHC LISTENING SESSION REPORT 2023

## Overview:

The Housing and Homelessness Committee (HHC) members identified a need to hear directly from consumers of the public behavioral health system who are currently unhoused or at risk of becoming unhoused. The HHC decided to conduct an event that featured brief presentations including an overview of the housing models available in California and stories from individuals with lived experience navigating the behavioral health system and being unhoused. The information gathered is intended to guide the activities of the committee.

## Background:

The housing crisis in California is well recognized and documented with housing shortages and costs being central factors contributing to the increase in the number of individuals unhoused.

Governor declaration on the crisis of homelessness: “In California, we are using every tool in our toolbox – including the largest-ever deployment of small homes in the state – to move people off the streets and into housing. The crisis of homelessness will never be solved without first solving the crisis of housing – the two issues are inextricably linked. We are tackling this issue at the root of the problem by addressing the need to create more housing, faster in California.”<sup>1</sup> Additionally, “the state is delivering 1,200 small homes to Los Angeles, San Diego County, San Jose and Sacramento to provide safe, interim housing for people experiencing homelessness, and those living in encampments will be prioritized for these new units by the local governments operating the homes and providing services.”<sup>2</sup>

The addition of small homes is another tool the state is using to create more housing, faster in California. Since taking office, Governor Newsom has signed over 70 bills to kick-start and streamline the building process, including 20 California Environmental Quality Act (CEQA) reform measures.<sup>3</sup>

California has made significant financial investments in addressing the housing crisis including Homeless Housing, Assistance and Prevention Grant Program, Behavioral Health Continuum Infrastructure Program, Community Care Expansion Program, and Behavioral Health Bridge Housing Program.

- **Homeless Housing, Assistance and Prevention (HHAP) Grant Program**
  - FY 19-20: HHAP Round 1 is a **\$650 million** grant that provides local jurisdictions with funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges.
  - FY 20-21: HHAP Round 2 is a **\$300 million** grant that provides support to local jurisdictions to continue to build on regional collaboration developed

# HHC LISTENING SESSION REPORT 2023

through previous rounds of California Interagency Council on Homelessness (Cal ICH) funding and to develop a unified regional response to homelessness.

- FY 21-22: HHAP Round 3 is a **\$1 billion** grant that provides local jurisdictions, including federally recognized tribal governments, with flexible funding to continue efforts to end and prevent homelessness in their communities.
- FY 22-23: HHAP Round 4 is a **\$1 billion** grant that provides local jurisdictions, including federally recognized tribal governments, with flexible funding to continue efforts to end and prevent homelessness in their communities.

**Additional Information:** [HHAP Grant Program](#)

- **Behavioral Health Continuum Infrastructure Program**

- Established by 2021 legislation: AB 133
- Funded through Department of Health Care Services (DHCS) Community Services Division
- The Behavioral Health Continuum Infrastructure (BHCIP) Program provides **\$2.2 billion** to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. DHCS is releasing BHCIP grant funds through six rounds that target various gaps in the state's behavioral health facility infrastructure.

**Additional Information:** [BHCIP Program](#)

- **Community Care Expansion Program**

- Established by 2021 legislation: AB 172
- Funded by the Department of Social Services (DSS)
- The Community Care Expansion (CCE) Program funds the acquisition, construction, and/or rehabilitation of adult and senior care facilities that serve applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI), who are at risk of or experiencing homelessness. Funds are also available to preserve residential care settings, including through operating subsidies for existing licensed adult and senior care facilities currently serving SSI/SSP or CAPI recipients.

**Additional Information:** [CCE Program](#)

- **Behavioral Health Bridge Housing Program**

# HHC LISTENING SESSION REPORT 2023

- Established by 2022 legislation: AB 179
- Funded through Department of Health Care Services (DHCS) Community Services Division
- The Behavioral Health Bridge Housing (BHBH) program addresses the immediate housing and treatment needs of people experiencing unsheltered homelessness with serious behavioral health conditions, along with the sustainability of these ongoing supports. The BHBH program enables DHCS through our county and tribal partners to meaningfully contribute to the implementation of the California Interagency Council on Homelessness and will be implemented in alignment with the Community, Assistance, Recovery and Empowerment (CARE) Court, which prioritizes BHBH resources for CARE Court participants.

**Additional Information:** [BHBH Program](#)

## **Event Description:**

The Housing and Homelessness Committee held a Zoom meeting on Tuesday, April 11, 2023, from 3:00pm to 5:00pm. There were approximately 70 persons in attendance which included consumers of the public behavioral health system, stakeholders, community partners, and providers.

The event opened with a presentation from leadership at Corporation for Supportive Housing (CSH), a national non-profit and community development financial institution to build housing infrastructure for persons experiencing homelessness in order to provide base information for attendees. CSH participates in policy advocacy and technical assistance to help homeless response systems work more effectively. The presentation included what housing is and not for persons experiencing homelessness, how housing is typically funded for persons who have been homeless, and the causes of homelessness. CSH also addressed proposed solutions to homelessness including an increased supply of affordable housing that is no more than 30% of a person's income on rent and supportive housing that includes intensive services to help the household achieve and maintain housing stability.

The Council invited two persons with lived experience of homelessness to share their challenges in becoming permanently housed. Attendees heard from a woman who experienced family incarceration, substance use in the family, and homelessness at 17 years old as a young mother. She discussed the barriers she experienced such as finding landlords to accept Housing Authority Section 8 vouchers as a single mom with four children. The other presenter shared his lived experience with incarceration and substance use and the programs he received support from to eventually become housed.

# HHC LISTENING SESSION REPORT 2023

## **Listening Session Summary:**

Various consumers of the public behavioral health system shared their individual struggles in navigating the housing system to obtain permanent housing. Attendees from consumer-focused behavioral health organizations also shared their perspectives.

The following questions were asked during the listening session:

Question 1: What are your current housing needs?

Question 2: What are some barriers you experience when you try to get housing?

Question 3: What type of housing services would best support your recovery?

Question 4: What type of support do you feel you need to meet your housing goals?

Several responses were received for each question and are summarized below. The most responses were received from the question on barriers to housing. Suggestions and resources as it relate to individuals needs and circumstances were also shared throughout the event either through the chat feature or stated aloud to attendees. These are included in the appendix.

### **Question 1: What are your current housing needs?**

- Obtaining housing vouchers
- Placement for permanent supportive housing
- Finding appropriate vocational programs that will contribute to long-term housing stability.

### **Question 2: What are some barriers you experience when you try to get housing?**

- Navigating next steps once placed in coordinated entry systems, the streamlined system designed to match people experiencing homelessness with available housing.
- Low Supplemental Security Income (SSI) rate causing adult residential facilities (ARFs) to close which further limit these types of housing options for those who need it.
- Fear in seeking services due to laws that criminalize and/or penalize homelessness.
- Finding landlords to accept Section 8 vouchers.
- Not meeting housing program eligibility requirements
- Medical challenges that prevent an individual from obtaining appropriate housing
- Unfitting or unsuitable housing placements that do not meet individual needs.
- Substandard living conditions in unlicensed/unregulated board and care homes

### **Question 3: What type of housing services would best support your recovery?**

- Housing resources and placements appropriate for families with children

# HHC LISTENING SESSION REPORT 2023

- Housing with supportive services such as meals, medication, therapy, and social supports
- Early intervention to prevent cycling in and out of systems.

## **Question 4: What type of support do you feel you need to meet your housing goals?**

- To listen to individual needs, not a one-size-fits-all approach
- Resources for persons seeking housing to know their rights, to help protect persons seeking services.
- Guidance in navigating the housing system.
- Comprehensive assessment of individual housing needs
- Private room with a key

## **Follow-Up Survey Monkey Results:**

A survey was sent out following the event to provide an additional opportunity to provide feedback for those who were unable to attend or preferred to contribute feedback anonymously. The survey included the same questions asked at the listening session and was made available a week after the event and closed on May 19, 2023.

## **Conclusion:**

The Council's Housing and Homelessness Committee was able to hear several challenges persons are facing trying to access housing as well as their needs to be successful in housing during the Listening Session. It is our hope that sharing some of the voices of those who are currently unhoused or at risk of being unhoused, will highlight persistent and common challenges among the tens of thousands of persons experiencing housing insecurity. To truly alleviate the chronic housing shortage and homeless crisis, the key is connection to a continuum of services across the spectrum of needs that eventually leads to a permanent place to live and thrive.



## Appendix A: Housing Resources List

**The Home Safe Program:** The Home Safe Program prevents or addresses homelessness to support the safety and housing stability of individuals involved in Adult Protective Services (APS), individuals in the APS intake process, or who may be served by a Tribal social services agency and appear eligible for APS, and who are experiencing or at risk of homelessness.

Link to website: [Home Safe Program](#)

**Mental Health Advocacy Services:** Helps low-income adults and children fight housing discrimination, obtain access to the rights and benefits to which they are legally entitled, and remove other legal barriers that impact their overall health and wellbeing.

Link to website: [Mental Health Advocacy Services](#)

**Disability Rights California:** The agency designated under federal law to protect and advocate for the rights of Californians with disabilities. They work in litigation, legal representation, advocacy services, investigations, public policy, and provide information, advice, referral, and community outreach.

Link to website: [Disability Rights California](#)

**Independent Living Association:** To provide independent living operators, tenants and the community with tools and resources to promote high-quality independent livings. Modeled after the Better Business Bureau and offers services to independent living operators, tenants and the community to promote and support quality independent livings.

Link to website: [Independent Living Association](#)

**Share Collaborative Housing:** A public-private partnership providing affordable, permanent supportive housing to disabled people in single-family houses throughout Los Angeles County.

Link to website: [Share Collaborative Housing](#)

**Painted Brain:** A unique mental health organization in that many of their staff self-identify as living with direct or indirect experiences of mental illness. Their peer staff are subject matter experts who specialize in providing population-centered training, programming, and events to meet the specific needs of those we serve.

Link to website: [Painted Brain](#)

## Q1 What are your current housing needs?

Answered: 6   Skipped: 1

#	RESPONSES	DATE
1	Affordable Housing for my son	5/18/2023 11:55 AM
2	Special housing for individual members of the Community with mobility like Lower floor washing machine and dishwashing inside of the Units,	5/18/2023 10:00 AM
3	I recently moved into a new, ADA compliant building. I am looking forward to the arrival of my motorized scooter. I have finally emerged from a decade of homelessness and transitional housing. Yes, it can happen 😊	5/12/2023 4:45 PM
4	A single story place that is ADA friendly. A place my wheelchair and walker can easily navigate	4/13/2023 6:01 PM
5	I live at Stanford on campus and am house secure. I do anti-poverty advocacy and use my lived experience to gain support for anti-poverty policies. Housing is one of our focuses.	4/13/2023 9:41 AM
6	I speak from the lens of being a provider of mental health services. My particular concern regarding housing includes: the closures of Licensed ARF's the unfettered growth of unlicensed "Board & Cares", Independent Living, Shared housing, Sober Living homes etc. None of these facilities are licensed or regulated in any way that provides consumer protections to potential residents. While there are many people who thrive on the Housing First model, I witness first-hand the devastation and hand-wringing that happens to other mental health agency staff as well as family members who have the experience of seeing the need for treatment interventions and watching their loved ones go steadily downhill or even die. I see, also, adults who have had major psychosis with No Substance Abuse, begin to regain their lives with purpose, employment and rebuilt self-esteem because they were first stabilized in a protective setting such as campus housing or ARF. They received extra support and daily structure with continuity of care staffing. I also have the experience of watching adults who have SMI (and no SUD) fail at living independently in an apartment alone. These same people seem to do fairly well in a 2 bedroom environment with a roommate, even if the roommate is not a person they had known previously. I also have the experience of seeing Adults who have SMI thrive in somewhat rural settings but completely relapse when moved to a town setting. The stimulation of even a small suburban setting often proves too much. Thus, a ranch would be beneficial for some adults. The presence of animals, growing gardens, having continuous community and fellowship is generally unavailable in our county. There is land etc where such a facility could be built as a pilot project.	4/12/2023 11:03 PM

## Q2 What are some barriers you experience when you try to get housing?

Answered: 7   Skipped: 0

#	RESPONSES	DATE
1	There are no apartments or houses under \$1,200 in my city. Minimum wage at full-time before taxes maxes out at \$2,400. Most places will not accept your application if you don't make more than double the rent. You also have to have great credit and rental history - two things a young person starting out doesn't have. Finding affordable housing that is accessible is nearly impossible. Also, all the low income housing has 2-3 YEAR waiting lists.	5/18/2023 11:55 AM
2	The seccion 8 Boucher choice, I am and seccion 8 but I cannot used my Boucher in other place. If I move out from this building I lost the Boucher what make me stay in this place it's not safety for me I Felt down and brok my miniquis in my Right knee.	5/18/2023 10:00 AM
3	Waitlists of up to 8 years. Going through a lengthy approval process to find I make TOO MUCH money. Attending inperson meetings that could have been done over I internet.	5/12/2023 4:45 PM
4	Long waiting times. Lack of affordable options. Lack of Laundry in inside.	4/13/2023 6:01 PM
5	Mostly pricing. Even though housing on campus is highly subsidized, the rent-to-stipend ratio still puts me in a tight position.	4/13/2023 9:41 AM
6	As an advocate for individuals formerly in the military, they are sometimes caught between systems because they do not 'qualify' for other 'safety nets'. The challenge of behavioral health and criminal justice history often times create further challenges to hold onto important paperwork and identification as supporting any requisite application for assistance. Thus, some of the labels meant to help also places challenges when attempting to obtain assistance. There is suppose to be no wrong door to entry for housing assistance - there still is.	4/13/2023 7:09 AM
7	The CES system is overwhelming. There seem to be multiple agencies, multiple housing programs, with multiple requirements. Add to that, there is often a lack of consistent staff to help to navigate the system(s), phone calls not returned, wait times to get an apartment can take years. I have a client who has been waiting for a Section 8 apartment since 2000 for herself and her infant son. Her son is now 22. There is almost no affordable housing for Seniors who have SMI. Many apartments, even Senior Apartments, are now requiring 2.5 times the monthly rent in order to be accepted. Applicants who are on Social Security, for example, can never meet that. Where do they go? For those seniors who really need medication supervision, they can only get that in an RCFE. Most RCFE's not only do not accept referrals with a primary mental health diagnosis, hardly any in our county will accept the SSI rate unless there is Supplemental funding such as "the patch".	4/12/2023 11:03 PM

### Q3 What type of housing services would best support your recovery?

Answered: 6   Skipped: 1

#	RESPONSES	DATE
1	Housing that works with my income or my son's income is a start. The stress of insecure housing is detrimental to our mental health. Also, having people to help find the housing and fill out the mountains of paperwork to get it. There is also the issue of application fees. At \$25 to \$50 per application, most people burn out of funds just applying without any guarantees of achieving housing.	5/18/2023 11:55 AM
2	The lower floor, where I don't have to climb stairs, or used Elevator when the elevator is broke I have to be inside all the time	5/18/2023 10:00 AM
3	I have an ADA compliant building and living space, friendly neighbors willing to assist, and access to recreation, transportation and local shops and restaurants. Life is good .	5/12/2023 4:45 PM
4	Therapy groups, utilities support, lack of pests, my own place, no roommates or shared rooms	4/13/2023 6:01 PM
5	I am currently doing ok but would love to know how to best advocate for bay area folks who have more urgent housing needs.	4/13/2023 9:41 AM
6	1) There should be a range of housing options for adults who have SMI 2) Adults who have no SUD and a history of active psychosis should not be housed with Adults who have SUD. They are often vulnerable to potential predatory behaviors learned by adults who have been "in the streets." I am unclear. Was the Housing First program given lots of MHSA funding? If so, how did that benefit our adults who have SMI or co-occurring disorders. Do they get priority in locating housing? We especially need Respite Care for short-term relief. While this type of housing is reportedly available to families and clients of the Regional Center system, there seems to be few such options for people who have SMI. For residents of ARF's, there seems to be no Exit strategy because they are not homeless. Yet there are some residents who are stable and should have access to a housing voucher. In an ideal world, residents coming out of ARF's would be able to have priority to be matched in an apartment; and, they would be encouraged to maintain a relationship with the ARF to aid in providing continuity of care as well as an incentive to remaining residents.	4/12/2023 11:03 PM

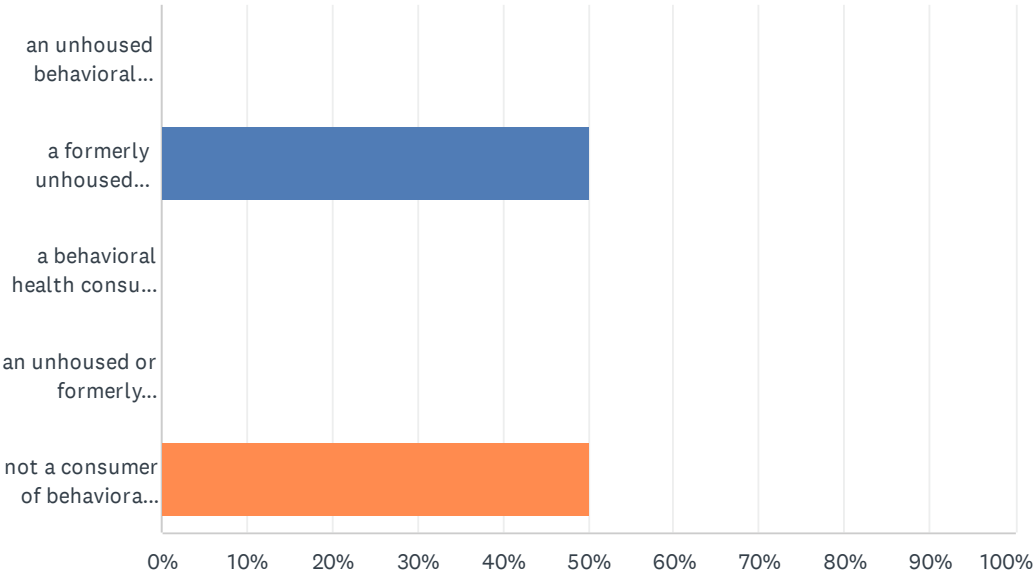
## Q4 What type of support do you feel you need to meet your housing goals?

Answered: 6    Skipped: 1

#	RESPONSES	DATE
1	I would appreciate a streamlined application process with a one-stop shop with support staff who can help you through the applications for all the low-income housing in one location. Also, having affordable housing that is accessible both financially and other ways, like near a bus line and handicap accessible.	5/18/2023 11:55 AM
2	More available section 8 choice vouchers where I can move without lost the Voucher to consumers of Mental Health like me	5/18/2023 10:00 AM
3	My housing goals have been achieved for now	5/12/2023 4:45 PM
4	Deposit resources	4/13/2023 6:01 PM
5	Talks like this one	4/13/2023 9:41 AM
6	There needs to be comprehensive overhaul of the entire housing voucher system. There need to be more choices than shared room or living alone in an apartment. Transportation (lack of) is often a big barrier. Housing people with mobility issues should either be on 1st floors or buildings should be fined heavily for failure to have their elevators working. Support (consistent person/team) to help to navigate the process would be very helpful.	4/12/2023 11:03 PM

Q5 I am

Answered: 6    Skipped: 1



ANSWER CHOICES	RESPONSES	
an unboxed behavioral health consumer (includes mental health & Substance Use Disorder services)	0.00%	0
a formerly unboxed behavioral health consumer (includes mental health & Substance Use Disorder services)	50.00%	3
a behavioral health consumer at risk of being unboxed within the next 30 to 90 days	0.00%	0
an unboxed or formerly unboxed parent of child under 18 years of age with Severe Emotional Disturbance	0.00%	0
not a consumer of behavioral health services	50.00%	3
TOTAL		6

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** CBHPC Behavioral Health Services Act Advocacy

**Enclosures:** [CBHPC SB 326 Amendments](#) (July 13, 2023)

[Proposed Behavioral Health Services Act Public Forums Summary](#)

[CBHPC SB 326 Letter of Concern](#) (August 16, 2023)

CBHPC SB 326 Letter of Concern to Senate

**Background/Information:**

In March of 2023, Governor Gavin Newsom, in partnership with Senator Susan Talamantes Eggman (D-Stockton), proposed an initiative to amend the Mental Health Services Act (MHSA). This is part of Newsom's Modernizing the Behavioral Health System Proposal.

On June 19, 2023, the bill was amended to 233 pages, which proposed a transformation of the behavioral health system and particularly the Mental Health Services Act (MHSA). Council leadership responded timely to legislative deadlines in order to avoid missing opportunities to comment on this pending legislation that will significantly impact the behavioral health system in California if passed. The bill passed through the legislature and will be on the March 2024 ballot.

During this agenda item, committee members will be provided an update and have the opportunity to review and discuss the recommendations of the Council.

**California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 19, 2023

**Agenda Item:** Proposition 1

**Enclosures:**

[Fact Sheet on Governor Newsom's Transformation of Behavioral Health Services](#) (September 2023)  
[September 22, 2023 informational webinar on SB 326 and AB 531– California's Behavioral Health System Reform Package](#) (Slides)  
[SB 326-The Behavioral Health Services Act](#)  
[SB 326 Senate Rules Committee Analysis](#)  
[AB 531 \(Irwin\)](#)  
[Assembly Committee on Housing and Community Development Analysis](#)

**Background/Information:**

Governor Gavin Newsom, in partnership with Senator Susan Talamantes Eggman (D-Stockton), proposed an initiative to amend the Mental Health Services Act (MHSA) that passed the legislature on September 14, 2023. Senate Bill 326 and Assembly Bill 531 will appear jointly on the March 2024 ballot as Proposition 1.

**Three Key Elements of Governor Newsom's Proposal:**

- A Bond to Fund Behavioral Health Expansion and Housing for Homeless Veterans
- Modernizing the Mental Health Services Act
- Making Today's System of Care Work Better for All Californians

**AB 531 proposed:**

- \$6.38 billion bond to build 10,000 new treatment beds and supportive housing units to help serve more than 100,000 people annually.
- \$2.893 billion for grants for behavioral health treatment and residential settings building on the success of the Behavioral Health Continuum Infrastructure Program (BHCIP).
- \$1.5 billion to be awarded to counties, cities, and tribal entities for grants for behavioral health treatment and residential settings eligible under BHCIP.



- \$1.065 billion worth of housing investments for veterans who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs, or a substance use disorder.
- \$922 million worth of investments for Californians (not specifically for veterans) who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs, or a substance use disorder.

More information about the Modernizing the Behavioral Health System Proposal, including the Ballot Measure described above, can be found on the California Health and Human Services Agencies [Behavioral Health Reform Page](#).

Committee members will review and discuss the components of Proposition 1 as it relates to the Housing and Homelessness Committee.