

# California Behavioral Health Planning Council

## Housing and Homelessness Committee Agenda

Thursday, January 22, 2026

8:30 a.m. to 9:05 a.m.

[Bahia Resort Hotel](#)

998 West Mission Bay Drive

San Diego, CA 92109

Shell Room

[Zoom Meeting Link](#)

Join by phone: (669) 444-9171

Meeting ID: 261 743 5061 Passcode: 705358

### **Meeting & Public Access Notice**

This meeting will adjourn at 9:05 a.m. There will be an off-site tour of a local recovery housing program at 9:30 a.m. for committee members only.

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|------------------|--|--------------|
| <b>8:30 a.m.</b> | <b>Welcome, Introductions, and Housekeeping</b><br><i>Deborah Starkey, Chairperson</i>   |              |
| <b>8:35 a.m.</b> | <b>Review and Accept October 2025 Draft Meeting Minutes (Action)</b><br><i>Deborah Starkey, Chairperson</i>  | <b>Tab 1</b> |
| <b>8:40 a.m.</b> | <b>Review and Accept 2025-2026 Committee Charter and Work Plan (Action)</b><br><i>Deborah Starkey, Chairperson</i> <ul style="list-style-type: none"><li>• Public Comment</li></ul>  | <b>Tab 2</b> |
| <b>8:45 a.m.</b> | <b>Discussion on Time Limits for Transitional Housing: Behavioral Health Services Act vs. Federal Standards (Action)</b><br><i>Barbara Mitchell, Planning Council Member</i> <ul style="list-style-type: none"><li>• Committee Discussion</li><li>• Public Comment</li></ul> | <b>Tab 3</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

**9:05 a.m.**     **Meeting Adjourn / Travel to TURN to Recovery  
Program Site**

**9:30 a.m.**     **TURN to Recovery Tour**  
*TURN Behavioral Health Services Staff*

**Tab 4**

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

**Public Comment:** Limited to a **2-minute maximum** to ensure all are heard.

**Officers:** Deborah Starkey, Chairperson                      Maria Sierra, Chairperson Elect

**Committee Members:** Susie Baker, John Black, Jason Bradley, Monica Caffey, Dave Cortright, Erin Franco, Lynne Martin Del Campo, Lanita Mims-Beal, Barbara Mitchell, Don Morrison, Danielle Sena, Daphne Shaw, Bill Stewart, Arden Tucker

# **California Behavioral Health Planning Council Housing and Homelessness Committee Agenda**

**Thursday, January 22, 2026**

**Agenda Item:** Review and Accept October 2025 Draft Meeting Minutes (Action)

**Enclosure:** October 2025 Draft Meeting Minutes

**Background/Description:**

Committee members will review the draft meeting minutes for the October 2025 Quarterly Meeting. Members can request edits before the minutes are accepted.

California Behavioral Health Planning Council  
**Housing and Homelessness Committee**

Meeting Minutes - DRAFT  
October 16, 2025

**Council Members present:** Susie Baker (virtual), John Black, Jason Bradley, Monica Caffey, Dave Cortright, Erin Franco, Lanita Mims-Beal, Barbara Mitchell, Don Morrison, Danielle Sena, Daphne Shaw, Maria Sierra, Bill Stewart, Arden Tucker

**Staff present:** Jenny Bayardo, Naomi Ramirez, Simon Vue

**Presenters:** Cricket Miller, Holly Valdes, Meghan Marshall, Giselle Sanchez

**Meeting Commenced:** 8:30 a.m.

**Quorum Established:** 14 out of 16 members

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<b>Item #1</b>	<b>Review and Accept October 2025 Meeting Minutes</b>
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The Housing and Homelessness Committee reviewed the October 2025 Draft Meeting Minutes. The minutes were accepted by the committee as written.

**Action/Resolution**

The October 2025 Housing and Homelessness Committee Meeting Minutes are accepted and will be posted to the Council's website.

**Responsible for Action-Due Date**

Simon Vue – October 2025

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<b>Item #2</b>	<b>Review and Accept Draft 2025-2026 Committee Charter</b>
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The Committee shared feedback on the draft 2025-2026 Committee Charter.

Committee members suggested that the Charter should include housing needs for people of all ages, genders, and cultural backgrounds.

There was a suggestion to remove references to the "No Place Like Home" program, since it is set to end soon. Instead, members proposed that the Committee focus on newer efforts, such as housing interventions under the Behavioral Health Services Act (BHSA) and the Behavioral Health Infrastructure Bond. Another suggestion was to monitor changes at the federal level that might affect housing and homelessness policies. There were suggestions to make Housing First a top priority and explore other housing options like HomeShare, a program where people with extra space in their homes rent out a room to someone who needs housing.

The Committee talked about whether housing providers need to follow rules to keep residents safe and who is responsible for making sure they do. It was pointed out that many housing providers do not have formal oversight. Housing itself is not

licensed or certified unless it is a specific type of facility, like an adult residential facility or a social rehabilitation program. If Medi-Cal services are offered, those services must be certified, but the housing part is not. Oversight often depends on where the funding comes from. For example, programs funded by “No Place Like Home” are required to report annually on the services they offer and the number of residents who utilize them. However, in permanent supportive housing, residents cannot be required to participate in services.

Some Committee members were concerned about housing programs that do not offer support services. They said that resident managers often are not trained to handle emergencies and may have to call 911 when problems arise. The Committee shared examples of unsafe living conditions caused by a lack of support and stressed how important it is to include services in housing programs. Members suggested the Committee look into research from other states that questions the Housing First model, to help guide future decisions.

The Committee also talked about how the transition into a housing program can affect a person’s social connections. One member shared research from San Diego, which shows that people who are homeless often have strong social networks. When they move into housing, those connections can be disrupted, which might lead to loneliness or even loss of housing. There was a suggestion for the Committee to find ways to how to maintain and strengthen these social ties as part of housing strategies.

The Committee discussed whether the “No Place Like Home” program should still be mentioned in the Committee Charter. Some members thought it should be removed since the program is near its end. Others suggested the use of more broad language to describe supportive housing programs, so the Charter stays relevant as new programs are created.

The discussion concluded with general agreement on the proposed updates to the Committee Charter.

## **Public Comment**

Barbara Wilson explained that most housing programs do not fall under formal regulatory oversight unless they are licensed under specific categories, such as Adult Residential Facilities, Residential Care Facilities for the Elderly, and Social Rehabilitation Facilities. She noted that housing programs outside these categories lack formal oversight.

Gregory Fearon stated that most housing program funding and oversight come from local Continuums of Care (CoCs), which receive state and federal funds and operate independently with limited oversight. He mentioned a shift where reduced federal funding is causing many CoCs to seek county assistance. In Sonoma County, CoC programs are integrating with the county's behavioral health system.

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<b>Item #3</b>	<b>Discussion of the 2025 Housing and Homelessness Committee Activities for the Council's Year-End Report</b>
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Committee members reviewed a draft summary of the Committee's activities and completed action items in 2025. This summary was provided to inform the Council's annual year-end report. Daphne Shaw noted that the Patients' Rights Committee had agreed to have the chair and staff finalize their report. She suggested that this committee do the same.

**Action Item:** Staff and the Chairperson will finalize the Housing and Homelessness Committee section of the Council's year-end report for submission.

**Public Comment:**

Vanessa Ramos from Disability Rights California emphasized the importance of program fidelity, which refers to how closely programs adhere to their original design. She noted that program failures often stem from improper implementation. She highlighted peer support as an example, where untrained peers can lead to different experiences for participants. She encouraged the committee to assess whether staff providing services have adequate training.

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<b>Item #4</b>	<b>Housing and Homelessness Committee 2026 Work Plan</b>
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The Committee reviewed its 2024-2025 Work Plan and provided input for the development of the 2026 Work Plan.

The Committee talked about Assembly Bill 255, which focused on recovery housing. Although the bill was vetoed, members noted that new state guidance now allows support for recovery housing. They suggested the Committee look into how funding is used, whether recovery housing is included, and how to keep track of this information.

As part of Goal 2 in the Work Plan, the Committee discussed whether to review the performance of the Behavioral Health Bridge Housing program or remove it from the plan, since the program is set to end soon. Members also suggested the need to explore housing options for older adults that include health services.

The Committee also considered whether it would be valuable to monitor legislation related to housing and homelessness and explore advocacy opportunities. While the Committee would not take official positions or engage in advocacy, staff could coordinate with the Legislation and Public Policy Committee (LPPC), which leads efforts on legislation.

Staffing challenges in housing programs were another key topic. Members emphasized the need to strengthen recruitment and retention practices, promote cultural competence, and build supportive work environments. Members suggested a future presentation to explore successful staffing strategies.

The Committee talked about how counties manage housing and support services for people with serious mental illness. To help providers to better access services across different counties and systems, members proposed the idea of a resource guide. This guide would list available programs and help providers understand how to navigate within local systems.

## **Public Comment**

Gregory Fearon emphasized that the Continuums of Care (CoCs) across California counties are at risk under current federal policies. He explained that many programs could lose support if funding disappears. He urged the Committee to pay close attention to this issue. Gregory also suggested that the Committee add “substance use disorder” after “Persons with Serious Mental Illness” For Goal 2.

Barbara Wilson thanked Dave for the suggestion to add HomeShare to the Committee’s work plan. She highlighted ongoing challenges with the coordination of care and funding in the homeless sector. She noted that many providers are unaware of licensed facilities until a crisis arises. Barbara emphasized that, while her county has many forms of shared housing, only licensed facilities receive oversight. This could lead to potential midnight evictions without public transportation options. She emphasized the need to address shared housing, tenant protections, and the safety of elderly parents living with seriously mentally ill adult children.

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### **Item #5      Overview of San Francisco Department of Homelessness and Supportive Housing’s (HSH) Rapid Rehousing Programs**

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Cricket Miller, Manager of Scattered Site Housing Programs at the San Francisco Department of Homelessness and Supportive Housing (HSH), and Holly Valdes, Director of Housing Programs at the Homeless Prenatal Program (HPP), gave a presentation on San Francisco’s Rapid Rehousing Programs.

Cricket explained that San Francisco offers a variety of housing support, which includes:

- Site-based permanent supportive housing (PSH).
- Scattered-site PSH.
- Rapid rehousing.
- Time-limited housing subsidies.

These programs support various groups, such as adults, families, and young people transitioning to adulthood. Housing subsidies range from \$700 to \$3,000, based on the needs of each household. Cricket shared that the Rapid Rehousing Program provides a standard 24-month subsidy, with the option to extend up to 36 months. The program supports 1,400 households through the following services:

- Support with finding housing.
- Support with moving in and staying housed.
- Case management focused on keeping people housed.

She also shared program results from July 2024 to September 2025:

- 350 households moved into new homes.

- 600 households left the program.
  - Of those, 75 percent moved into permanent housing.
  - Only four percent became homeless again.

Holly Valdes then introduced the Supportive Housing Assistance & Readiness Efforts (SHARE) Program, a Rapid Rehousing initiative in San Francisco developed through a partnership between the Department of Homelessness and Supportive Housing (HSH) and the Homeless Prenatal Program (HPP). She began by describing the Homeless Prenatal Program (HPP), which began in 1989 and now serves over 3,500 families each year. HPP offers:

- Prenatal classes and support groups.
- Health education.
- Mental health services.
- Parenting support.
- Case management.
- Housing assistance, emergency support, and referrals.

Holly explained that SHARE began in 2016 to fill a gap in housing services. SHARE supports 32 to 40 families each year, which includes:

- Pregnant parents and families with young children.
- Families involved with Child Protective Services (CPS).
- Families facing domestic violence or immigration issues.
- Children with special medical or behavioral health needs.

A key feature of SHARE is the on-site behavioral health support offered by HPP. Families can immediately access parenting and peer support groups, as well as connect with onsite therapists without long wait times.

## **Questions and Answers (Q&A)**

Barbara Mitchell asked how people are screened for Rapid Rehousing programs, especially those with serious mental health needs. Cricket explained that San Francisco uses a coordinated entry system that matches housing based on assessment scores and includes those with behavioral health conditions. She noted that fewer participants report behavioral health issues as the data is self-reported.

Arden Tucker asked what support is provided to people transitioning from the streets to housing. Holly shared that their team offers case management and life skills training, such as cooking and using appliances. When asked how long support continues after the program ends, Holly explained that SHARE provides ongoing aftercare services many families return for additional resources or to share updates.

Erin Franco asked how San Francisco measures progress in addressing homelessness. Cricket mentioned the city's "Home by the Bay" Five-Year Strategic Plan, a system-wide approach that involves multiple departments. The plan focuses on:

- Helping people move out of unsheltered homelessness.
- Keeping people housed.
- Making sure services are fair and accessible to everyone.



Cricket also shared a new performance metric: to track how many people return to homelessness within one or two years after receiving services. She explained the “cost per slot” methodology to fund housing programs, which shows the average annual cost per household:

- Family Rapid Rehousing: \$48,200.
- Adult Rapid Rehousing: \$39,600.
- Transitional Aged Youth (TAY) Rapid Rehousing: \$41,600.

## **Public Comments**

Sulma asked whether the data included all services or only those focused on families. She also noted that people with fewer mental health needs moved into stable housing more quickly.

Samantha Tosetti asked why housing assistance is not available for young people under age 18. She shared that she works with transitional-aged youth in a rural community and defines the age range as 12 to 24.

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### **Item #6      California Interagency Council on Homelessness (Cal ICH) Recovery Housing Guidance**

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Meghan Marshall, Executive Officer of the California Interagency Council on Homelessness (Cal ICH), and Giselle Sanchez, Housing First Specialist, provided an overview of the guidance on Housing First and Recovery Housing.

Meghan explained that Cal ICH coordinates homelessness efforts across the state and works with various state and local partners and stakeholders to integrate and align efforts. It does not run programs or issue grants but aims to make homelessness rare and brief through system integration and accountability.

Giselle described Housing First as an evidence-based model that places housing at the center of recovery and stability. She discussed Senate Bill 1380, which defines Housing First in California with 11 core components and ensures state-funded programs follow these principles. Giselle emphasized that services are voluntary, and substance use alone is not ground for eviction.

Giselle also clarified that recovery housing supports those who opt to stop using drugs or alcohol. The state’s guidance aligns recovery housing with Housing First and shows that both models can coexist when people choose recovery-focused services. The guidance includes four principles:

- Voluntary entry and service choice.
- Care focuses on each person’s needs.
- No evictions for relapse.
- Accountability with compassion.

## Questions and Answers

When asked if housing operators can remove someone for using or possessing illegal drugs on-site, especially in a recovery setting, Meghan explained that programs must uphold lease agreements. While relapses or substance use alone is not a reason for eviction, programs can act if rules are broken or safety is at risk. Meghan added that if substance use threatens the recovery environment, a “warm handoff” may help the person move to more appropriate housing.

When asked if the California Interagency Council on Homelessness (Cal ICH) provides guidance on best practices, Meghan shared that they do not give program-level guidance or policies.

When asked about implementation, Meghan explained that it would happen through partnerships with state departments, cities, counties, and communities. She also mentioned the Governor’s recent veto of Assembly Bill 255 and clarified that the guidance was intended to address misunderstandings about recovery housing and Housing First.

## Public Comments

Gregory Fearon from Sonoma County shared concerns about the survival of many continuums of care (COC) in California if they lose funding. He noted that some counties, including Sonoma, have moved these programs into their behavioral health departments to maintain services. Gregory asked if there would be guidance for counties on how to handle the potential elimination of the COC system.

Barbara Wilson raised concerns that programs often focus on individuals with both mental health and substance use disorders. Many families with adult children who have serious mental illness, but no history of drug feel these programs do not meet their needs. Barbara emphasized the need for options to stabilize individuals in licensed facilities and then move them to more independent housing. She asked whether there could be an expansion of the voucher process to better support these individuals.

Theresa Comstock, President of the California Association of Local Behavioral Health Boards & Commissions, asked about harm reduction in federally funded programs. She recalled one of President Trump’s executive orders that is against the use of harm reduction.

Zae Asa Illo from Youth Spirit Artworks shared concerns about "front door attrition" in their transitional shelter and drop-in center, where individuals disengage early due to lack of culturally competent care. Zae emphasized the need to improve cultural competency and person-centered care across providers.

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## Item #7      Presentation Debrief and Discussion

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The Committee debriefed on the information presented by the California Interagency Council on Homelessness (Cal ICH) and the San Francisco Department of

Homelessness and Supportive Housing. Committee members also discussed potential next steps.

The Committee talked about how the information from the Cal ICH presentation aligns with the Planning Council's goals and discussed ways to work more closely with Cal ICH. Members pointed out that while Cal ICH gives guidance on recovery housing, developers face real challenges in building these types of homes. These challenges include high costs, limited financial benefits, and time constraints. There was a suggestion to look more closely at these issues to understand why recovery housing is not being built more often.

Members also raised concerns about accountability in recovery housing programs. Some programs say they offer person-centered care, but still follow strict rules that require complete abstinence, which may not work for everyone. There was a suggestion to share this issue with the Legislation and Public Policy Committee for possible advocacy. Members said that recovery housing programs should clearly explain how they operate, what standards they follow, how they measure success, and how many people leave or drop out.

The Committee noted that recovery housing is still a new option in California and offers more support than traditional sober living homes. Since there is not a standard model yet, members suggested that the Committee look for successful examples of recovery housing to help guide future efforts.

### **Public Comment**

Samatha Tosetti thanked the Committee for the helpful information. She highlighted the need for more focus on transitional-aged youth (TAY). She emphasized that these young people are the future and should be a top priority.

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### **Item #8      Wrap-up & Next Steps**

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Chair-Elect Maria Sierra thanked the Committee for their participation and time. The meeting adjourned at 11:40 a.m.

## California Behavioral Health Planning Council Housing and Homelessness Committee Agenda

Thursday, January 22, 2026

**Agenda Item:** Review and Accept 2025-2026 Committee Charter and Work Plan (Action)

**Enclosures:** 2025-2026 Committee Charter  
2025-2026 Committee Work Plan

### **Background/Description**

Committee members will review the 2025-2026 Committee Charter and 2025-2026 Committee Work Plan with the edits requested at the October 2025 Meeting.

**2025-2026 Charter Revisions:** At the October 2025 meeting, the Housing and Homelessness Committee (HHC) reached general consensus on the following proposed updates:

- Broader focus on housing needs across all age groups, with an emphasis on equity (gender and cultural diversity).
- Replace “No Place Like Home” references with broader language on supportive housing initiatives to ensure the Charter remains relevant as new programs emerge.
- Monitor federal policy developments and their implications.
- Add a focus on alternative housing models such as Homeshare.
- Review research, including critiques of the Housing First model.

**2025-2026 Work Plan Revisions:** There was consensus on the following priorities:

- Look at how funding for recovery housing is currently allocated, how much recovery housing has been built, and how to track that information.
- Explore housing models for older adults that integrate health services.
- Greater accountability for supportive services within housing programs.
- Monitor housing and homelessness-related legislation and identify advocacy opportunities.

**Action:** Accept the 2025-2026 Committee Charter and 2025-2026 Committee Work Plan

# Housing and Homelessness Committee

## Charter and Membership Roster 2025-2026

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to 1) advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness, 2) review and report on outcomes for the public mental health system, and 3) advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder (SUD) systems.

### VISION

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A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

### MISSION

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

### GUIDING PRINCIPLES

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**Wellness and Recovery:** Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

**Resiliency Across the lifespan:** Resilience emerges when individuals of all ages, gender, and cultural diversity are empowered and supported to cope with life events.

**Advocacy and Education:** Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

**Consumer and Family Voice:** Family members and individuals of all ages, gender, and cultural diversity are included in all aspects of policy development and system delivery.

**Cultural Humility and Responsiveness:** Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

**Parity and System Accountability:** A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

### COMMITTEE OVERVIEW AND PURPOSE

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The purpose of the Housing and Homelessness Committee (HHC) is to engage with stakeholder organizations to influence policy and ensure access to housing and supportive services for individuals experiencing or at-risk of homelessness who are

served by the public behavioral health system. The Committee's work spans the full age spectrum, recognizing that housing needs vary significantly for children, transitional-age youth (TAY), adults, and older adults.

The Committee advocates for legislation, regulations, and funding that addresses California's housing crisis, with a focus on supporting individuals with behavioral health conditions. The Committee monitors and recommends improvements to housing services and statewide homelessness strategies. The Committee also highlights exemplary service programs to promote effective models across the state. In addition, the Committee supports the integration of cultural and linguistic competence in all programs, reviews fiscal impacts on service delivery, and addresses emerging issues to ensure inclusive, responsive, and sustainable housing solutions for diverse populations across the lifespan.

## MANDATES

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### CA Welfare and Institutions Code

**5772.** The California Behavioral Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality mental health and substance use programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder (SUD) systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (c) To review program performance in delivering mental health services by annually reviewing performance outcome data as follows:
  - (1) To review and approve the performance outcome measures.
  - (2) To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.
  - (3) To report findings and recommendations on programs' performance annually to the Legislature, the State Department of Health Care Services and the local boards.
  - (4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties.
- (d) When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the findings, and report the action taken to the Legislature.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder systems.
- (f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

## GENERAL COMMITTEE OPERATIONS

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### MEETING TIMES

The Housing and Homelessness Committee (HHC) will meet in-person or virtually four times a year, rotating locations in conjunction with the Full Council meetings. At these meetings, the Committee meets on Thursday morning from 8:30 a.m. to 12:00 p.m. Meetings by conference call may occur in the months between in-person meetings, on an as needed basis.

### HOUSING AND HOMELESSNESS COMMITTEE MEMBER ROLES AND RESPONSIBILITIES

Regular attendance of committee members is expected for the Committee to function effectively. If the Committee has difficulty achieving a quorum due to the continued absence of a committee member, the Chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the Chairperson can request that the California Behavioral Health Planning Council (CBHPC) Officer Team remove the member from the committee.

The Chairperson and Chair-Elect will be nominated by Committee members and appointed by the CBHPC Officer Team. In the Chairperson's absence, the Chair-Elect will serve as the Chairperson. The Chairperson and Chair-Elect serve on the Executive Committee, which requires attendance and participation in those meetings in addition to committee meetings. Terms will begin with the January in-person meeting and end with the last meeting of the calendar year.

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend meetings and provide input
- Review meeting materials prior to meetings to ensure effective meeting outcomes
- Speak at relevant conferences and summits when requested by the Committee leadership
- Develop products such as recommendations, white papers, opinion papers, and other documents
- Distribute the Committee's white papers and opinion papers to their represented communities and organizations
- Assist with identification of speakers for presentations

## STAFF RESPONSIBILITIES

Staff will capture committee members' decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to members within one month following the meeting. Members will review and approve the previous meeting's summary at the following meeting.

Staff will prepare the meeting agendas and materials, including coordinating presenters, at the directions of the Chairperson and committee members. The meeting agenda and materials will be made available to members, in hard copy and/or electronically, at least 10 days prior to the meeting.

## GENERAL PRINCIPLES OF COLLABORATION

The following general operating principles are established to guide the Committee's deliberations:

- The Committee's purpose will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Council's vision.
- To that end, members will:
  - Commit to expending the time, energy and organizational resources necessary to carry out the Committee's Work Plan
  - Be prepared to listen intently to the concerns of others and identify the interests represented
  - Ask questions and seek clarification to ensure they fully understand others' interests, concerns, and comments.
  - Regard disagreements as problems to be solved rather than battles to be won.
  - Be prepared to "think outside the box" and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations.

Committee members will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach a consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.



## MEMBERSHIP ROSTER

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CHAIRPERSON: Deborah Starkey   CHAIR-ELECT: Maria Sierra

Susie Baker  
John Black  
Jason Bradley  
Monica Caffey  
Dave Cortright

Erin Franco  
Lynne Martin Del Campo  
Lanita Mims-Beal  
Barbara Mitchell  
Don Morrison

Danielle Sena  
Daphne Shaw  
Bill Stewart  
Arden Tucker

## HOUSING AND HOMELESSNESS COMMITTEE STAFF

**Primary Contact:** Simon Vue  
[Simon.Vue@cbhpc.dhcs.ca.gov](mailto:Simon.Vue@cbhpc.dhcs.ca.gov)  
(916) 954-1152

**California Behavioral Health Planning Council  
Housing and Homelessness Committee  
Work Plan 2025 - 2026**

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**GOAL 1**

**Advocate for Equitable Access to Housing for Persons with  
Serious Mental Illness and Substance Use Disorders Across the Lifespan**

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**Objective #1:** Assess the availability of housing resources for individuals across the lifespan and review how state and federal laws and regulations create barriers to housing access or contribute to homelessness.

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

**Activities:**

- Review and evaluate housing resources and funding for individuals with substance use disorders (SUD), children, transition-age youth (TAY), foster youth, adults, and older adults.
- Identify state and federal laws and regulations that impede matters contributing to housing and homelessness issues.
  - Coordinated Entry challenges
  - Housing First policy implications
  - Federal Policy Implications
- Identify and recommend housing models tailored to specific populations, including but not limited to:
  - Housing that allows adult children to reside with parents
  - Integrated housing for older adults with health services
  - Housing for individuals exiting foster care
  - Sober living environments for individuals with SUDs
  - Recovery housing programs
  - HomeShare Programs
- Identify staffing challenges within housing programs, including recruitment and retention strategies, cultural competence, and approaches to fostering sustainable and supportive work environments.
- Assess mechanisms for ensuring accountability and quality in supportive services provided within housing programs.
- Share resources of information with the public to promote awareness and transparency.
- Track performance outcomes of various housing initiatives.

**Objective #2:** Strengthen partnerships and advocacy efforts to influence housing and homelessness policy for individuals with serious mental illness and substance use disorders.

**Target Audience:** Legislators, advocacy organizations, counties, community-based organizations, and other key stakeholders.

**Activities:**

- Monitor and analyze housing and homelessness-related legislation that impacts individuals with serious mental illness and substance use disorders.
- Identify advocacy opportunities in collaboration with stakeholders to advance equitable housing and homelessness policies.

**Timeline:** December 2025 – ongoing

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**GOAL 2**

**Contribute to the Development of Regulations for Housing Initiatives for Persons with Serious Mental Illness and Substance Use Disorders**

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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 (Cal ICH) Action Plan for Preventing and Ending Homelessness
  - Behavioral Health Services Act (BHSA)
  - Behavioral Health Infrastructure Bond Act (BHIBA)
- Identify new housing initiatives that may provide an opportunity for Adult Residential Facilities (ARF) and Residential Care for the Elderly (RCFE) funding.
- Collaborate with stakeholders and provide stakeholder feedback.
- Develop written input and recommendations.

**Timeline:** December 2025 – ongoing

## California Behavioral Health Planning Council Housing & Homelessness Committee

Thursday, January 22, 2026

**Agenda Item:** Discussion on Time Limits for Transitional Housing: Behavioral Health Services Act vs. Federal Standards (Action)

**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 informs the Housing and Homelessness Committee (HHC) about a policy concern. It involves a discrepancy between the Behavioral Health Services Act (BHSA) and federal Housing and Urban Development (HUD) regulations regarding the duration of transitional housing support. The HHC will utilize this information to advocate for more effective policies that support individuals with behavioral health needs.

This discussion aligns with Committee Work Plan Goal 1.

- **Goal 1:** Advocate for Equitable Access to Housing for Persons with Serious Mental Illness Across the Lifespan.

### **Background/Description**

#### **Policy Discrepancy**

Under the [Behavioral Health Services Act \(BHSA\)](#):

- Counties can use BHSA Housing Interventions funds to provide an additional **six (6) months** of interim housing for Medi-Cal members who have already used their Transitional Rent benefit.
- If someone is **not eligible** for Medi-Cal Transitional Rent, they may receive **12 months** of housing support in an interim setting.
- After the time limit (6 or 12 months), BHSA Housing Interventions funds can only be used to help the person move into permanent housing. The goal is to help people transition to permanent housing as quickly as possible.

However, transitional housing programs funded under [HUD's Continuum of Care \(CoC\)](#) allows **up to 24 months** of support. HUD also allows extra time if someone needs more support before they move into permanent housing.

## **Issue**

Many programs that provide transitional housing are built around HUD's 24-month model. The shorter time limit under the Behavioral Health Services Act (BHSA) can cause problems:

- It may make it harder for these programs to work effectively.
- Programs may struggle to find other funding to keep people housed.
- People may have to leave housing too soon, which can lead to instability or relapse.

The Committee will review this issue and decide whether to take formal action. Members may also consider ways to advocate for policy changes that strengthen housing support for individuals with behavioral health needs.

## **What is Interim Housing?**

According to the [Department of Health Care Services \(DHCS\)](#), interim housing offers a safe and temporary place to stay for people experiencing or at risk of homelessness. It provides protection from the risks of living unsheltered, a connection to health care and social services, and time to work with housing support providers to secure permanent housing. The goal is to transition people into stable, long-term housing as quickly as possible.

DHCS defines "permanent" housing as a setting with a renewable lease agreement with a term of at least one month. A setting that can be permanent or interim is considered permanent if the person has a renewable lease agreement. If a person resides in a setting without a lease agreement, or with a lease that is not renewable, that setting is considered interim.

Examples of acceptable interim housing settings listed in the [BHSA County Policy Manual](#) include, but are not limited to:

- Hotels and motels
- Recuperative Care
- Peer respite
- "Other settings" identified under the Transitional Rent benefit.

## **Does transitional housing fall under "Other settings"?**

Yes, under the Transitional Rent benefit, "transitional housing with no lease agreement" is one of the approved types of interim housing.

**Policy Recommendation:** Revise BHSA regulations to match the federal definition of transitional housing, which allows up to two years of support.

## **Additional Resources**

[Department of Health Care Services \(DHCS\) Transitional Rent Payment Methodology](#)  
[Behavioral Health Services Act \(BHSA\) County Policy Manual](#)  
[Housing and Urban Development Exchange – Transitional Housing](#)

## California Behavioral Health Planning Council Housing & Homelessness Committee

Thursday, January 22, 2026

**Agenda Item:** TURN to Recovery Tour

**Enclosure:** [TURN to Recovery Program Flyer](#)

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

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

The Committee is committed to learn more about effective recovery housing models and explore ways to advocate for programs that promote recovery and stability.

Throughout 2025, the Housing and Homelessness Committee (HHC) engaged in several discussions around Housing First and Recovery Housing:

- **April meeting:** HHC staff shared highlights from a Substance Abuse and Mental Health Services Administration (SAMHSA) report on how Recovery Housing and the Housing First model intersect.
- **June Meeting:** The HHC hosted a panel called “Perspectives on Recovery Housing,” where three individuals shared their personal experiences with homelessness and recovery.
- **October meeting:** The HHC heard from the San Francisco Department of Homelessness and Supportive Housing (HSH) about its rapid rehousing program.
  - The California Interagency Council on Homelessness (Cal ICH) also presented an overview of the statewide guidance on Recovery Housing. Cal ICH clarified that state funding can support recovery housing programs, as long as they comply with the principles of Housing First.

These discussions have helped shape the Committee’s understanding of recovery housing. The tour will give members a chance to see first-hand how these programs work and learn more about the services that support healing and long-term stability.

### **Background/ Description**

Committee members will visit the Turn to Recovery Program, operated by [Turn Behavioral Health Services](#) in San Diego, California.

**\*Please note:** *The Housing and Homelessness Committee (HHC) meeting will adjourn at 9:05 a.m. This off-site tour is for committee members only.*

## **About TURN Behavioral Health Services**

Since its founding in 1978 as Mental Health Systems, TURN Behavioral Health Services has become an established provider in prevention, intervention, treatment, and recovery services. TURN does this by offering innovative services focused on mental health, supportive housing, substance use disorders (SUD) and assisting those involved in the justice system.

TURN is a leading 501(c)3 non-profit agency with the goal of improving lives of individuals, families, and communities impacted by behavioral health challenges. Its diverse workforce and client-centered programs embody its guiding principles of People, Culture, and Growth. TURN operates 60+ community-based programs throughout California for people who either cannot afford privately paid services or for whom services are not otherwise available.

## **Additional Resources**

[TURN Behavioral Health Services Website](#)

[TURN Behavioral Health Services – Agency Impact Report](#)

[State Guidance on Recovery Housing](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) Recovery Webpage](#)