

California Behavioral Health Planning Council
Housing and Homelessness Committee
June 2024 Meeting Minutes

Thursday, June 20, 2024

8:30 am to 12:00 pm

Council Members Present:

Arden Tucker, Barbara Mitchell, Bill Stewart, Daphne Shaw, David Cortright, Deborah Starkey, Don Morrison, Erin Franco, John Black, Jessica Ocean, Jason Bradley, Lynne Martin del Campo, Maria Sierra, Monica Caffey, Susie Baker, Susan Wilson (virtual), Stephanie Blake

Staff Present:

Naomi Ramirez, Simon Vue, Gabriella Sedano (virtual)

Meeting Commenced at 8:30 a.m.

Item #1	Review and Accept April 2024 Meeting Minutes
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The Housing and Homelessness Committee (HHC) reviewed the April 2024 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

Action/Resolution

The April 2024 HHC Meeting Minutes are approved and will be posted to the CBHPC website.

Responsible for Action-Due Date

Simon Vue – June 2024

Item #2	CBHPC Workgroup Updates
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Don Morrison provided a Substance Use Disorders (SUD) Workgroup update. He shared that Javier Moreno, the facilitator of the workgroup, would like everyone to be mindful about increasing the SUD presence in the Planning Council. He also reported a provider's complaint about an oversupply of providers in her area and concern with California Department of Health Care Services (DHCS) being slow to investigate the issue. Don shared that an attendee expressed the desire for the SUD Workgroup to become a committee and educate people on current terminology. another attendee suggested focusing on parity between public and private systems, including standard practices.

Erin Franco, from the Reducing Disparities Workgroup, emphasized the need to monitor the housing-first policy and its impacts on specific communities.

Monica Caffey, from the Children & Youth Workgroup, revealed plans to invite young people affected by homelessness to share their experiences with the Planning Council.

Item #3 Committee Workplan Review

Committee members reviewed and discussed HHC's 2023-2024 Work Plan to ensure alignment with the Council's mission. The Work Plan includes the following goals:

1. Evaluate the Effectiveness of the Housing First Policy
2. Advocate for Equitable Access to Housing for Persons with Serious Mental Illness Across the Lifespan
3. Contribute to the Development of Regulations for Housing Initiatives for Persons with Serious Mental Illness

Monica requested a status update on the first goal. Barbara Mitchell reported that the committee recently submitted a letter to the United States Department of Housing and Urban Development (HUD) and the Substance Abuse and Mental Health Services Administration (SAMHSA), urging HUD to amend the federal definition of chronic homelessness to align with California's definition.

Barbara added that there was discussion about advocating for Housing First policy modifications in California. However, the Legislation and Public Policy Committee rejected this idea during their meeting yesterday. She also mentioned that the Council sent letters to state leadership suggesting changes to the definition of homelessness in California as part of the Behavioral Health Infrastructure Bond Act (BHIBA) under Proposition 1. Barbara clarified that while this is not exactly Housing First, it is related as people can enter treatment programs for longer periods and still be considered homeless.

Erin Franco stated that a presenter at the Legislation and Public Policy Committee expressed willingness to speak on Housing First issues. She suggested inviting him or other guest speakers to a public forum at our next meeting and encouraging stakeholders and the public to attend and become more informed about Housing First policies. She also suggested that the committee support and collaborate with Theresa Comstock, Executive Director of the California Association of Local Behavioral Health Boards (CALBHB/C), on Senate Bill 1082 (Eggman) related to Augmented Residential Care Facilities.

Monica asked about the comparison between current state and federal policies related to Housing First. Barbara responded that the state has adopted the federal policies on Housing First and made some adaptations in their Behavioral Health Bridge Housing Program under the California Department of Health Care Services (DHCS).

Barbara proposed adding a goal to examine specific housing programs that work with people with substance use disorders (SUD).

Erin shared that she was looking at DHCS funding for housing, and the Department is developing Sober Living/Transitional Housing. She suggested that the committee look into this initiative.

Monica suggested the integration of another goal now that Proposition 1 has passed to address the transition and its implications for housing in California.

Barbara shared that the Committee has been involved in regulatory issues around the Behavioral Health Bond (Proposition 1). The Committee submitted comments on Proposition 1, but the Committee has not yet received a response about whether HCD is willing to fund models other than Project Homekey.

Jason shared that the letter to the Department of Housing and Community Development (HCD) covers a broad range of activities and suggested that the committee focus on one issue at a time. He also shared that the letter emphasizes different models for rural communities and asked what that looks like given that the committee is leaning on the Multi-Family Housing Program. He suggested considering the size of the program and carving out smaller projects, so rural communities can have deliberate services.

Erin asked about the cost of the different models of housing, specifically the cost of running the Bridge Housing with all the services it entails.

Jason responded that the services can be broken down on a per-individual or per-family basis. He added that it will not achieve an economy of scale because every individual plan is different. He also shared feedback from the community that service providers do not have the capacity to address issues in larger developments. They can do a more effective job when there are not as many individuals in one place.

Monica shared that the committee did not align their goals with feedback highlighted during their virtual town hall meeting.

Attendees were interested in receiving information about how to access housing programs and services, what options are available, and why does a surplus of housing coexist with persistent homelessness. Concerns were raised regarding Proposition 1, particularly about the limited funding and the allocation of funds. A suggestion was made to prioritize this issue to find a viable solution.

Barbara highlighted that the federal government's Continuum of Care (COC) program aims to address housing access issues through a coordinated entry system in most communities. However, this system is prioritized based on assessments rather than a first-come, first served basis, which can result in prolonged waiting periods. Even when an individual is referred to housing, the Housing Authority may not open their waiting list. For example, in Monterey County, it opens only once every five years. She mentioned that HCD is aware of this issue and permits some projects to maintain separate waiting lists to ensure fairness.

Barbara suggested addressing this with state-funded projects, possibly through Proposition 1, by not using the coordinated entry system. She also suggested a presentation from HCD on this issue.

Susan Wilson shared that the Planning Council presents a data notebook annually for community behavioral health boards. This year's focus was on unhoused and homeless people. She believed this could provide valuable information to the committee, including county data and definitions. She suggested that council staff share the data notebook with the committee.

Erin asked what individual counties are doing. She mentioned a large encampment in San Bernardino County that has since disappeared and questioned where those individuals went. She suggested examining this issue at the consumer level to understand what's happening in different counties.

Lynne Martin Del Campo voiced concerns about caring for children whose parents cannot care for them due to behavioral health challenges. She highlighted that general care costs are \$1,000 per month per child and questioned the most cost-effective way to achieve reunification while parents receive the necessary support.

David Cortright suggested looking at models from other states, and potentially running a pilot program in California. He mentioned a friend's start-up focuses on preventing homelessness through rent slaying, where people pay rent from the 15th to the 30th, helping avoid eviction. He is willing to participate in brainstorming sessions or examine other states' approaches.

Monica inquired about the possibility of informing those reviewing federal regulations about what is effective and what is not. She asked if the committee could use recommendations to emphasize areas that are not working.

She also noted that funds are being allocated to areas that do not benefit the populations they advocate for. Monica questioned how they could use their position to communicate these issues to policymakers.

Barbara responded that forming a coalition with other California groups, like Housing California and other housing nonprofits, would be necessary. However, she doesn't see the Planning Council taking the lead on this, as it's too big of a task. She suggested focusing on how California adopts or deals with federal policies and looking at specific housing programs for older adults and people coming out of foster care.

Monica shared that goal one of the HHC Work Plan has been accomplished, giving the committee opportunities to work on the other two goals based on today's recommendations.

Arden Tucker highlighted a barrier faced by older adults with mental health struggles when trying to obtain housing.

Stephanie Blake emphasized two issues of interest to the Department of Aging:

1. Hoarding and its impact on people living and staying in their homes.
2. A unique problem for older adults with children who have disabilities. Many older adult caretakers, like those in their 80s, care for their 60-year-old children. This affects housing if the older adult needs to move into assisted living, but the child cannot go with them. The issue is finding housing for people in this unique situation.

Barbara added that many people become homeless after their elderly parents move into assisted living, leaving adult children with serious mental illnesses unhoused. She suggested looking at housing models that allow an adult child to live with the parents, which is typically prohibited in most senior housing models. Under the Behavioral Health Bridge Housing (BHBH) program, housing a child over the age of 18 with parents who both have serious mental illnesses is allowed.

Action/Resolution

- Council staff will the data notebook with the committee.
- Council staff will secure a presentation from HCD to discuss issues related to the coordinated entry system.

Responsible for Action-Due Date

Simon Vue – Ongoing

Item #4 Public Comment

Stacy Dagleish from Los Angeles County expressed appreciation to the committee for focusing on housing for older adults. Steve McNally from Orange County suggested creating a roadmap to empower members to return to their communities and find answers about what's happening at the local level. He shared an example of a file with all the continuum of care (COC) information, structured the same way for every county. This could help members attend their local housing or COC meetings and ask specific questions to bring back useful information. Steve also mentioned that it would be helpful if each state agency attending the meeting would open its doors to their agency.

Barbara Wilson from Los Angeles County talked about her small nonprofit serving aging parents who are worried about what will happen to their adult children. She added that there is no information for a parent in their 70s to point to an agency that will provide care and support for their adult child after they pass away. This is desperately needed, and boarding care homes are the only option. However, Barbara noted that the state does not care about single facilities and prefers to create new ones.

Item #5 Updates: CBHPC Letter

Monica Caffey shared that CBHPC recently submitted a letter to the United States Department of Housing and Urban Development (HUD) and the Substance Abuse and Mental Health Services Administration (SAMHSA), urging that HUD consider

amending the federal definition of chronic homelessness to mirror California's definition.

CBHPC also submitted a letter to the California Department of Housing and Community Development (HCD), urging that they consider the following recommendations when drafting regulations for the Behavioral Health Infrastructure Bond Act (BHIBA) under Proposition 1, approved in March 2024:

1. Adopt BHBH Program's definition of homelessness.
2. Adopt No Place Like Home (NPLH) Program's definition of at-risk of chronic homelessness for the definition of chronic homelessness.
3. Broaden the definition of veteran.
4. Broaden the types of housing projects that can be funded.

The agenda item on the proposed language for the Department of Housing and Community Development (HCD) regarding Housing First regulations was no longer up for discussion. Barbara Mitchell informed the committee that the Legislation and Public Policy Committee discussed the proposed language regarding Housing First regulation and did not agree upon sending that recommendation to the State.

Item #6	San Bernadino County Homeless Partnership Presentation
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Marcus Dillard, Chief of San Bernardino County Office of Homeless Services, presented on San Bernadino County Homeless Partnership's (SBCHP) work and initiatives to combat homelessness in the County.

Marcus shared that the Office of Homeless Services:

- Serves as the Lead Agency and Administrative Entity for the United States Department of Housing and Urban Development Continuum of Care Homeless Assistance Grant and State Homeless Coordinating Finance Council funding.
- Builds upon the Countywide Vision by ensuring people experiencing or at risk of homelessness are connected to housing, supportive services, case management, and mainstream services to assist them in maintaining housing stability and self-sufficiency.
- Serves as the administrative arm of the San Bernardino County Homeless Partnership (SBCHP) and subject matter expert to County and community partners.

Marcus provided an overview of the County Strategic Action Plan:

- Housing the Most At-Risk
 - *Goal:* 100 unsheltered high utilizers will exit homelessness, with 65% entering into stable housing and 35% connected to services to support housing and safety.
- Increasing Shelter Capacity
 - *Goal:* Work with cities and other partners to increase the supply of year-round permanent shelter by 200 beds through the county to accommodate diverse populations.
- System Improvements
 - *Goal:* Improve overall functioning of the Coordinated Entry System (CES).

- Funded with \$72.9M Homeless Initiatives Spending Plan
 - *Capital Fund*: \$40M Housing Development Grant Fund seeded with County general funds.

Marcus shared the following housing statistics in San Bernardino County:

- 58,846 low-income renter households do not have access to an affordable home.
- State and federal funding for housing production and preservation in San Bernardino County is \$72 million, a 63% decrease from the year prior.
- 83% of Extremely Low-Income (ELI) households are paying more than half of their income on housing costs compared to 6% of moderate-income households.
- In 2023, there were only 3,535 beds available in the interim and permanent housing supply for persons experiencing homelessness.
- Renters need to earn \$37.17 per hour - 2.3 times the state minimum wage - to afford the average monthly rent of \$1,933.

Marcus also shared the following service delivery enhancement initiatives that their department has been working on:

- Coordination of meetings with Community-Based Organizations (CBOs), County agencies and cities to develop best practices that can be modeled throughout the County.
- Reintroduction of CES policies and procedures and case conferencing.
- Creation of multidisciplinary team to respond to encampments.
- Meeting with CBOs, County agencies, cities, and the American Civil Liberties Union on an Encampment Response Strategy.
- Development of navigation centers and the establishment of CES Points of Contact at each center.

Below are the key points from the discussion about homelessness and housing initiatives in San Bernardino County:

- Homeless Management Information System (HMIS): Monthly meetings are held with providers to review data quality and address issues.
- Housing strategy: A step-down model is promoted for shelters to provide a pathway out of homelessness rather than discharging people back to the streets.
- Community engagement: Monthly virtual town hall meetings and Multidisciplinary Approaches to End Homelessness Meetings are held to improve service access and understanding.
- Specialized support: A program specialist was hired to serve as a liaison for youth and seniors.
- Housing strategy: A 90-day housing strategy was implemented, focusing on achieving specific milestones like obtaining IDs and documents.
- Staffing: The department has been successful in attracting talent.
- Transitional housing: There is a two-year stay limit, with new initiatives like Cal-AIM allowing for longer stays.
- City collaboration: Weekly calls are held with cities to develop outreach strategies.

- Lived experience group: Recruitment is done through building community rapport and seeking recommendations from nonprofits.
- Behavioral Health collaboration: 15 new positions are coming from the Department of Behavioral Health, aiming to build trust and collaboration.
- Geographic distribution: There's awareness of the need to expand housing programs to high desert and mountain regions.
- Funding: Prop 1 funding is being considered for developing sober living beds, combined with other funding sources for housing components.

Item #7	Public Comment
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Babara Wilson shared that she works with many people with serious mental illness and that she has individuals who are fairly stable in a license adult residential facility. She commented that there seems to be no consideration for a different model that allows a voucher for two separate people.

Steve McNally stressed the importance of understanding that you can be on Supplemental Security Income (SSI) and be in a Mental Health Services Act (MHSA) program. However, if you are under conservatorship, you might not qualify for MHSA-funded housing. He also shared that there are almost a billion people on SSI in his county, but you cannot break out physical health, blindness, or mental health. Figuring out how many other people with mental health are on SSI, and where to they go is crucial information.

Item #8	Project Roomkey Evaluation Final Report Presentation
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Nichole Fiore, Principal Associate from Abt Global, presented on the Project Roomkey Evaluation Final Report.

In response to COVID-19, the State of California devised Project Roomkey (PRK) to support people experiencing homelessness. Rather than force people to choose between being homeless or congregating in shelters when they should be practicing social distancing, PRK enabled people to temporarily reside in hotel or motel rooms or groups of trailers where they also could receive limited supportive services, such as meals and laundry services.

Project Roomkey served approximately 62,000 people in total during its period of operation. The program was its most robust across the state from April 2020 through June 2021, peaking at more than 16,000 committed hotel/motel rooms in October 2020. Generally, after June 2021, the program began to slowly ramp down.

The California Health Care Foundation (CHCF) and the Conrad N. Hilton Foundation contracted Abt Global to evaluate the PRK program. The purpose of this evaluation was to understand PRK's successes and challenges, and the experiences and outcomes of PRK participants.

Nichole shared the following overall lessons learned:

- Not only did PRK meet its original goal of saving people's lives, but it enhanced how interim housing is designed and operated in some communities in CA.
- PRK brought people inside by offering autonomy, privacy, pets, partners, and possessions. Discredited the message that "*people won't come inside*" and "*some people are service resistant.*"
- PRK demonstrated how connected housing and health are, especially for populations who face more vulnerabilities.
- PRK also demonstrated how stretched thin homeless service systems and providers are across the state.

Nichole provided an overview of the report's policy recommendations:

- Build on Partnerships Created during PRK
- Retain Hotels and Motels as a Component of Homeless Service Systems
- Ensure Access to Healthcare

Nichole discussed the following limitations of the evaluation:

- Collecting data near the end of the program's implementation
- Data Sharing Challenges: The statewide PRK evaluation had many objectives. However, we were unable to meet one of those objectives – examining housing and healthcare service utilization and outcomes for PRK participants statewide because of data sharing challenges.

Item #9	Public Comment
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Stacy Dalglish expressed interest in comparing the per capita cost of the Project Roomkey programs with the estimated per capita cost of street living and incarceration. She also expressed interest in the number of communities that have transitioned out of Roomkey projects into current housing opportunities or permanent housing. Lastly, Stacy expressed support for the proposed language for HCD regarding Housing First regulations and urged the committee to reconsider its position.

Steve McNally of the public expressed interest in the impact of Project Roomkey on street medicine programs.

Item #10	Wrap-up Next Steps
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Committee leadership will work with staff to plan the next meeting.