California Behavioral Health Planning Council

Housing and Homelessness Committee Agenda

Thursday, October 22, 2026

8:30 a.m. to 12:00 p.m.

Embassy Suites San Francisco Airport - South San Francisco
250 Gateway Boulevard
South San Francisco, California, 94080
Flory-Levitt Room

Zoom Meeting Link
Meeting ID: 261 743 5061
Passcode: 705358

Join by phone: (669) 444-9171
Passcode: 705358

8:30 a.m.	**Welcome, Introductions, and Housekeeping** *Barbara Mitchell, Chairperson*	
8:40 a.m.	**Review and Accept June 2026 Draft Meeting Minutes** (Action) *Barbara Mitchell, Chairperson*	**Tab 1**
8:45 a.m.	**Update on Committee Activities** *Simon Vue, Committee Staff*	**Tab 2**
8:50 a.m.	**Discussion of 2026 Housing and Homelessness Committee Activities for the Council's Year-End Report (Action)** *Simon Vue, Committee Staff*	**Tab 3**
8:55 a.m.	**Proposition 1: California's Veterans and Affordable Housing Bond** (Informational) *Maria Sierra, Chair-Elect*	**Tab 4**
9:00 a.m.	**Overview of California's Tenant Law and Housing Settings** *Karen M. Tiedemann, Attorney, Goldfard & Lipman LLP* • Committee Discussion • Public Comment	**Tab 5**
9:50 a.m.	**Break**	

If reasonable accommodation is required, please contact the Council at (916) 701-8211 <u>at least</u> 5 working days prior to the meeting date.

California Behavioral Health Planning Council

10:00 a.m. **Overview of Front Porch's Home Match Program** **Tab 6**
Andrea Lazorik, Program Director of Home Match San Francisco
Lucie Ashley, Director of Operations at Front Porch
- Committee Discussion
- Public Comment

10:45 a.m. **Break**

10:55 a.m. **Overview of On Lok Program of All-Inclusive Care for the Elderly (PACE)** **Tab 7**
Jessica Eng, MD, Medical Director of On Lok PACE
- Committee Discussion
- Public Comment

11:40 a.m. **Presentation Debrief and Discussion** **Tab 8**
Barbara Mitchell, Chairperson

11:50 a.m. **General Public Comment**
Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.

11:55 a.m. **Wrap-up & Next Steps**
Barbara Mitchell, Chairperson

12:00 p.m. **Adjourn**

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.

Committee Members

Chairperson: Barbara Mitchell **Chair-Elect:** Maria Sierra

Committee Members: Susie Baker, John Black, Jason Bradley, Monica Caffey, Dave Cortright, Erin Franco, Janet Frank, Lanita Mims-Beal, Don Morrison, Danielle Sena, Daphne Shaw, Deborah Starkey, Bill Stewart, Samantha Tosetti, Arden Tucker

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TAB 1

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Review and Accept June 2026 Draft Meeting Minutes (Action)

Enclosure: June 2026 Draft Meeting Minutes

Background/Description:

Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

California Behavioral Health Planning Council

Housing and Homelessness Committee

Meeting Minutes - DRAFT
June 18, 2026

Council Members present: Susie Baker, Dave Cortright, Erin Franco (virtual), Karol Swartzlander (on behalf of Janet Frank)**,** Lanita Mims-Beal, Barbara Mitchell, Don Morrison, Danielle Sena, Daphne Shaw, Maria Sierra, Deborah Starkey, Bill Stewart

Staff present: Jenny Bayardo, Naomi Ramirez, Simon Vue

Meeting Commenced: 8:30 a.m.
Quorum Established: 12 out of 17 members

Item #1 Review and Accept January 2026 Meeting Minutes

The Housing and Homelessness Committee (HHC) reviewed the April 2026 Draft Meeting Minutes. The minutes were accepted by the committee as written.

Action/Resolution
The accepted April 2026 HHC Meeting Minutes will be posted to the Council's website.

Responsible for Action-Due Date
Simon Vue – June 2026

Item #2 General Public Comment

There were no public comments.

Item #3 Committee Review of State Guidance on Recovery Housing

The Committee reviewed the California Interagency Council on Homelessness (Cal ICH) guidance on Recovery Housing and agreed to provide feedback to the state. Chairperson Barbara Mitchell noted that the Committee has received several presentations from programs identifying themselves as Recovery Housing. However, she emphasized that none of the programs presented to date meet the state guidelines established by Cal ICH.

Key discussion points included:

- **Recovery Housing Entry**: Members agreed to recommend that people who move into Recovery Housing must be substance-free at the time of entry. They must also commit to an abstinence-based model. The Committee stressed the need to protect the safety and recovery of all residents. Members also clarified that "Housing First" does not require programs to allow illegal drug use, and that landlords must take action when illegal activity occurs in housing.
- **Referrals and Coordinated Entry**: Members noted that Recovery Housing does not only serve people who are homeless and must allow referrals from

other sources. The Committee agreed to recommend that Cal ICH clarify in its guidance that coordinated entry applies only to projects funded to serve people who are homeless. Programs that accept referrals from other sources should not be limited to coordinated entry.

- **Service Participation Requirements:** The Committee did not reach agreement on whether Recovery Housing should require residents to take part in services or recovery activities. The Committee chose not to submit a formal comment on this item. Some members recommended that any requirement remain minimal, individualized, evidence-based, and tied to concrete steps toward permanent housing. Other members stated that services in supportive housing should remain voluntary and warned that mandatory requirements can create barriers to housing entry. One member noted that individualized plans imply a need for staffing capacity (case managers or peer workers) to develop, monitor, and support those plans.
- **Eviction Policy**: Members agreed to include language from Assembly Bill 1556, authored by Assemblymember Matt Haney, in the guidance. The bill describes a "return-to-use" or relapse plan that requires program staff to work with a resident to help them regain sobriety rather than evict them after a single relapse. Eviction would only be allowed for additional lease violations or illegal activities that jeopardize the health and safety of other residents.
- **Harm Reduction Language**: The Committee agreed to remove broad harm-reduction language from provisions related to medication-assisted treatment (MAT). One member noted that certain harm reduction practices could suggest that residents should use drugs at separate locations. Members agreed that broad harm reduction strategies do not fit abstinence-focused Recovery Housing.
- **Medication-Assisted Treatment (MAT)**: Members agreed that programs must allow MAT and must not deny admission to people who use MAT. The Committee supported the use of lifesaving measures, such as access to naloxone/Narcan, and agreed that staff and residents should receive training in Narcan use.

Public Comment:

Austin Bradley, Director of Nursing at Merced Behavioral Center, described his five years of work experience in a crisis unit and shared observations about how additional rules or conditions to housing programs can discourage people from accepting help. He stated that when housing includes mandatory conditions, some clients choose the autonomy of living on the street instead of following program requirements. He recommended that programs avoid blanket, mandatory conditions and instead offer a menu of evidence-based recovery supports so residents can choose options that fit their needs.

Item #4 California Department of Social Services (CDSS): Community Care Expansion Program Update

Hanna Azemati, Deputy Director of the Housing and Homelessness Division, and Nija Fountano, Section Manager at the California Department of Social Services (CDSS) gave an update on the Community Care Expansion (CCE) Program.

Hanna Azemati provided a background of the Housing and Homelessness Division. The Division was established in 2021 as a result of historic investments made during and after the COVID-19 pandemic. The Division oversees six housing and homelessness programs for older adults, people with disabilities, and families involved with child welfare:

- Housing and Disability Advocacy Program
- Home Safe program
- Bringing Families Home
- Housing Support Program
- Homeless Assistance Program
- Community Care Expansion Program (CCE)

The state created the CCE in 2021 through Assembly Bill 172 to support the development and preservation of housing with care and supportive services. The program targets people who receive Social Security Income (SSI) or Cash Assistance Program for Immigrants (CAPI) and who are homeless or at risk of homelessness. CCE includes two components with a statewide goal of preserving or creating 7,000 beds and units:

- **CCE Expansion**: Capital funds to create new housing or expand existing housing.
- **CCE Preservation**: Funds for counties to prevent closure of licensed residential care facilities.

Key updates included:

- 8,300 beds and units preserved or created across 39 counties to date.
- CDSS received more than 300 applications requesting $3.9 billion. The Department had $570 million available and awarded it to 61 expansion projects. These projects are expected to create more than 3,100 new beds for the target population.
- Thirty-four counties took part in the preservation program and contracted with about 250 facilities, preserving an estimated 7,400 beds and units.
- Nearly 30% of expansion beds were set aside for people with serious mental illness (SMI). In the preservation program, more than 40% of beds statewide were set aside for people with SMI.

Hanna Azemati and Nija Fountano also described the real-life impact of CCE with examples from several counties:

- **Siskiyou County**: Used preservation funds (operating subsidy and capital funds) to preserve 12 beds in a rural licensed care facility that faced closure.
- **Santa Barbara County**: Preserved 29 beds across three facilities with preservation funds and received expansion funds to create or rehabilitate 73 beds. The county used CCE funds as gap financing and focused on long-term sustainability.
- **San Bernardino County**: Preserved 169 beds and units across 11 facilities and received $48.8 million in expansion funds to create 208 beds across five projects. The county aligned these efforts with healthcare, behavioral health, and crisis-response systems and emphasized a full continuum of care.
- **Alameda Wellness Campus (Alameda Point Collaborative)**: Received $32.8 million in expansion funds to create 140 new beds, including medical respite beds, along with permanent supportive housing and a wellness center.

- **Generation Healthcare - Sienna Terraces (Placer County)**: Received $13.5 million in expansion funds to build a new adult residential facility with 78 beds.

Hanna Azemati and Nija Fountano concluded their presentation and invited questions from committee members. Key topics included:

- In response to a question about the deed restrictions for CCE preservation and expansion funds, Hanna explained that CCE expansion places use restrictions that last 20 to 30 years, depending on whether the project involves an existing facility or a new facility. Nija added that facilities that receive operating subsidies under preservation must record a deed restriction or sign an alternative agreement. For facilities that receive rehabilitation funds for existing beds, deed restriction requirements vary by county. Once the operating subsidy ends, the deed-restriction requirement also ends.
- In response to a question about the long-term sustainability of funding for facilities, Hanna explained that CCE is a one-time program and that facilities, especially those that serve people with serious mental illness (SMI), still face an ongoing operational funding gap without a long-term solution.
- In response to a question about San Bernardino County not having SMI beds and whether there are initiatives to create more SMI beds, Hanna explained that CCE was designed to serve a broader population rather than focusing only on SMI. She noted that some counties use preservation funds to prioritize facilities that serve people with SMI.
- In response to a question about whether CCE is tracking trends across counties, such as what types of housing are being developed or how funds are being allocated, Hanna explained that the state team has detailed insight into expansion projects because they contract directly with applicants. Preservation projects operate at the county level, so state insight into preservation relies on county reports and annual surveys.
- In response to a question about data collection and reporting timelines, Nija explained that counties report quarterly and annually. The annual reports include more detailed information on demographics and target populations. She added that preservation technical assistance has focused first on helping counties set up procurement and contracting so that programs can launch before shifting to long-term sustainability work.
- In response to a question about why so many applications were received but relatively few awards were made and why only 34 of 58 counties participated, Hanna explained that application requests ($3.9 billion) far exceeded available resources ($570 million). She noted that the flexibility of expansion funds drew many applicants, and that some counties lacked relationships with licensed care facilities or the infrastructure needed to take part in preservation, which made participation difficult for a one-time program.
- In response to a question about the difference between “beds” and “units,” Hanna explained that permanent supportive housing (PSH) is usually counted in units, while licensed care settings, medical respite, and similar settings are counted in beds. She noted that preservation reporting focuses on beds while expansion reporting includes both beds and units based on housing type. She added that some projects include a mix of both.

Item #5 Palm Desert Recovery Center: Overview of the Long-Term Offender Reentry Recovery Program

Committee members received a presentation on the Long-Term Offender Reentry Recovery (LTORR) Program from representatives of the Palm Desert Recovery Center:

- Matt Carpenter, Director of Operations
- Luisa Spadafino, Program Coordinator
- Cody Kennedy MSW, CADC-II, ICADC, Clinical Director
- Brandon Hurst, Case Manager

Matt Carpenter explained that LTORR is a specialized reentry program funded through the California Department of Corrections and Rehabilitation (CDCR). He stated that the program supports people who transition from incarceration back into the community and often face significant barriers such as substance use disorders, mental health challenges, homelessness, unemployment, limited support systems, and difficulty navigating community resources. He noted that LTORR brings together recovery housing, behavioral health services, case management, life skills development, employment support, and accountability measures under one program model.

Luisa Spadafino outlined a typical day in the program. The day often starts with a 6:00 a.m. 12-step topic discussion at the main office, which helps participants focus on recovery, personal growth, and accountability. Participants also attend parole-mandated classes such as Life Skills, Anger Management, Substance Abuse Education, Batterers Intervention, and Parenting. The classes they take depend on their case plans and parole requirements. Participants meet regularly with counselors to address long-term recovery and behavioral health needs. Luisa added that staff coordinate closely with parole agents and provide additional support through laboratory-tested drug screening, employment assistance, and referrals to educational and vocational resources that promote long-term stability.

Matt Carpenter addressed whether LTORR functions as a form of sober living. He explained that, although both models promote recovery-oriented housing, LTORR operates as a comprehensive reentry program for justice-involved individuals who return from incarceration. He noted that participants receive structured case management, coordinated treatment, parole support, educational and vocational services, and accountability measures.

Cody Kennedy explained that Housing First requirements do not apply to LTORR. He explained that Housing First prioritizes immediate access to housing without conditions, while LTORR operates as a structured reentry and recovery program that includes treatment expectations, case management, recovery support, and accountability. He concluded that LTORR follows a separate framework specifically designed to support recovery and community reintegration for individuals returning from incarceration.

Brandon Hurst reported on program outcomes and successes. He stated that LTORR measures success through housing stability, employment, engagement in recovery, and reduced criminal justice involvement, but noted that personal growth often represents the most meaningful progress. He described participants who

obtained employment after long periods of joblessness, reconnected with family, completed educational or vocational programs, and achieved sustained recovery. He explained that many individuals begin with small milestones such as consistent attendance, accountability, rebuilding trust, and establishing healthy routines, which later lead to larger achievements. He added that participants often develop a renewed sense of purpose and confidence as they build productive lives in their communities. He concluded that these experiences highlight the value of integrating housing, recovery support, treatment, and accountability within a structured reentry program.

Luisa Spadafino presented the challenges participants face during reentry. She stated that housing remains the most significant barrier and that many participants leave incarceration without the identification documents needed for employment, housing, or benefits. She noted that access to healthcare also poses difficulties. Luisa reported that limited employment history, long periods of incarceration, high cost of living, and unfamiliarity with modern technology further complicated the transition toward independence.

Public Comment:

Steve McNally from Orange County expressed appreciation for the presentation and noted that real progress in behavioral health depends on the dedicated people who work directly with consumers. He asked the presenters to direct him to where he could find similar programs in other counties across the state.

Item #6 Presentation Debrief and Discussion

The Committee debriefed on the information presented by the California Department of Social Services (CDSS) and Palm Desert Recovery Center.

Key discussion points included:

- A member asked whether the reentry program could be replicated statewide and whether its structure might unintentionally isolate people released from incarceration instead of integrating them into community settings. Chairperson Barbara Mitchell noted many similar programs already operate across the state, and are funded by the California Department of Corrections and Rehabilitation (CDCR). Another member clarified that what differentiates participants in this program from the general population is that they are individuals coming out of long-term incarceration or life sentences.
- A member requested data from CDCR on program enrollment, retention, and outcomes to understand how many people the program serves, how long participants remain in the program, and what measurable outcomes the program achieves.
- A member clarified that program eligibility includes individuals convicted of sexual offenses. The committee acknowledged that program access can be restrictive and costly.
- Members noted that long-term incarcerated individuals often lack life skills and community ties because of prolonged confinement, which creates distinct reintegration needs compared with shorter-term incarcerated populations.

- A member described difficulties in family reintegration after long-term incarceration and urged attention to family engagement and peer support as a core component of reentry services.
- A member asked about the availability of adult residential facilities (ARFs) that serve individuals with serious mental illness (SMI). She noted that, although counties are creating many residential care facilities for the elderly (RCFEs) through CDSS Community Case Expansion (CCE) Program, few operate specifically as ARFs for the SMI population. She emphasized that current ARF development does not meet the level of need across counties. She also expressed interest in inviting an ARF operator to share more about current conditions, demand, and how facilities respond when capacity is insufficient.

Public Comment:

Barbara Wilson from Los Angeles County raised concern that licensed adult residential facilities (ARFs) and residential care facilities for the elderly (RCFEs) face increasing difficulty managing residents with justice involvement. She reported that she and community providers now see more referrals of individuals with both serious mental illness (SMI) and substance use disorders (SUD) who assert their rights aggressively, threaten operators with licensing complaints, bring in friends and contraband, and exploit the 30-day period during which facilities cannot remove them. She stated that these situations create safety risks and that many facilities lack the capacity to address them. She noted that the issue appears in multiple counties. She urged the Planning Council to review the problem, consider whether alternative facility models, such as zero-tolerance versus harm-reduction, are appropriate, and recognize the risk of serious harm if the issue remains unaddressed.

Item #7 Wrap-up & Next Steps

Committee members discussed next steps for future committee meetings and activities. The committee provided the following suggestions:

- A presentation from an adult residential facility (ARF) about current conditions, demand, and how facilities respond when capacity is insufficient.
- A presentation from Cal-ICH to discuss the Council's recommendations and changes in federal guidelines.
- A training presentation from the Department of Housing and Community Development (HCD) on housing laws, including tenants' rights and lease requirements.
- A presentation from a veteran-specific organization to speak about housing and their experiences.
- A presentation from Front Porch on its Home Match program, which connects homeowners who have extra space, such as extra rooms, accessory dwelling units (ADUs), or in-law suites, with people seeking affordable housing.
- A presentation from homeless outreach teams about their current methods and connections to housing.

Item #8 Adjourn

Chairperson Barbara Mitchell thanked the Committee for their participation and time. The meeting adjourned at 11:51 a.m.

TAB 2

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Update on Committee Activities

Enclosure: Letter to the California Interagency Council on Homelessness regarding State Guidance on Recovery Housing
Housing Element Survey Feedback
Letter to Housing Development and Finance Committee regarding its first draft regulations

Connection to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The Housing and Homelessness Committee (HHC) advances the mission as it advocates for housing-related policy and supports access to programs and services for individuals who experience or are at risk of homelessness.

HHC's current activities support the Committee Work Plan goals and the Council's 2026 focus on Statewide Behavioral Health Integration, which includes Substance Abuse and Mental Health Services Administration's (SAMHSA) priority of helping individuals achieve long-term recovery and sobriety:

- **Work Plan Goal 1**: Advocate for Equitable Access to Housing for Persons with Serious Mental Illness and Substance Use Disorders Across the Lifespan.
- **Work Plan Goal 2**: Contribute to the Development of Regulations for Housing Initiatives for Persons with Serious Mental Illness and Substance Use Disorders.

The purpose of this agenda item is to provide the Committee with an update on committee work and recent submissions.

Background/Description:

Committee staff will update members on the following items:

1. **CBHPC Recommendations: State Guidance on Recovery Housing**
   The Committee submitted a letter to the California Interagency Council on Homelessness (Cal ICH) with recommendations on its state guidance,

Implementing Recovery Housing Programs in Alignment with California Housing First Requirements.

Recovery Housing is recognized by both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the United States Housing and Urban Development (HUD) as an important housing option for individuals with substance use disorders. In July 2025, the California Interagency Council on Homelessness (Cal ICH) released state guidance on Recovery Housing. The guidance explains that Recovery Housing does not conflict with Housing First principles and is an eligible use of state funds such as the Behavioral Health Services Act (BHSA). This creates new opportunities for counties and programs to expand or develop this housing model.

2. **Participation in the HCD's Housing Element Stakeholder Survey**
The Committee submitted feedback to the California Department of Housing and Community Development (HCD) on key components of the Housing Element.

   A Housing Element is a required part of every local jurisdiction's General Plan in California. It serves as the long-term blueprint for how cities and counties plan to meet current and future housing needs across all income levels. Each jurisdiction must update its Housing Element every eight (8) years and submit it to HCD for certification.

   HCD is responsible for reviewing every Housing Element statewide to ensure compliance with state housing laws. After each Housing Element planning cycle, HCD conducts an external Housing Element Working Group to assess and improve current business processes, tools and resources, policy interpretations, and potential legislative proposals in preparation for the next cycle.

   The purpose of the survey was to solicit feedback on key components of the Housing Element and how HCD can better support local jurisdictions in completing their Housing Element updates. The survey consisted of four topic areas including:

   - Process Improvements and Public Engagement
   - Affirmatively Furthering Fair Housing
   - Sites Inventory and Analysis
   - Other Comments and Suggestions

3. **HHC Feedback on HDFC Draft Regulations**
The Committee submitted a letter to the Housing Development and Finance Committee (HDFC) within the California Housing and Homelessness Agency (CHHA) regarding its first draft of HDFC regulations.

   On Monday, August 31, 2026, HDFC released the first draft HDFC regulations for public feedback. The draft regulations propose a more coordinated approach to

affordable housing funding, designed to make California's affordable housing finance system simpler, faster, and more transparent.

Background Information About HDFC

- **Part of CHHA**: The California Housing and Homelessness Agency (CHHA) was officially launched on July 1, 2026, which consolidated several state entities under one agency. Among these is the Housing Development and Finance Committee (HDFC), alongside the Department of Housing & Community Development (HCD), California Housing Finance Agency (CalHFA), Civil Rights Department, and the California Interagency Council on Homelessness (Cal ICH).
- **Mission & Role**: HDFC is the central entity within CHHA for administering multifamily affordable housing finance. It coordinates and consolidates funding programs, including those from HCD, CalHFA, Affordable Housing and Sustainable Communities (AHSC), and others, into a cohesive, developer-facing system aimed at improving transparency, efficiency, and alignment.

TAB 3

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Discussion of the 2026 Housing and Homelessness Committee Activities for the Council's Year-End Report (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to gather feedback from members on the activities the Housing and Homelessness Committee (HHC) completed in 2026. This discussion will help inform the development of the Council's 2026 Year-End Report.

Background/Description:

The California Behavioral Health Planning Council (CBHPC) publishes an annual report to highlight each committee's achievements and activities.

Committee members will have the opportunity to discuss and provide consensus on what should be included and identify any additional accomplishments or activities that may have been missed.

Committee Activities for Consideration:

- **Committee Feedback on HDFC Draft Regulations** (September 2026)
  The Committee submitted a letter to the Housing Development and Finance Committee (HDFC) within the California Housing and Homelessness Agency (CHHA) regarding its first draft of HDFC regulations.

- **Participation in the Housing Element Stakeholder Survey** (August 2026)
  The Committee submitted feedback to the California Department of Housing and Community Development (HCD) on key components of the Housing Element.

- **Letter to the California Interagency Council on Homelessness regarding State Guidance on Recovery Housing** (August 2026)
  This letter provides recommendations and feedback on the state guidance, "Implementing Recovery Housing Programs in Alignment with California Housing First Requirements."

- **Sign On Comments to U.S. Housing and Urban Development (HUD) on Verification of Eligible Status** (April 2026)
  This letter, coordinated by the Protecting Immigrant Families Coalition and signed by nearly 400 organizations, opposes HUD's proposal to deny federally subsidized housing to entire families that include a person who is undocumented.

- **Coordination with Cal ICH on Recovery Housing Research** (April 2026)
  Staff shared a list of known recovery programs operating successfully across the state to support the California Interagency Council on Homelessness (Cal ICH) in its research on Recovery Housing.

- **Letter to the Department of Health Care Services on Behavioral Health Services Act (BHSA) Housing Policy** (March 2026)
  This letter recommends extending allowable interim housing stays to 24 months and permitting income-based tenant contributions in transitional housing to improve stability, outcomes, and fiscal sustainability under the BHSA.

- **Housing California 2026 Annual Conference** (March 2026)
  Committee members and staff attended the Housing California 2026 Annual Conference in Sacramento from March 18–20, 2026. The event included community tours and sessions led by affordable housing, homelessness, and cross-sector leaders.

- **TURN to Recovery Program Tour** (January 2026)
  Committee members visited TURN to Recovery, an outpatient program operated by TURN Behavioral Health Services in San Diego County. This program combines intensive case management, treatment, and recovery services with housing support and recovery residences for individuals with alcohol use disorders. These services create a vital bridge between treatment and permanent housing, helping individuals rebuild their lives.

TAB 4

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Proposition 1: California's Veterans and Affordable Housing Bond (Informational)

Enclosures: Proposition 1 Arguments and Rebuttals | Official Voter Information Guide | California Secretary of State
Legislative Analyst's Office: Proposition 1: Authorizes Bonds for Housing Affordability Programs. Legislative Statute.
California Budget & Policy Center Report: Proposition 1 - California's Veterans and Affordable Housing Bond

Background/Description:

Senate President pro Tempore Monique Limón introduced the Veterans and Affordable Housing Bond Act of 2026, which passed the Legislature and was signed by the Governor on June 25, 2026. This measure, Senate Bill 417, will appear on the November 2026 statewide ballot as Proposition 1.

Proposition 1 asks voters to approve **$11.25 billion in general obligation (GO) bonds** to support a broad range of housing initiatives. These funds would:

- Build and preserve affordable rental homes.
- Expand homeownership opportunities for low- and moderate-income households, including veterans.
- Increase permanent housing options for people at risk of or experiencing homelessness.

Some funding is specifically designated for programs serving distinct populations, including California tribes, farm workers, unhoused youth, and college students.

Bond Funding Allocation

Homeownership

- **$1.25 billion for the CalVet Home Loan Program** to help veterans and their families purchase homes. This portion of the bond would be repaid through mortgage (principal and interest) payments.

- **$600 million for the CalHome Program,** which would provide forgivable loans to lower-income households for self-help homeownership projects, including subdivisions and manufactured homes.
- **$500 million for the My Home Downpayment Assistance Program** to fund low-to-moderate income home purchase assistance programs.

Affordable Housing Development and Preservation

- **$5.1 billion for the Multifamily Housing Program (MHP)** to support the construction, rehabilitation, or preservation of affordable rental housing.
- **$1.15 billion for supportive housing** through the MHP program.
- **$750 million for the Portfolio Reinvestment Program** to provide funding to rehabilitate state-funded affordable rental properties that are at risk of conversion to market-rate housing.
- **$500 million for the Infill Infrastructure Grant Program** to provide incentives for infrastructure projects that support high-density affordable and mixed-income housing in designated infill areas.
- **$450 million for the Joe Serna, Jr. Farmworker Housing Program** to fund grants or loans for the construction or rehabilitation of housing for agricultural workers and their families.
- **$350 million for affordable student housing projects** to be split evenly between the University of California and the California State University.
- **$200 million for a new Community Anti-Displacement and Preservation Program** to help protect unsubsidized housing that may naturally be affordable and require long-term affordability regulations.
- **$200 million for the Tribal Housing Grant Program** to support housing development and related activities for California tribes.
- **$200 million to the Affordable Housing Innovation Fund for the Local Housing Trust Fund Matching Grant Program** to fund competitive grants or loans to local housing trust funds that develop, own, lend, or invest in affordable housing and would be used to create pilot programs that demonstrate innovative housing strategies.

Expected Impact

According to legislative analyses, Proposition 1 is projected to:

- **Produce more than 40,000 new affordable homes** for lower-income individuals and families.
- **Preserve over 5,500 existing affordable homes** to ensure they remain affordable for future generations.
- **Create more than 53,000 construction jobs** statewide.
- **Generate an estimated $1.3 billion** in state and local tax revenue that supports public services and local communities.

As an advisory body, the California Behavioral Health Planning Council (CBHPC) must be informed of upcoming significant changes to the public behavioral health system, but CBHPC will not take an official position on the ballot measure.

Additional Resources:

- Bill Text – Senate Bill 417 (Limon): The Veterans and Affordable Housing Bond Act of 2026.
- Press Release: Governor Newsom signs historic housing bond set for voters on the November ballot

TAB 5

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Overview of California's Tenant Law and Housing Settings

Enclosure: None

Connection to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides clarity on how California housing laws apply across different residential settings that serve individuals with behavioral health needs. Understanding these distinctions will help Committee members better assess barriers to stable housing, identify gaps in tenant protections, and advocate for effective policies.

This agenda item also supports the Council's 2026 focus on statewide behavioral health integration by strengthening members' understanding of housing frameworks that affect adults, older adults, and others with behavioral health needs.

Background/Description:

The presentation provides an overview of how California defines "housing" across multiple settings within the behavioral health continuum and explains where landlord-tenant law applies and where it does not.

Karen M. Tiedemann, Attorney at Goldfarb & Lipman LLP, will brief the Committee on California's tenant laws and explain how these laws intersect with the wide range of residential settings used throughout the behavioral health system.

Biography:

Karen Tiedemann practices in the areas of real estate transactions, affordable housing, nonprofit organization, and environmental law.

Ms. Tiedemann advises public agencies and nonprofit housing developers on affordable housing matters. She represents numerous agencies and nonprofit corporations on the development, financing and management of low- and moderate-income projects and programs. Her affordable housing work

includes advising clients on compliance with fair housing laws. Ms. Tiedemann is a frequent speaker on relocation and fair housing issues. She is also a co-author of *Between the Lines, a Question-and-Answer Guide on Fair Housing in Supportive Housing*, which was updated in 2010.

Ms. Tiedemann represents numerous housing cooperatives, providing advice on compliance with Davis-Stirling, the limited equity cooperative law, HUD financing, Department of Real Estate regulations, and other laws and regulations impacting cooperatives. She has also formed numerous limited equity cooperatives. Ms. Tiedemann is a frequent speaker on the formation and management of cooperatives.

Ms. Tiedemann has negotiated and drafted transaction documents for complex developments involving multiple uses, including transactions that involved the acquisition of numerous properties and the relocation of business and residential tenants. She also advises clients on compliance with environmental laws, including shepherding developments through CEQA.

Additionally, as general or special counsel to several public agencies, Ms. Tiedemann provides advice on compliance with the Brown Act, the Fair Political Practices Act and Public Records Act, as well as general law questions.

About Goldfarb & Lipman LLP

Goldfarb & Lipman LLP is one of California's leading affordable housing and community economic development law firms. Since its founding in 1971, the firm has partnered with its clients to develop innovative strategies that respond to the ever-changing landscape while providing a comprehensive range of legal services.

The firm's attorneys are widely recognized for their expertise. Their backgrounds, as city attorneys, city planners, redevelopment agency staff, Housing and Urban Development (HUD) counsel, Certified Public Accountant (CPAs), and architects, give them a deep understanding of how legal requirements intersect with the practical needs of the communities they serve.

Additional Resources:

About Us | Goldfarb & Lipman LLP
Between The Lines: A Q&A Guide On Legal Issues In Supportive Housing

TAB 6

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Overview of Front Porch's Home Match Program

Enclosure: Home Match Brochure

Connection to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about a community-based housing program that uses a home-sharing model to support housing stability. Identification of best practices and effective housing models is part of the committee's scope of work.

This item also supports the Council's 2026 focus on statewide behavioral health integration. The committee continues to highlight and advocate for programs that help people achieve housing stability and community connection.

Background/Description:

The Home Match Program, operated by Front Porch, helps connect individuals and other community members seeking affordable housing with homeowners who have available rooms or Accessible Dwelling Units (ADUs) in their homes. Through screening and ongoing support, Home Match facilitates stable, mutually beneficial home-sharing arrangements that promote safety, independence, and social connection.

With a streamlined and simplified process, Home Match combats loneliness, fosters connections and creates a financially impactful and fulfilling lifestyle.

Home Match services include:

- Matching process and screening to identify compatible home providers and home seekers.
- Facilitated lease agreements that outline expectations, roles, and shared responsibilities.
- Ongoing support and conflict resolution during the duration of the match.

Andrea Lazorik, Program Director of Home Match San Francisco, and Lucie Ashley, Director of Operations at Front Porch will present an overview of the program.

Biographies:

Andrea brings a unique blend of personal passion and professional expertise to her role at Home Match. Her advocacy work began when her father became disabled and unhoused at age 60, leading her to navigate complex systems to secure support. That experience fueled her commitment to preventing homelessness among older adults and people with disabilities.

With a background in real estate operations and senior home care management, Andrea helps streamline housing solutions for program participants. Outside of work, she enjoys biking in Golden Gate Park, cooking, and spending time with family and friends.

Lucie received a BA in International Relations from San Francisco State University and a Master of International Forestry with a focus on community forest management from the University of British Columbia. She has 14 years of experience working for non-profits in diverse environments, and a passion for engaging with the public via varied mediums. Though Lucie's studies and career have been diverse, they have all been grounded in service to and strengthening of communities. In her down time Lucie enjoys walking in the woods, spending quality time with friends, and exploring philosophy across disciplines.

Additional Resource:
Home Match Website – Front Porch

TAB 7

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Overview of On Lok Program of All-Inclusive Care for the Elderly (PACE)

Enclosure: None

Connection to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item informs committee members about a nationally recognized program created to empower older adults to age with dignity in the community. Identification of best practices and housing models for older adults is part of the Committee's scope of work.

This agenda item corresponds with the Council's 2026 focus on statewide behavioral health integration for older adults. The Committee continues to highlight and advocate for programs that help people achieve housing stability and community connection.

Background/Description:

On Lok was founded in 1971 to address the needs of older adults in San Francisco who wanted to age at home but lacked the services to maintain their independence. In response, Dr. William L. Gee and social worker Marie-Louise Ansak created what became the Program of All-Inclusive Care for the Elderly (PACE), designed to help older adults remain in their communities with support.

Today, On Lok PACE provides comprehensive medical care and daily support services, including transportation, day programs, community activities, meal delivery, and in-home care, to help older adults live independently across the San Francisco Bay Area.

Dr. Jessica Eng, MD, Medical Director of On Lok PACE will present an overview of the program.

Biography:

Dr. Eng oversees the quality of care delivered at all On Lok PACE sites in San Francisco, Alameda and Santa Clara counties. Dr. Eng is a board certified in Internal Medicine and Geriatric Medicine. She also sees patients at the Gee Center.

Dr. Eng previously worked as a geriatrician and medical director at the San Francisco Veterans Affairs Health Care System. Her clinical work focused on helping veterans keep their independence and live at home for as long as possible. She co-chaired the local and regional Dementia Committees to advocate for resources for the care of veterans with dementia and coordinating dementia initiatives across Veterans Affairs in California, Nevada, Hawaii, the Philippines, American Samoa and Hawaii. She served on national task forces to recommend best practices in primary care for older adults. She continues to teach at the University of California, San Francisco (UCSF) and mentor medical students, residents, fellows in older adults and quality improvement.

Dr. Eng earned her Bachelor of Arts degree in Chemistry, graduating cum laude from Harvard College. She received her Doctor of Medicine degree from the Boston University School of Medicine and her Master of Science degree from the Boston University School of Public Health. She completed her internal medicine residency and geriatrics fellowship at the Boston Medical Center, followed by the San Francisco Veterans Affairs Quality Scholars Fellowship at the San Francisco Veterans Affairs.

She has been recognized for her excellence in education, including being named Teacher of the Year by the UCSF Geriatric Medicine Fellowship and receiving both the Education Innovations Award and the Excellence in Teaching Award from the Haile T. Debas Academy of Medical Educators.

Dr. Eng resides in San Francisco with her husband and their two young daughters. In her free time, she enjoys reading biographies.

Additional Resources:

About On Lok PACE: Providing Senior Care
Program for All Inclusive Care For The Elderly | California Department of Health Care Services

TAB 8

California Behavioral Health Planning Council
Housing and Homelessness Committee

Thursday, October 22, 2026

Agenda Item: Presentation Debrief and Discussion

Enclosure: None

Connection to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item allows the Housing and Homelessness Committee to discuss key points raised during today's presentations. The discussion will help guide and identify action items to inform policy recommendations that improve housing access and behavioral health outcomes for individuals with mental health and substance use disorders.

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

This agenda item also supports the Council's 2026 focus on the Behavioral Health Services Act (BHSA). The Committee will utilize this information to advocate for more effective policies that support individuals with behavioral health needs.

Background/ Description:

The committee will discuss today's presentations and possible next steps. Members may identify topics that need more research, set advocacy priorities, and suggest action items for staff to implement before the next meeting.