

California Behavioral Health Planning Council

Housing and Homelessness Committee Agenda

Thursday, January 18, 2024

8:30 am to 12:00 pm

Courtyard by Marriott San Diego Old Town

2435 Jefferson St, San Diego, CA 92110

Cabrillo Room

[Zoom Meeting Link](#)

Meeting ID: 849 9540 0536 Passcode: 361812

Join by phone: (669) 900-6833

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|----------|---|-------|
| 8:30 am | Welcome and Introductions
<i>Monica Caffey, Chairperson</i> | |
| 8:40 am | Approve October 2023 Meeting Minutes
<i>Deborah Starkey, Chairperson-Elect and All Committee Members</i> | Tab 1 |
| 8:45 am | CBHPC Workgroup Updates
<i>Monica Caffey, Chairperson and All Committee Members</i> | |
| 8:55 am | Housing Models in CA Presentation
<i>Sharon L. Rapport, Director, California State Policy Corporation for Supportive Housing (CSH)</i> | Tab 2 |
| 9:40 am | Public Comment | |
| 9:50 am | Break | |
| 10:05 am | Substance Abuse and Mental Health Services Administration (SAMHSA) Housing Overview
<i>Hal Zawacki, M.P.H., M.S.W.
Assistant Regional Director, Region IX</i> | Tab 3 |
| 10:50 am | Public Comment | |
| 11:00 am | Article 34 Ballot Initiative (Information Only)
<i>CBHPC Staff</i> | Tab 4 |
| 11:20 am | Community Care Expansion Program Update
<i>Dania Khan and Ronni Heake, Horne
Casey Mills and Nija Fountano, CDSS</i> | Tab 5 |
| 11:55 am | Wrap-up Next Steps
<i>Monica Caffey, Chairperson</i> | |
| 12:00 pm | Adjourn | |

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

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

Officers: *Monica Caffey, Chairperson* *Deborah Starkey, Chairperson Elect*

Committee Members: Barbara Mitchell, John Black, Arden Tucker, Darlene Prettyman, Stephanie Blake, Daphne Shaw, Susan Wilson, Erin Franco, Maria Sierra, Don Morrison, Jessica Miller, Susie Baker, Bill Stewart

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

Thursday, January 18, 2023

Agenda Item: Approve HHC October 19, 2023, Meeting Minutes

Enclosures: Draft October 19, 2023, HHC Minutes

Background/Information:

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

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

Thursday, October 19, 2023

8:30 am to 12:00 pm

Council Members Present:

Monica Caffey
Maria Sierra
Don Morrison
Deborah Starkey
Barbara Mitchell
Daphne Shaw

John Black
Susan Wilson
Stephanie Blake
Arden Tucker
Erin Franco

Staff Present:

Jenny Bayardo, Gabriella Sedano

Item #1: Welcome and Introductions

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

Approval of June 2023 Meeting Minutes

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

Chair-Elect Nomination

Barbara nominated Deborah Starkey, and Deborah accepted the nomination. The committee discussed the nomination and there was a consensus with the nomination.

CBHPC Workgroup Updates

- Patients' Rights Committee (PRC) Updates
 - Daphne Shaw shared that the PRC meeting focused on the MHSA modernization and Proposition 1, as well as SB 519 which is a bill that creates the position of director of in-custody death review, a six-year term appointed by the governor subject to state Senate confirmation.
- Children and Youth Work Group Updates

- Erin Franco shared that school to college age youth attended the meeting via Zoom to discuss what they wanted to see contributed from the work group. The youth attendees gave feedback and requested that the CBHPC present policy and how it relates to them.
- Substance Use Disorder (SUD) Updates
 - There were no updates provided at this time.
- Reducing Disparities Work Group (RDW) Updates
 - Jenny Bayardo shared that the Reducing Disparities Work Group held a viewing of “The Color of Care”, and at least 20 people were in attendance. RDW is also developing questions that can be used when they have speakers, in order to have some consistent information around disparities.
- Performance Outcomes Committee (POC) Updates
 - Susan Wilson shared that the Data Notebook has a lot of housing data from the past 5 years, and the POC will be turning it over to the HHC in the next year or so.

Adult Residential Facilities Advocacy Discussion

Theresa Comstock, Executive Director of the California Association of Local Behavioral Health Boards (CALBHB/C) and Salaneka Smith, Director of Member Services for the Licensed Adult Residential Care Association (LARCA) provided a presentation on Adult Residential Facilities (ARFs).

Years ago, Theresa Comstock went on a site visit to a residential facility that allows people to stay for 12-18 months. The staff said about 10-25% of the people ready to leave were going back to homelessness, and they still needed support similar to transitional housing with staff and medication management. Theresa brought this information to the Planning Council, and Council member Susan Wilson mentioned that there was a tiered structure of funding and support from multiple agencies in order to make this work for people with intellectual and developmental disabilities.

Theresa then acknowledged Lorraine Zeller, who had introduced her to Senator Cortese. Recently, Jenny Bayardo and Theresa had a discussion with Senator Cortese's Chief of Staff around this issue and were given some direction for strategies to move forward.

Theresa shared the ARF/RCFE Issue Brief and noted that agencies will put patches and contracts into place with some of the larger board and care facilities and then call them enhanced or augmented. They have additional deliverables in their contracts in order to provide specific services for people with Serious Mental Illness (SMI). Often times there is something co-occurring such as a medical issue, substance use, and/or sometimes intellectual and developmental disabilities. The facilities are often not equipped to meet the mental health needs.

Theresa identified three key challenges:

- **Financial:** The board and cares, especially the small ones, are closing because they can't keep up. The only revenue that they have is coming from Social Security and it's not enough. The staffing also needs ongoing training and support, and then salaries, to provide the services.
- **Staffing:** The staff needs to be trained. And they also need to be trained on the financial aspects of it and how to coordinate the care.
- **"Not In My Back Yard":** This is an issue for the larger facilities. If it's 6 beds or under, then it doesn't have a zoning requirement, but if it is a larger one then the Not In My Back Yard issues need to be addressed.

The Planning Council had met with the Governor's office a couple years ago to discuss the new funding sources that were in place and were told to wait and see what they do. Unfortunately, those funding sources did not direct money to the fundamental cause of the issue-- to meet operating expenses and create a staff and a culture within these organizations that that really supported people with SMI. Some more funding was put into place recently such as Project Homekey, the Home and Community Based Alternatives waiver, and the Assisted Living Waiver, but they still don't meet the needs of these small board and cares. Unfortunately, agencies are sending people hours away to enhanced or augmented board and care, and people aren't able to receive housing within their local community.

Theresa questioned how a tiered structure of funding could be created for people with SMI that is similar to what is in place for people with intellectual and developmental disabilities. She shared tabs from the 1915(c) waiver that shows the tiered structure that's in place for people with intellectual and developmental disabilities, but not for people with SMI. The waiver shows a check box for inpatient psychiatric facility, and Theresa stated it could be a way to draw funding from the federal government and keep people out of inpatient psychiatric facilities. They could do an additional waiver for people with SMI.

Q&A:

Barbara Mitchell asked for clarification from Theresa if she is asking for the state to apply for the IMD waiver.

Theresa responded no, it is not a request for the IMD waiver and that it is a Home and Community Based Alternatives waiver. She also stated that she is doing research to understand this better.

Erin Franco asked about the regional centers, how they come into play with housing for those who are cognitively delayed, and what their capacity is. She has been

involved in STRTPs and one of the things that they struggle with is where the regional center is in the in this process and somebody who was cognitively delayed. Sometimes the mental illness and the cognitively delayed are lumped together, and it's not being looked at as what is the best form of treatment for the person. It may be worth looking at where to define what regional services are and where the SMI steps in.

Theresa responded that the regional centers are part of the solution for people with intellectual and developmental disabilities and they are thinking of expanding for anybody that has SMI, which may include some people with IDD. Usually, the regional centers are kind of separate in their system, but it's that model that they have that that's created the tiered structure and that's created that collaboration between different agencies in order to set it up so that the small mom and pop board and cares are able to do it. It sounds like maybe that's an additional area of advocacy that needs to happen to increase the mental health services within that and increase the training for those boarding cares as well.

Susan Wilson worked with the regional center system for about 35 years and commented that the Regional Center system was set up really for a specific group of disabilities, and it is hard to put someone else into the design that they have. Susan fought to get mental health services for individuals with intellectual cognitive disabilities in the regional center system.

Salaneka Smith, Director of Member Services for the Licensed Adult Residential Care Association (LARCA) began her presentation. LARCA arranged for an advocacy trip to Sacramento and met with 27 state lawmakers and policy makers over two days. The purpose of the trip was to advocate and to bring immediate emergency economic relief back for the struggling licensed ARFs and RCFEs, as well as to establish parity through modification of the 1915(c) waiver to increase the reimbursement rate. LARCA was not able to secure financial emergency short term immediate care, however, their efforts are ongoing because they have had 27 facility closures in the past couple of quarters and have many more facilities on the brink of closure.

LARCA also brought residents to the advocacy trip to share their stories and explain directly to the policy makers just how dire their situations are. Many policy makers were unaware of the financial struggles faced by licensed ARFs and RCFEs across the state. They had believed that there had been enough money allocated by the state to the county to take care of the struggling ARFs and RCFEs, but they were not a part of many of the programs that are receiving the funding because they're not considered traditional providers of housing. LARCA advocated for the modification of language for some of these programs that have current funding in it in order to qualify for funding.

LARCA also met with Dr. Maria Funk, District Chief at Los Angeles County Department of Mental Health (DMH) and members of LA County DMH regarding the prospect for an immediate emergency financial subsidy for licensed ARF or RCFE struggling in the county. The Community Care Expansion (CCE) program is written

to help and to provide relief for the residents, but that program is on hold as of right now because of third party vendor registrations. Doctor Funk said that it's going to be coming back online, but they don't know when.

LARCA is also working with the Los Angeles Mayor Karen Bass's office to bring ARFs and RCFEs into all of the programs that are currently being funded for partnerships with the city level. LARCA will do that with the county level as well.

LARCA also plans to meet with Department of Public Health because the state has advised them that the funding that was allocated to their counties was given not only to Department of Public Health, Department of Mental Health, but also to local county housing agencies. LARCA is engaging with all of these agencies to provide immediate relief.

For an immediate short-term goal, LARCA is calling for the immediate fusion of at least \$2000 per bed, per licensed facility for those facilities who are struggling. The long-term goal is the implementation of the 1915 (c) waiver. How can LARCA get this language changed immediately to where licensed ARFs and RCFEs are considered? If they are given more funding and if they are on par with other entities such as the regional center, then the facilities will be able to provide more mental health care services on site than what they do now.

The Enhanced Residential Care (ERC) program requires that you bring in new residents, but it does not allow for any existing residents to be assessed and registered for ERC. If you have clients who could qualify now for ERC funding, that could be an immediate source of additional income, so LARCA is working with the county to see if the language can be modified on that program to include existing residents.

Q&A:

Barbara Mitchell stated that there was something written into the Behavioral Health Bridge Housing (BHBH) program that counties put in their work plan indicating that they wanted to subsidize adult residential care homes. The concern is that people have to qualify as homeless, and it couldn't be for existing residents. One area of advocacy would be to ensure that the definitions for eligibility for the BHBH program are broad enough to allow for people who are in those homes now but are in danger of losing them due to either the financial problems of the residential care home or due to their higher-need level. Barbara asked if Salaneka knew if LA County wrote that into their plan.

Salaneka stated that she doesn't believe so but will have to look into it.

Barbara also stated that if the county didn't put it in their plan, they can still change it. It could be a short-term fix and is something the Council might be able to be involved in.

Salaneka added they also asked about CARE Court referrals for licensed ARFs and RCFEs and if they would be a part of the referral and the answer was no. They are not a vendor for CARE Act referrals as of now. And that was asked, can LARCA be a vendor? And we were told no, not at this time, because of the focus of the large pot of funding reserved under the CCE.

Susan Wilson cautioned that ARFs and RCFEs a list of regulations that they have to follow in their licensing requirements, and the Council needs to really understand what the regulations are for ARFs because there will be people that they cannot accept and should have a copy of those community care regulations.

Stephanie Blake added that she used to be a policy analyst in the community care licensing division.

Erin Franco asked what the proposed cost for the ARFs in the different counties are, and if that has been looked at.

Salaneka responded that they have taken their cost to DMH to break down that it should be at least \$200.00 per day minimum, per resident. That would bring up the par to the cost of living for food, utilities and everything in the cost it for it to run.

Barbara Mitchell shared that her agency did study on the cost, which indicated at that time that there needed to be a subsidy of around \$3500-4000 per month on top of the SSI payment to subsidize a 15-bed facility.

Jenny Bayardo then shared one of the recommendations made by the staff from Cortese's office was to connect with Michelle Cabrera. Michelle Cabrera has agreed to meet with her and Theresa. It was also recommended to look at how ARF's fit into the Governor's or the Administration's priorities in regard to housing for CARE participants.

Public Comment

Elizabeth Stone from Ventura County shared information on bridge housing in her county. The money that Ventura County got is supposed to be tied to people that are potential recipients of CARE Court, but they are in the second cohort. Stephanie Welch imagined that 80% of people who are going to be certified CARE Act are going to be housed already, but the money that we got in Ventura County, there are definitely parts of that funding that are dedicated to supporting board and care. The Department of Public Health department crafted that proposal for that money.

Steve McNally, from Orange County asked-- Do you have any suggestions for where the funding enhancements would come from? Do you have any comparisons for the source of funding, the eligibility, the primary funder, and the reimbursement rates?

Steve also shared that, at least in his county, the CEO does a grants report every meeting of the Board of Supervisors and they list all the grants that the county has applied for, and then periodically they'll show all the grants by department. This can be used to determine who the right champions are, regardless of whether you have access to them currently, but at least you know where the information should be, it'd be helpful. And then the last thing would be if you could empower all of us to carry the message. All of us have different spheres of influence and different access to legislators. And if we carry a consistent message that reinforces what we all agree on the message, I mean we agree on it, then we can carry it for each other. And that will make it much stronger when they hear from a variety of different sources.

Barbara Wilson asked if the Council would consider restoring an ARF work group. She also shared her concerns of the ongoing struggle of facilities closing and the need for action now.

Monica Caffey asked what the HHC needs to do to take action on the issue. Where are we missing the mark and who do we need to be pushing harder on?

Mike Phillips, San Diego County, explained that one issue is that board and cares "evolved off the grid". He went on to explain that as "mental hospitals" were closing down and people were displaced, others saw the need and filled it with private businesses/board and cares. The issue with this is that since they are private and evolved off the grid, they are nobody's problem, and nobody owns them. Someone needs to be responsible. Mike also shared that they are down to 46 board and cares in San Diego and 10 years ago that number was about 120. Mike also commented, from a civil rights and patients' rights side, the board and care facilities are open and unlocked and allow individuals to come and go, interact in the community, and be a part of the community. He would much rather see that continue than anything locked. Mike also recommended bringing Steve Fields to present to the Committee on this topic.

Susan Wilson added that one of the things she would like to hear the committee talk about is the continuum of services that is developing for people over the age of 65. She shared an example in Redding, where they recently opened a large building that offers many services. A person can live in assisted living, have access to things like memory care, get their meals downstairs, and have their own private bedroom elsewhere. Susan believes that model of working with people should be looked.

Barbara Wilson added that licensed board and care homes get paid the least of any form of housing in LA County. She also added county departments are in competition with each other for this handful of licensed beds. Once you cross the barrier in age into RCFEs, they are not allowed to accept people that have a primary diagnosis of serious mental illness. So, many of the smaller board and care homes in her area are like Hospice level with nursing and hospital beds, but Barbara said her people mostly do not need that. They just need their meals and fellowship.

Susan Wilson emphasized that it is important to understand and know what an ARF and/or an RCFE can or cannot do. ARFs are only allowed to do a small number of

things with a person and are not technically allowed to do things such as administer Medicaid.

Community Care Expansion Program Update

The presenters were unable to join for the CCE update, so Jenny Bayardo provided a brief update. She shared the new website and showed the Council members where to find the dashboard and information they may be interested in. Jenny also confirmed that the presenters will be able to join the meeting in January for a full presentation about where they're at.

Community Listening Session Report

Jenny Bayardo provided some updates regarding the listening session report. There were some delays with the report due to competing priorities and limited staffing, but the initial draft report has an overview, some background information, and a description of the event. Some portions still need to be developed, such as recommendations and the conclusion. Jenny would like to have the report wrapped up before the end of the year so that it could be included in the 2023 annual report. Jenny Bayardo agreed to send the draft report to the committee, HHC members can send comments, questions, or edits via e-mail.

CBHPC Behavioral Health Services Act Advocacy

The Chairperson of the HHC requested Executive Officer Jenny Bayardo provide an update on Council activities over the past few months in regard to the proposed Behavioral Health Services Act. Jenny Bayardo noted that she sent e-mail updates to the whole Council, but provided a brief recap so the committee is aware of the Council's advocacy efforts in regard to the Behavioral Health Services Act (BHSA).

Jenny quickly shared a timeline of the SB 326 (BHSA). After the June Quarterly meeting, language was released and quickly following that Council staff, along with persons from the Legislation and Public Policy Committee (LPPC) reviewed the legislation and submitted red-line comments on behalf of the Council by the July deadline. The public forums were then held to inform the LPPC, as well as the Council, about the Community's concerns. The information from the public forums was used to create the letter of Concern sent to Assemblymember Jim Wood and the Assembly Health Committee on August 16, 2023. This letter included recommendations and direct quotes from the public. A final letter was submitted to Senator Eggman and the Senate Health Committee on September 7, 2023, and included some of the outstanding concerns previously raised by the Council. It was noted that housing is a big piece of the BHSA, which is why the Chairperson of HHC wanted to discuss what is now being called Proposition 1 (SB 326 and AB 531).

Monica Caffey asked— “How does the committee feel about this and what are your sentiments?”

Barbara Mitchell stated that the LPPC had an extensive discussion about this. There were also some last-minute changes made in legislation allowing for the use of the funds for locked facilities, which had previously said that the bond funds could not be

used for locked facilities. The LPPC wants to hear from the HHC and have a meeting of the entire Council by November to take a vote to support, oppose, or make no decision on it. She stated that the LPPC could have taken a position on it, but she personally suggested that the Council as a whole should make that decision because there is so much packaged into one bill. This is a massive change to the MHSA funds with less local discretion. The bond is a \$6.3 billion bond that includes things such as 51% of all the housing units have to go to veterans, although homeless veterans make up approximately 6% of the homeless population in California. Barbara asked -- Why would you allocate 50% of the funding to a population that's 6% of the homeless population in California?

Susan Wilson commented that we have to approach people who are chronically homeless and build trust, know their story, find out what they want to do, and then match them with housing. Not everyone can fit into the same plan. Doing this requires staff, but there is less money for staff if the money is pulled back from the MHSA. How do we make a successful match instead of just putting someone somewhere, and then when they're tired, they move on? Susan's concern is that SB 326 doesn't have the money in it to address the issues of homelessness. In the CBHPC public forums on SB 326 and the bond measure, people shared that they are already calculating how many programs they will have to close, and how many people will no longer be working for them. Some of those are the unique programs that that really have been successful, and the money is just not there.

Daphne Shaw stated that advocates were trying to influence decisions as the bills were being rushed through the legislative process, but they were basically ignored. One of her biggest concerns was the last-minute change in the legislation to allow the bond monies to be used for locked facilities, while they had been assured all along that the bond money was going to be used to build voluntary, in the community placement.

Erin Franco asked if the bills carve out what goes where and what is considered treatment? What services fall under that category? How much is allocated towards treatment, or is it just simply housing?

Barbara Mitchell stated that the bond money is nothing for treatment. Bond money is for treatment facilities.

Susan Wilson mentioned the idea of actually doing some outreach, some planning, and maybe developing some simple flyers. She stated that Proposition 1 is estimated to have 56 pages of reading for the voter. How many people do you think are going to read 56 pages? Susan asked-- How can we educate the voter about this issue?

Barbara Mitchell said the LPPC is hoping that the HHC weighs in before the Council decides a view of what action, if any, should be taken on this.

Monica Caffey asked to open it up to the committee members to get everybody's input.

Erin Franco wanted to know what the proponents of the bills say. What's that other argument for? She wants to know other people's position in terms of what are they saying for it, what are they saying against it? Not the state's perspective, but just the different perspectives that are the table. Erin would like to look at both sides rather than making a snap judgment.

Maria Sierra commented that she had just received this information and at this point has no position until she reads it more thoroughly.

Monica Caffey expressed concern with the time constraints and that it does not seem that everyone at the table is ready to take a position as a committee.

John Black stated that he is against any expansion of locked facilities. He shared his background in campaigning for the MHSA and expressed his concern with how peer run programs will be affected by Proposition 1. Arden Tucker and Maria Sierra echoed John Black's concerns regarding peer run programs.

Erin Franco stated that FSPs use peer advocates and she doesn't see that completely going away because they're they are part of treatment and now that they are able to bill for them. Erin emphasized that she wants more information that is not an opinion or emotionally driven.

Barbara Mitchell seconded what Erin said regarding the possible defunding of services, because it wasn't that peers would necessarily be defunded. Susan Wilson also agreed with this sentiment.

Monica Caffey reminded the committee that the packet has a thorough analysis of both of the bills. She feels that not having a position at this point is unsettling to me because other voices are already in a space having their position, so it is important to have a stance.

Public Comment

Elizabeth Stone, Ventura County, shared her thoughts on the bill. She is concerned that the public has been subverted on every piece of legislation that's transforming the behavioral health system.

The meeting adjourned.

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

Thursday, January 18, 2024

Agenda Item: Housing Models in CA Presentation

Enclosures: 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 provide the HHC with a base knowledge of California housing models. Committee members will utilize this information to advocate for an accessible and effective behavioral health system.

Background/Description:

Sharon L. Rapport, Director, of the Corporation for Supportive Housing (CSH) will provide an overview of housing models in California. Council Members will have the opportunity to ask questions following the presentation.

[*The Corporation for Supportive Housing \(CSH\) Mission, Vision, and History:*](#)

Mission

CSH works to advance affordable housing aligned with services as an approach to help people thrive. We do this by advocating for effective policies and funding, equitably investing in communities, and strengthening the supportive housing field.

Vision

A just and equitable world in which all people are thriving. People have a safe and affordable home, a community in which they feel belonging, and the services and wealth they need to sustain it.

History

It was a revolutionary idea: give the men and women on our streets a home and surround them with the care they need. CSH (Corporation for Supportive Housing) was founded on

this idea, which would become the solution to homelessness for people most in need. Julie Sandorf was approached by two Franciscan priests who were successfully saving their mentally ill parishioners from homelessness. She saw first hand with a safe place to live and psychiatrists and social workers on site, their tenants stayed housed and healthy. With support from the Pew Charitable Trusts, she found hundreds of similar stories around U.S.: troubled people who had bounced between shelters, hospitals, jails, and the streets were suddenly living productive lives thanks to this combination of quality housing and support services. In 1991, Julie founded the Corporation for Supportive Housing (CSH) with funding from three of the nation's leading philanthropies—the Pew Charitable Trusts, Robert Wood Johnson Foundation, and the Ford Foundation. More than 30 years later, CSH is still inspired to bring supportive housing to those who need it most. We offer a comprehensive portfolio of services that boost the value and impact of work in more than 300 cities across 48 states and the U.S. Virgin Islands, making home a reality for over 200,000 individuals and families who have regained hope and dignity.

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

Thursday, January 18, 2024

Agenda Item: Substance Abuse and Mental Health Services Administration (SAMHSA)
Housing Overview

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 will help Council members advocate for an accessible and effective behavioral health system.

Background/Information:

Hal Zawacki, M.P.H., M.S.W., Assistant Regional Director, Region 9, will provide an overview of SAMHSA's grant programs and services to support efforts for ending and preventing homelessness among people with mental and/or substance use disorders.

Hal has been working with underserved populations in the health care/behavioral health/homeless fields for over 27 years. He worked for 8 years in drug treatment programs, homeless shelters, suicide/crisis intervention, and county jail in the San Francisco Bay Area in the capacity of a case manager, substance abuse counselor, and group facilitator. He attended graduate school at the University of California Berkeley (MPH & MSW) where his graduate work included research on health insurance policy, homelessness, and intravenous drug use.

In 2000 he began his Federal Service as a Presidential Management Fellow with the National Institutes of Health, working on projects with the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health. Following this, he moved back to the San Francisco Bay Area and began working for the Social Security Administration (SSA) as a Policy Expert for the Supplemental Security Income program, which provides income support for aged and disabled, low-income populations.

After five years with the SSA, Hal began work with the Health Resources and Services Administration, where he was the Region 9 liaison for Behavioral Health, Border Health, Homelessness, Migrant & Seasonal Farmworker Health, Rural Health, and Telehealth

issues. He was the Regional representative to national work groups on Behavioral Health, Border Health, Homelessness, and Rural Health; and served as the national chairperson of HRSA's Regional Operations Homelessness Workgroup, which coordinated HRSA Regional responses to the inter-related issues of healthcare and housing/homelessness.

For the past 3+ years Hal has been the Assistant Regional Director for the SAMHSA Regional Office where he continues his work addressing the behavioral health concerns of Region 9.

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

Thursday, January 18, 2024

Agenda Item: Article 34 Ballot Initiative

Enclosures: [SCA-2 Public Housing Projects \(Bill Text\)](#)

[CA YIMBY Support Letter - March 9, 2021](#)

[CA YIMBY SCA-2 One-Page Explainer](#)

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 inform the HHC of an upcoming ballot initiative that if passed will impact current laws around building affordable housing that some of California's behavioral health consumers may be eligible for.

Background/Description:

SCA 2 proposes to repeal Article 34 of the California Constitution with the goal of making it legal to build low-income and public housing in California's cities.

Originally passed in 1950, Article 34 gives wealthy California neighborhoods veto power over affordable housing, enabling ongoing segregation and preventing housing from being built where it is needed most.

If voters approve SCA 2 on the ballot, it will:

- Empower local governments to address low-income housing and homelessness by removing obstacles that prevent needed housing from being built.
- Lead to more equitable housing outcomes and help address California's severe shortage of subsidized affordable housing.
- Save taxpayer dollars by eliminating red tape and prohibitive local fees, making it cheaper to build publicly-funded affordable housing projects.

SCA 2 passed the State Senate on 1/26/22 by a vote of 37-0. It passed the State Assembly on 8/31/22 by a vote of 73-0. It will appear on the ballot in 2024.

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

Thursday, January 18, 2024

Agenda Item: Community Care Expansion (CCE) Program Update

Enclosures: None

How This Agenda Item Relates to Council Mission

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

The HHC has been following this initiative as it was a potential solution to the Adult Residential Facilities Crisis. The HHC will use the information provided to evaluate the effectiveness and adequacy of the program.

Background/Information:

The Community Care Expansion (CCE) Program was authorized through Assembly Bill (AB) 172. The program is administered by the California Department of Social Services (CDSS) and funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve SSI/SSP and CAPI applicants and recipients, including those who are experiencing homelessness or at risk of homelessness.

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

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

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