

# California Behavioral Health Planning Council

## Housing and Homelessness Committee Agenda

Thursday, April 18, 2024

8:30 am to 12:00 pm

Holiday Inn Sacramento Downtown - Arena

300 J Street, Sacramento, CA 95814

Grenada/Hermosa

[Zoom Meeting Link](#)

**Meeting ID:** 838 2205 9103 **Passcode:** 593841

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

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|-----------------|---|--------------|
| <b>8:30 am</b>  | <b>Welcome and Introductions</b><br><i>Monica Caffey, Chairperson</i>   |              |
| <b>8:35 am</b>  | <b>Housing and Homelessness Committee “Meet &amp; Greet”</b><br><i>Monica Caffey, Chairperson, and All Committee Members</i>  | <b>Tab 1</b> |
| <b>8:45 am</b>  | <b>Approve January 2024 Meeting Minutes</b><br><i>Deborah Starkey, Chairperson-Elect, and All Committee Members</i>   | <b>Tab 2</b> |
| <b>8:50 am</b>  | <b>CBHPC Workgroup Updates</b><br><i>Monica Caffey, Chairperson, and All Committee Members</i>  | <b>Tab 3</b> |
| <b>9:00 am</b>  | <b>Senate Constitutional Amendment 2 (SCA 2)<br/>Ballot Measure to Repeal Article 34</b><br><i>Jordan Panana Carbajal, Legislative Advocate, California YIMBY</i>     | <b>Tab 4</b> |
| <b>9:25 am</b>  | <b>Public Comment on SCA 2</b>  |              |
| <b>9:30 am</b>  | <b>Hope Cooperative Presentation</b><br><i>Marlyn Sepulveda, Chief Operating Officer, Hope Cooperative</i>  | <b>Tab 5</b> |
| <b>10:15 am</b> | <b>Break</b>  |              |
| <b>10:30 am</b> | <b>Substance Abuse and Mental Health Services<br/>Administration (SAMHSA) Update</b><br><i>Hal Zawacki, M.P.H., M.S.W.<br/>Assistant Regional Director, Region IX</i> |              |
| <b>10:50 am</b> | <b>Public Comment</b>   |              |
| <b>10:55 am</b> | <b>2024 Adult Residential Care Facilities “ARCF” Bill</b><br><i>Theresa Comstock, CALBHB/C</i>  | <b>Tab 6</b> |
| <b>11:25 am</b> | <b>Public Comment on ARCF Bill</b>  |              |

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

# California Behavioral Health Planning Council Housing and Homelessness Committee Agenda

- 11:30 am**     **UPDATE: Letter to SAMHSA RE: Definition of Chronic Homelessness**     **Tab 7**  
*Monica Caffey, Chairperson, and All Committee Members*
- 11:35 am**     **Committee Workplan Review**     **Tab 8**
- 11:50 am**     **Public Comment**
- 11:55 am**     **Wrap-up Next Steps**  
*Monica Caffey, Chairperson*
- 12:00 pm**     **Adjourn**

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

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

**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, April 18, 2024

**Agenda Item:** Housing and Homelessness Committee “Meet and Greet”

**Enclosures:** None

### **Background/Description:**

On April 2, 2024, Simon Vue joined the California Behavioral Health Planning Council. His responsibilities include supporting the Housing and Homelessness Committee. This is an opportunity for committee members to meet Simon and for Simon to get to know committee members.

### Simon Vue’s Bio:



A native of Northern California, Simon began his state service career in December 2022 as a Staff Services Analyst with the Medi-Cal Dental Services Division (MDSD) at the California Department of Health Care Services (DHCS).

Before joining the state, Simon devoted over 4 years to the field of behavioral health policy. His diverse experience includes roles such as Program Assistant for the Racial Ethnic Mental Health Disparities Coalition (REMHDCCO) and Council Member for the California Behavioral Health Planning Council (CBHPC). Additionally, he served in a dual role as Legislative & Policy Affairs

Coordinator at the California Council of Community Behavioral Health Agencies (CBCHA) and Director of Operations at the California Access Coalition (CAC), providing both organizations with program, membership, and policy support.

Simon holds a Bachelor’s degree in Politics from the University of California, Santa Cruz, and a Master’s in Public Policy and Administration from California State University, Sacramento.

Outside of work, Simon enjoys outdoor activities such as chasing waterfalls, hiking, and snowboarding. His favorite foods are sashimi, Hmong papaya salad, and tacos.

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

Thursday, April 18, 2024

**Agenda Item:** Approve HHC January 18, 2024, Meeting Minutes

**Enclosures:** Draft January 18, 2024, HHC Minutes

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

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

**Background/Description:**

The Committee members will discuss any necessary edits and accept the draft minutes presented for the January 2024 meeting.

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

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

**Committee Members Present:**

Monica Caffey, Chairperson	Jessica Ocean
Deborah Starkey, Chair-Elect	John Black
Susie Baker	Susan Wilson
Maria Sierra	Stephanie Blake
Don Morrison	Arden Tucker
Barbara Mitchell	Erin Franco
Daphne Shaw	Danielle Sena
Bill Stewart	Jason Bradley

**Staff Present:**

Jenny Bayardo, Naomi Ramirez, Gabriella Sedano

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**Item #1: Welcome and Introductions**

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

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**Item #2: Approve October 19, 2023, Meeting Minutes**

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A motion to approve the October 19, 2023, Housing and Homelessness Committee minutes was made by Barbara Mitchell and seconded by Susan Wilson. Jessica Ocean, Bill Stewart, and Jason Bradley abstained. The committee approved the meeting minutes.

**Public Comment**

None.

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**Item #3: CBHPC Workgroup Updates**

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The Children and Youth Workgroup invited the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Alliance of Child and Family Services, and the Department of Health Care Services (DHCS) to give presentations. They talked about how the Council and the MHSOAC can work together and discussed potential future activities such as screening the documentary “Hiding in Plain Sight” and holding listening sessions. Naomi Ramirez also added that DHCS had announced the

release of a program that provides free mental health support for young people and families across the state with mobile apps, called Soluna and BrightLife Kids. Monica Caffey recommended having regular updates from DHCS in the workgroup to talk about their projects, and Jenny Bayardo said she could pass that recommendation on to the workgroup.

The Substance Use Disorder Workgroup scheduled a presentation from a provider in San Diego County for the next meeting.

The Reducing Disparities Workgroup had no updates at this time. Jenny asked that at least one person in the HHC participate in the workgroup and give an update at the next meeting.

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#### **Item #4: Article 34 Ballot Initiative (Information Only)**

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This item was taken out of order due to interest in time.

The committee discussed the Article 34 ballot initiative. Monica Caffey shared some background on Article 34, stating that it gives wealthy California neighborhoods veto power over affordable housing and prevents housing from being built where it is needed. Voters approved SCA 2 on the ballot, which would empower local governments to address low-income housing and homelessness and lead to more equitable housing outcomes. SCA 2 passed the State Senate on January 26, 2022, by a vote of 37-0 and passed the State Assembly by a vote of 73-0 on August 31, 2022, and will appear on the ballot in 2024.

Barbara Mitchell shared that Article 34 is a barrier for housing and a direct result of neighborhoods wanting to keep affordable housing out. She said a vote of the people is currently needed for a low-income housing project to be placed in a neighborhood, which is expensive because an election needs to be funded. Some municipalities and governmental agencies did one big election to get Article 34 authority for 100-500 units, but many never did that. Barbara said there have been many housing advocates trying to repeal Article 34 over the years, but this is the first time she is aware of an initiative actually making it to the ballot. Barbara emphasized that repealing Article 34 will cut costs because the developer doesn't have to go out and fund an election and do a campaign to build housing.

Jason L. Bradley shared that federal programs at the California Department of Housing and Community Development (HCD) are anticipating the repeal of Article 34 and acknowledged that it is a hindrance to housing and projects being built as well as not cost efficient.

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#### **Item #5: CA Housing Models in California Presentation**

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Sharon Rapport, Director of California State Policy, Corporation for Supportive Housing (CSH) presented housing models in California to the committee. CSH is a national non-

profit focused on marginalized populations such as people experiencing homelessness. Sharon stated that her role focuses on policy reform in California to improve the state's response to homelessness.

Sharon said evidence shows that homelessness is not caused by having any specific disability or behavioral health condition but is caused by housing being unaffordable to people with disabilities, people with extremely low incomes, and people living in high-cost areas. She added that decades of racist practices, including zoning (previously known as redlining), has had really negative effects on people of color, and especially African American and Indigenous populations, who experience homelessness and poverty at much higher rates.

Sharon described multiple housing models:

### ***Transitional Housing***

Transitional housing is typically short-term (6-24 months) and often requires residents to follow certain rules in order to access the housing, which creates barriers to people accessing it. The rules in transitional housing sometimes led to people with serious behavioral health conditions and substance use disorders to be evicted. They often go back to homelessness when unable to maintain transitional housing.

### ***Interim/Emergency Shelter Housing***

Interim housing and emergency shelters are needed for people to be safe and to receive services, but nobody should ever be forced to live in a temporary setting such as a shelter. The ideal model of a shelter is that it is temporary while they are waiting for permanent housing. While people are staying in a shelter, they are technically still considered homeless, and ideally, they are receiving services that help them connect to permanent housing.

### ***Permanent Housing***

Permanent housing is the ultimate goal. Permanent housing does not limit length of stay and typically has a lease. People can stay in permanent housing as long as they want to and as long as they are following the terms of the lease.

Sharon stated that the federal government only funds transitional housing for transition age youth (people under the age of 24), and sometimes for survivors of domestic violence. The state's goal is to try and fund primarily permanent housing as the solution to homelessness.

There are two different interventions that help people experiencing homelessness access permanent housing that's affordable to them:

1. *Rapid Rehousing*

- a. The goal is to get people rehoused or into permanent housing as quickly as possible.
- b. The persons are provided a housing subsidy to help them afford the rent. The subsidy gradually decreases over time.
- c. Generally, the subsidy never lasts for longer than two years and every program has a different length of time.
- d. This model is not really intended for people who have significant barriers to housing stability or persons on a fixed income, including many people who have serious mental illness or substance use disorders.
- e. Many individuals may not be able to exit homelessness because it is meant for people who have hope of increasing their income.

## 2. *Supportive Housing*

- a. Supportive housing is a subsidy that allows people to live affordably in housing with services that help that person maintain housing stability.
- b. It is typically for people who have disabilities that prevent them from maintaining long-term housing.
- c. Services include intensive case management, assertive community treatment, patient advocacy, employment services, and other services to gain housing stability.
- d. The problem with supportive housing is that there is not adequate funding for the services that are so critical to helping individuals exit homelessness permanently and thrive.

Sharon stated that another goal with permanent housing is for tenants to have the choice of where to live, which apartment they want to live in, and what services they are accessing. Typically, the services are separate from the housing and housing is considered to be a right for everybody; nobody has to earn housing.

## Q & A

Barbara Mitchell stated that the federal government has basically stopped funding new transitional housing, but the state of California has decided that transitional housing is the only model, other than shelters, that they'll accept under the Behavioral Health Bridge Housing (BHBH) program. Barbara asked, "If you feel that transitional housing is not needed for anyone, why has the state put a huge amount of money into this program?"

Sharon responded to Barbara that CSH sees the BHBH program as more of a temporary or interim setting than transitional housing. A lot of communities do not have interim or shelter settings for people with serious behavioral health conditions or connection to treatment in the shelter settings, which is why she believes the administration created the BHBH program. The idea of BHBH is to get people into a safe place to receive services then eventually get connected to permanent housing. She also commented that the rules in BHBH are not as strict for people who have behavioral health conditions.

Barbara Mitchell commented that she disagrees with the analysis that people are evicted more frequently from transitional housing than from permanent housing. As a provider, she found there was more toleration of people who broke their lease by things like active drug use and noise violations because there is more staff attached to transitional housing that could intervene. When they get into permanent housing they are more frequently evicted because services are not mandated. If they are then evicted with a Section 8 voucher, they lose the voucher and cannot get it again.

Sharon stated she appreciated Barbara's comments, and she wanted to clarify that she did not mean eviction is more likely in transitional housing, but that returning to homelessness occurs more frequently than for those in permanent housing. She referred to the Family Option Study which showed 45% of people moving into transitional housing returned to homelessness within three years, while people with permanent housing subsidies were able to stay in housing 85-90% without returning to homelessness within 3 years.

Bill Stewart asked Sharon to elaborate on the disparities between African Americans and homelessness and the benefit and data in support of the three housing models that address the disparities.

Sharon responded that the models themselves do not provide the solutions, so it is important to look at other solutions to reduce the disparities. Sharon shared that CSH has several initiatives that are trying to reduce the disparities such as the race initiative. CSH found, before the initiative was created, that a lot of the developers they were lending to have an all-white staff or were led by white people who were working for white-led developer organizations. CSH found there were very few people of color leading development organizations that we were lending to, so they responded by creating the race initiative to try to ensure that people of color were able to lead development organizations.

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### **Item #6: Substance Abuse and Mental Health Services Administration (SAMHSA) Housing Overview**

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Hal Zawacki, Assistant Regional Director, Region IX, shared the SAMHSA mission and vision statement. He went over an outline of priorities and core principles, including 5 priorities identified by the SAMHSA Director:

1. Enhancing access to suicide prevention & crisis care
2. Promoting resilience and emotional health for children, youth, and families
3. Integrating behavioral and physical health care
4. Strengthening the Behavioral Health Workforce
5. Preventing Overdose

Hal shared the HUD Point In Time (PIT) report. The statistics in the report show a 12% increase in persons experiencing homelessness in 2022 across the nation, and an increase in California of 30.5% from 2007 and 5.8% from 2023. California has the highest percentage of people experience homelessness who are unsheltered, including

the highest percentage of veterans experiencing homelessness and the second highest number of unsheltered youths.

Hal gave an overview of the Biden-Harris Administration's "All In: The Federal Strategic Plan (FSP)" and how it ties in with SAMHSA's programming and program support. He highlighted some of the SAMHSA strong areas:

- Increase the number of BH providers, including expanding the use of BH para-professionals
- Expand settings that offer primary and behavioral health integration.
- Promote harm reduction and low barrier models
- Maximize current resources that can provide voluntary, and trauma informed supportive services and income supports to people experiencing or at risk of homelessness
- Invest in peer-led housing and service delivery models
- Increase use of Evidence Based Practices
- Promote service delivery models such as Assertive Community Treatment (ACT) Teams and harm reduction
- Replicate the SSI/SSDI Outreach, Access, and Recovery (SOAR) model
- Reduce housing instability for those exiting from institutional systems

Hal shared a California statewide study of people experiencing homelessness completed by UCSF. The study, "Toward a New Understanding" (June 2023), explored causes in order to get statistics on mental health systems and substance use. 66% of the participants reported current mental health symptoms, 31% had attempted suicide in their lifetime, and 45% reported regular substance use. The UCSF listed several policy recommendations to address homelessness and Hal highlighted items related to SAMHSA's work: increase access to mental health and substance use services, medication treatment, shared housing, harm reduction services, treatments for stimulants, evidence-based models of care, homeless to jail revolving door, and income eligible benefits enrollment.

The UCSF study also addressed that older adults are the fastest-growing age group of those experiencing homelessness, composing nearly half of the homeless population. The numbers are estimated to triple by 2030.

Hal gave brief overviews on programs, resources, and grants related to homelessness that SAMHSA provides:

- Projects for Assistance in Transition from Homelessness (PATH)
- Grants for the Benefit Homeless Individuals (GBHI)
- Treatment for Individuals Experiencing Homelessness (TIEH)
- SSI/SSDI Outreach, Access, and Recovery (SOAR) Program
- Technology Transfer Centers (TTC)
- SAMHSA Office of Recovery
- Homeless and Housing Resource Center (HHRC)

Climate change and health equity—In fall 2022, SAMHSA developed a Climate Change and Health Equity webpage to educate about the relationship between climate change and behavioral health. Climate change is a social determinant of mental health,

behavioral health systems must become “climate-informed”, and climate stress is not equitably felt with the unhoused, communities of color, indigenous, and communities with low incomes at greater risk.

### Q&A

Barbara Mitchell brought up the importance of the direct route from incarceration or from institutions into homelessness. California has recently made some changes in eligibility for homeless services and has now allowed people who have been incarcerated any length of time and no place to go on exit to be considered as homeless and eligible for services. HUD has not followed suit and has a limit of 89 days. If someone has been incarcerated more than 89 days in the institution, they do not qualify as homeless, and they must be released on the streets. She asked if Health and Human Services Agency would be interested in trying to change that regulation.

Hal asked Barbara to send the specific information about her questions.

Bill Stewart asked how many people of color have benefited from the SOAR program and said it would be helpful to have race and ethnicity data for the studies.

Monica Caffey highlighted impacts and disparities in homelessness correlation between people of color. She stated the data and policy recommendations don't align and address disparities it feels dismissive. Programs don't state what they are doing after identifying the disparity. Monica would like to see the disparities addressed after they have been identified.

Captain Emily Williams recommended that the Council send a compilation of comments to Hal so he can craft something to send to the office of Behavioral Health Equity.

### **Public Comment**

None.

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### **Item #7: Community Care Expansion Program Update**

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Dania Khan and Ronni Heake of Horne, and Nija Fountano and Casey Mills of California Department of Social Services (CDSS) provided updated on the Community Care Expansion (CCE) Program.

Nija shared some of the CDSS Housing and Homelessness Programs and emphasized that social services are a part of the homeless system and they bring additional resources that can be critical to supporting housing stability. The CCE program addresses the issues from a systemic lens by funding the infrastructure, expansion and preservation of residential care beds, and the expansion of permanent supportive housing unit.

CCE was created as part of an interagency effort to expand the state's housing and care continuum for older adults, adults with disabilities, and people with behavioral

health conditions to ensure better treatment outcomes and to prevent the cycle of homelessness.

There are two main components of CCE:

1. Capital Expansion
  - a. Total of \$570 million available in infrastructure grants for the acquisition, construction and rehabilitation to expand adult and senior care facilities serving the target and prioritized population.
  - b. A portion of the project funds may be used to cover operational deficits to support ongoing operations and long-term sustainability.
2. Preservation Program
  - a. \$249 million available to eligible California counties for the immediate preservation of licensed facilities that serve the target population, including those who are experiencing or are at risk of homelessness.
  - b. Funds are intended to preserve and avoid the closure of existing facilities in two ways:
    - i. The Operating Subsidy Payments (OSP)
      1. Intended to cover any facilities actual or projected operating deficits with the day-to-day physical operation of the facility.
    - ii. Capital Projects (CP)
      1. Intended for critical repairs or required upgrades, including repairs needed to ensure the facility s compliant with licensing standards.

Nija shared that CDSS released a Notice of Funding Availability (NOFA) for the CCE Preservation Program in June 2022. The NOFA announced a statewide total of \$195 million in noncompetitive allocations to California counties with licensed facilities. In December 2022, CDSS released a second funding notice for an additional \$55 million for operating subsidies.

CDSS has awarded \$247 million in noncompetitive allocations to 34 counties that are administering local CCE preservation programs. The CCE website has a list of public contacts by county and folks are encouraged to reach out to the local counties with questions about the local programs.

Nija introduced Ronni and Dania from Horne. Horne is a third-party administrator that is responsible for administering both the CCE capital expansion and the preservation program, and providing technical assistance to grantees.

Dania Khan of Horne then shared the current status of the Capital Expansion Awards, stating that 48 awards have been made and 374 applications have been received. The two highest project types that have been awarded are Adult Residential Facilities and permanent supportive housing projects.

Dania shared that the dashboard with more details can be found at [www.ccegrant.com](http://www.ccegrant.com).

The next steps for Capital Expansion in 2024 were broken down into 5 different categories:

1. Award Recommendations
  - a. Full implementation planned in 2024.
2. On-Site Monitoring
  - a. All awards will have been completed and all program funding agreements and contracts will have been executed as construction activities are underway.
3. Payment Monitoring
  - a. Monitoring of payments will continue through 2029.
4. Proactively Identifying Needs
  - a. Developed processes to identify any red flags and/or needs that partners may have.
5. Resources
  - a. All lessons learned, updates, FAQs, and resources will be disseminated on a rolling basis to all awardees.

Ronni Heake of Horne provided a brief update on the preservation program. Ronni stated that 34 counties are implementing local CCE preservation programs.

The next steps for CCE Preservation in 2024 were broken down into 5 categories:

1. Full Implementation
  - a. Full implementation planned in 2024.
2. Payment Process
  - a. Accounts for the advances, obligations, and expenditures the counties are making by their projects.
3. County Monitoring
  - a. Monitoring county progress and ensure that reported obligations and expenditures match project records.
4. Program Reports
  - a. Collecting reports from counties and their facilities to validate ongoing conformance to guidelines and requirements.
5. Resource
  - a. Begun monthly TA sessions and collaboration with the counties.

## **Q&A and Public Comment**

Barbara Wilson, north Los Angeles County, questioned the time gap and stated that many facilities have been lost while waiting for the money for remediation. She would like to understand the gap between the legislators in Sacramento thinking the board and care issue is resolved and the board and care operators saying they have issues, such as roof leaks, with no money to fix the problems.

Casey Mills of CDSS responded that building and launching the Preservation Program has been a lot of work on a lot of fronts and they are working as quickly as they can. He said a lot of large counties are starting to unveil their programs, including LA County.

Barbara Wilson then asked if there is still a requirement to sign up for 30 years to receive the money, and Casey Mills responded that the deed restriction is still a requirement in statute that the legislature passed when they enacted the program.

Monica Caffey questioned why there were 374 applications with only 48 awarded. Ronni Heake responded that there was a large number of applications received near the portal closure. She said they are working quickly to communicate with applicants regarding the remaining regional funding, and for those that may not receive that award will be reviewed under the state set aside criteria.

Monica Caffey also asked if the data is available showing where the awardees are located, and Ronni responded that all the information is broken down on the website dashboard.

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### **Item #8: Wrap-Up & Next Steps**

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Monica Caffey brought up the committee work plan.

Barbara Mitchell suggested a follow up letter to SAMHSA, and to look at the current HUD regulations about the definition of homelessness. She would like to see if HHS could work with HUD to change the federal definition of homelessness to go in the same direction the state has gone with programs such as No Place Like Home and Behavioral Health Bridge Housing, to allow people coming out of institutions, jails, prisons, and treatment facilities to be eligible.

Barbara Mitchell would also like the committee to consider a mandate for people in permanent housing to require them to work on receiving income because it is not feasible to support people long term on zero income. She recognized that this may be controversial.

Jenny agreed the letter to SAMHSA is a good start and the committee can see where that fits in the existing work plan. Jenny also confirmed that the committee wants to continue to connect with SAMHSA.

Barbara Mitchell recommended that the committee should continue to support Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).

Monica Caffey asked about creating a resource list for individuals who are homeless or at risk of experiencing homelessness, based on listening session input from 2023.

Susan asked if the Department of Social Services could provide something to the committee to understand requirements for ARFs including the licensing requirements, who can live there, and what services they allowed to or required to provide.

**Public Comment**

None.

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

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

Thursday, April 18, 2024

**Agenda Item:** CBHPC Workgroup Updates

**Enclosures:** None

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

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

This agenda item provides the opportunity for the Housing and Homelessness Committee to coordinate the activities of the CBHPC workgroups into committee priorities and deliverables.

**Background/Description:**

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will provide a 2–3-minute report-out on key activities of the workgroup including planned agenda items for the upcoming meeting.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
  - Representative: Erin Franco
- **Children and Youth Workgroup**
  - Representative(s): Susie Baker
- **Substance Use Disorder Workgroup**
  - Representative(s): Don Morrison

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

Thursday, April 18, 2024

**Agenda Item:** Senate Constitutional Amendment 2 (SCA 2)

Ballot Measure to Repeal Article 34

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

[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:**

Jordan Panana Carbajal, Legislative Advocate, of California Yes In My Back Yard (YIMBY) will be presenting on SCA 2.

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.

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

Thursday, April 18, 2024

**Agenda Item:** Hope Cooperative 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 information about a local non-profit psychosocial rehabilitation agency successfully serving unhoused persons with lived experience of mental health challenges and/or co-occurring substance use disorders. Identification of best practices and evaluation of programs funded by the public behavioral health system is part of the scope of work of the Council.

**Background/Description:**

Hope Cooperative (aka TLCS) is a non-profit psychosocial rehabilitation agency that moves people from a life of instability to connection and self-sufficiency through a combination of permanent supportive housing, mental health services, substance use rehabilitation, and life skills in Sacramento and Yolo County. We believe that Hope changes lives and that the potential for life change is always possible. For more than 40 years we have operated as a client-driven organization, dedicated to providing whole person care using a person-centered approach for those who are homeless, living with mental health challenges, and/or co-occurring substance use disorders.

Annually, we provide housing and vital services for more than 10,000 individuals. Our more than 350 dedicated employees, work to build stronger communities by offering culturally sensitive services that support people on their path to self-sufficiency. We are proud of the fact that many of our staff identify as persons with lived expertise and use their experience to walk beside our clients on their recovery journey. While many of our clients enter our services while experiencing homelessness, often isolated from natural supports; most gain access to housing, supports, and community connections leading to a level of self-sufficiency. Our agency provides a continuum of supports and services to meet the immediate and long-term needs of the people we serve.

Source: <https://hopecoop.org/>

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

Thursday, April 18, 2024

**Agenda Item:** 2024 Adult Residential Care Facilities “ARCF” Bill

**Enclosures:** [Senate Bill \(SB\) 1082](#)  
[SB 1082 Fact Sheet](#)  
[Issue Brief-Adult Residential Facilities](#)  
[Department of Developmental Services-Adult Community Care Facility Rates](#)

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

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

**Background/Description:**

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

Senate Bill 1082 attempts to address the financial barriers ARFs face providing a more sustainable fund source. Theresa Comstock, Executive Director of the CA Association of Local Behavioral Health Boards & Commissions and sponsor of the bill, will provide an overview of SB 1082 - Augmented Residential Care Facilities. Members will have an opportunity to discuss the bill, provide feedback to be incorporated in the bill language, and act if they choose.

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

Thursday, April 18, 2024

**Agenda Item:** Draft Letter to Substance Abuse and Mental Health Services Administration (SAMHSA): Definition of Chronic Homelessness

**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 allow the HHC to advocate for a policy change that will make it easier to serve unhoused persons served by the public behavioral health system.

**Background/Description:**

In California, amendments to the definition of homelessness have been made to the Behavioral Health Bridge Housing program to align with California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management and Community Supports.

The federal definition under the U.S Department of Housing and Urban Development Continuum of Care regulations does not consider a person coming from an institution, where they have been for more than 90 days, homeless. Council staff will review and discuss a draft letter composed to the Substance Abuse and Mental Services Administration (SAMHSA) requesting assistance in advocating for a change in the federal definition.

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

Thursday, April 18, 2024

**Agenda Item:** Committee Workplan Review

**Enclosures:** Workplan

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

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

This agenda item provides committee members the opportunity to review the work plan to ensure that committee activities are aligned with the Council's mission.

**Background/Description:**

The purpose of the committee work plan is to establish the objectives and goals of the Committee. Committee members will review and discuss the work plan with the new Council staff person to identify goals, objectives, roles, and timelines for the work of the committee. Updates to activities and timelines will be suggested.

Things for committee members to consider:

- Adjusted timelines for priority activities that are still in progress due to the committee being without an assigned staff person for an extended period.
- Activities that no longer exist or have shifted in priority.
- New initiatives, programs, or policies to be added or included in existing goals.
- The time frame this work plan should cover.

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

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**GOAL 1**

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

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

**Target Audience:** Stakeholders, Legislature

**Activities:**

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

**Timeline:** October 2023 - April 2024

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**GOAL 2**

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

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

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

**Activities:**

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

**Timeline:** January 2024-December 2024

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

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**GOAL 3**

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

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

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

**Activities:**

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

**Timeline:** June 2023-October 2024