

## Housing & Homelessness Committee Agenda

Thursday, June 20, 2024

8:30 am to 12:00 pm

Lake Arrowhead Resort

27984 HWY 189 Lake Arrowhead, CA 92352

Evergreen

[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, Introductions, and Housekeeping</b><br><i>Monica Caffey, Chairperson</i>   |              |
| <b>8:40 am</b>  | <b>Review and Accept April 2024 Meeting Minutes</b><br><i>Deborah Starkey, Chairperson-Elect, and All Committee Members</i>  | <b>Tab 1</b> |
| <b>8:45 am</b>  | <b>CBHPC Workgroup Updates</b><br><i>Monica Caffey, Chairperson, and All Committee Members</i>   | <b>Tab 2</b> |
| <b>8:55 am</b>  | <b>Committee Workplan Review</b><br><i>Monica Caffey, Chairperson, and All Committee Members</i>   | <b>Tab 3</b> |
| <b>9:35 am</b>  | <b>Public Comment</b>  |              |
| <b>9:40 am</b>  | <b>Break</b>   |              |
| <b>9:50 am</b>  | <b>Updates: CBHPC Letter</b><br><i>Monica Caffey, Chairperson</i> <ul style="list-style-type: none"><li>• CBHPC Letter to HUD re: Chronic Homelessness Definition</li><li>• CBHPC Letter to HCD re: Prop 1 Bond Funding</li></ul> <i>Barbara Mitchell, Council Member</i> <ul style="list-style-type: none"><li>• Housing First Regulations Letter Recommendations</li></ul> | <b>Tab 4</b> |
| <b>10:10 am</b> | <b>San Bernadino County Homeless Partnership Presentation</b><br>Marcus Dillard, Chief, San Bernardino County Office of Homeless Services  | <b>Tab 5</b> |
| <b>10:55 am</b> | <b>Public Comment</b>  |              |
| <b>11:00 am</b> | <b>Break</b>   |              |
| <b>11:10 am</b> | <b>Project Roomkey Evaluation Final Report Presentation</b><br><i>Nichole Fiore, Principal Associate, Abt Global</i>   | <b>Tab 6</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

**11:50 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

**TAB 1**

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

Thursday, Jun 20, 2024

**Agenda Item:** Review and Accept April 2024 Meeting Minutes

**Enclosure(s):** Draft April 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 April 2024 meeting.

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

Thursday, April 18, 2024

8:30 am to 12:00 pm

**Council Members Present:**

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

**Staff Present:**

Jenny Bayardo, Gabriella Sedano, Simon Vue

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

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<b>Item #1</b>	<b>Approval of January 2024 Meeting Minutes</b>
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The Housing and Homelessness Committee (HHC) reviewed the January 2024 Draft Meeting Minutes. The minutes were accepted by the committee with no edits.

**Action/Resolution**

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

**Responsible for Action-Due Date**

Simon Vue – April 2024

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<b>Item #2</b>	<b>CBHPC Workgroup Updates</b>
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Jenny Bayardo shared that the Reducing Disparities Work Group (RDW) has developed a list of potential questions on disparities for guest speakers. RDW has submitted this list to the Executive Committee for feedback and review. Jenny requested that at least one member from HHC participate in the workgroup and provide an update in the next meeting. Bill Stewart reported that Children and Youth Work Group (CYW) viewed a segment of the PBS documentary, *Hiding in Plain Sight: Youth Mental Illness*. This short film features first-person accounts from youth living with mental health conditions. Monica Caffey announced that CYW plans to create a forum where young people can share their experiences with the Planning Council, and work together to establish priorities for youth wellbeing. Bill added that CYW is determining the most suitable times for the next quarterly meeting to ensure youth participation.

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<b>Item #3</b>	<b>Senate Constitutional Amendment 2 (SCA 2) Ballot Measure to Repeal Article 34</b>
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Jordan Panana Carbajal, Legislative Advocate from California Yes In My Backyard (YIMBY), presented on SCA 2. This measure aims to repeal Article 34 of the California Constitution, which requires public approval for low-rent housing projects funded by taxpayer dollars. Jordan stated that Article 34 perpetuates racial and economic disparities by enabling wealthy communities to veto racial integration. They do this by approving affordable housing projects only in undesirable neighborhoods. Furthermore, Article 34 exacerbates California's severe housing and homelessness crisis by restricting the construction of affordable housing. SCA 2 passed the State Senate with a vote of 37-0 on January 26, 2022, and the State Assembly with a vote of 73-0 on August 31, 2022. The measure will appear on the November ballot in 2024. If voters approve SCA 2, it will empower local governments to address the issues of low-income housing and homelessness. This would lead to more equitable communities, an increased rate of affordable housing construction, and taxpayer-dollar savings.

#### Q&A:

Susie Baker asked if any group had publicly opposed SCA 2. Jordan indicated that no group had publicly announced opposition or voiced against SCA 2 during its time in the Legislature, where it was unanimously passed in both chambers.

Arden raised a question about the problem of gentrification and its effect on Black, Indigenous, and People of Color (BIPOC) communities. Jordan replied that one of California YIMBY's core values is that children who grow up in a neighborhood should have the opportunity to remain and flourish in that same area. He shared that California YIMBY backs legislation addressing gentrification and has conducted studies and research on gentrification issues and the impact of affordable housing. Barbara requested that Jordan share their studies, as up-to-date research materials are beneficial. Having led a nonprofit organization for years where endorsing specific candidates was not allowed, Barbara queried how California YIMBY could do so.

Jordan explained that California YIMBY is a registered 501(c)(3) and (c)(4) nonprofit. Jason Bradley brought up Senate Bill (SB) 469 (Allen), signed by Governor Newsom on September 8, 2023, which aims to reform Article 34 by stipulating that the use of state affordable-housing funds does not necessitate voter approval under Article 34. If SCA 2 fails to repeal Article 34, Jason suggested that the group monitor SB 469 and collaborate on building more exclusions.

Don Morrison asked about the Governor's position on SCA 2. Jordan responded that his group has not received any communication from the Governor's Office.

#### **Action/Resolution**

HHC staff to email Jordan with a request for their research materials and studies to share with HHC members.

#### **Responsible for Action-Due Date**

Simon Vue - Ongoing

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<b>Item #4</b>	<b>Public Comment</b>
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No public comment.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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<b>Item #5</b>	<b>Hope Cooperative Presentation</b>
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Marlyn Sepulveda, Chief Operating Officer, and Linda Bratcher, Care Coordinator, from Hope Cooperative, presented on permanent supportive housing (PSH). Maryln shared that PSH is not a shelter, but a permanent home for individuals and families. It caters to those experiencing homelessness, possibly coupled with chronic health issues, disabilities, or other severe challenges. PSH merges the stability of a permanent home with tailored services to help residents live independently within the community.

Hope Cooperative embraces a Housing First approach, which prioritizes transitioning individuals from homelessness to permanent housing as quickly as possible, without any preconditions. Marlyn mentioned that Housing First is successful nationwide and has a 90 percent success rate at Hope Cooperative in Sacramento.

Marlyn shared that in Sacramento, people primarily access PSH in two ways:

- 1) Sacramento is moving to a Coordinated Access System that matches homeless individuals and families with housing and services that best suit their needs.
  - a. Standardized Access
  - b. Assessment
  - c. Prioritization
  - d. Resource Allocation
  - e. Data Integration
  - f. Community Collaboration
  - g. Transparency and Fairness
- 2) The Sacramento County Behavioral Health Department is adding 15-30 housing units for behavioral health services.

Successful PSH requires strong collaboration between property management, residential services, and case management services to provide wrap-around support.

Marlyn suggested that affordable housing is a solution to homelessness. Project Homekey is a significant initiative aimed at reducing homelessness. It goes beyond housing to provide residents with healthcare, social services, and other support to ensure long-term stability and community integration. Linda gave a brief overview of their Hope Housing Program – La Mancha, a Mercy Housing Homekey Project that

provides comprehensive services to 60 individuals in PSH. This project has been commended by the Governor as a successful effort to tackle homelessness.

#### Q&A:

Susie Baker shared that a significant hurdle for homeless individuals in her county is the challenge of accessing programs and services without documentation. She queried how Hope Cooperative tackles this problem. Maryln acknowledged these barriers as commonplace but mentioned ongoing initiatives aiming to address them. Linda noted that staff can upload necessary documents into the Homeless Management Information System (HMIS), eliminating the need for individuals to visit the Department of Motor Vehicles (DMV) for document retrieval.

Bill Stewart sought clarification regarding the sponsor bringing 15-30 units to Sacramento County. Maryln explained it as a pilot project of 15 units, focusing on transitioning people from shelters to housing. Erin Franco asked about the occupancy rate of Hope Cooperative's projects. Maryln stated that it is approximately 99 percent. Erin further inquired if they monitor the total number of units needed and how many they currently meet with their projects. Maryln, uncertain of the precise numbers, estimated around 9,000 people are homeless in Sacramento. They have about 500 housing units in the pipeline and are continually seeking additional opportunities.

Erin inquired if the reported data is stored for a county. Jason replied that the California Department of Housing and Community Development (HCD) maintains a statewide dashboard that displays the number of housing units needed and the income variations across different geographic areas. Jason further stated that, according to their statewide plan, there's a demand for 2.5 million housing units over the next ten years.

Jason Bradley questioned the types of vouchers Hope Cooperative provides. Maryln described that HUD released similar-to-Section 8 vouchers in the 1990s, which they applied for. These are used for their Full-Service Partnership, which is a high-intensity mental health program for chronically homeless people. She added that they also have project-based vouchers tied to the HUD housing project. These vouchers are not transferable; if an individual moves, they cannot take the voucher with them. Sacramento Housing and Redevelopment Agency (SHRA) issued what they call "move on" vouchers to assist long-term residents of these projects.

#### **Action/Resolution**

N/A

#### **Responsible for Action-Due Date**

N/A

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<b>Item #6</b>	<b>Substance Abuse and Mental Health Services Administration (SAMHSA) Update</b>
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Hal Zawacki, M.P.H., M.S.W., Assistant Regional Director, Region IX from SAMHSA, provided an update on the homeless data he discussed at the January Meeting. He also outlined SAMHSA's efforts to address disparities through program activities.

According to HUD's 2023 Point-in-Time Report, over 650,000 people were experiencing homelessness, marking a 12 percent increase nationwide. HUD's report indicates that about 25 percent of adults experiencing homelessness in the US reported severe mental illness, with about 20 percent having a substance use disorder (SUD). However, Hal noted that HUD's data slightly differs from the "All In: The Federal Strategic Plan to Prevent and End Homelessness" Report by the United States Interagency Council on Homelessness (USICH). According to USICH's report, approximately 25 percent of people experiencing homelessness have a severe mental illness, and about 35 percent have SUDs. Hal shared that these rates tend to be higher amongst people living unsheltered or those with disabilities.

Hal emphasized that behavioral health is not the primary cause of homelessness. Factors contributing to the rise in homelessness include a shortage of affordable housing, high living costs, racial and ethnic disparities, inadequate safety nets, and more. He also shared that housing instability and homelessness lead to increased risk of substance abuse, serious mental illness, and trauma and violence.

Hal mentioned a study by the University of California, San Francisco that found Black or African Americans, Native Americans, and Pacific Islanders are overrepresented among people experiencing homelessness. Additionally, HUD's Point in Time report showed that Hispanic Latinos had the largest numerical increase in homelessness.

SAMHSA, primarily a grant-making agency, uses various strategies to address some of the disparities that are out there. Almost half of the \$621 million that SAMHSA provided to California in 2023 came as block grants, providing the state with flexibility in deciding how to use these funds. The state relies on advocacy groups to determine how to allocate this money. Hal shared that grant-making agencies develop specific strategies to target disadvantaged groups or populations including:

- 1) Targeting specific racial/ethnic groups
- 2) Targeting specific disadvantaged communities
- 3) Targeting specific populations through directed funding/set-asides
- 4) Disparity Impact Statements and Reviews

Hal added that even if a grantee targets a disadvantaged community, their impact might be limited if their services are not culturally and linguistically appropriate. Disparity impact statements should show how the grantee will provide responsive services.



Hal provided an overview of HUD's and HHS's Housing and Services Partnership Accelerator Initiative. This initiative provides selected states with technical assistance to develop or expand housing-related support and services for Medicaid-eligible people with disabilities and older adults who are experiencing or at risk of homelessness. States were required to form collaborative teams from their health, housing, and aging and disability sectors, and outline their implementation status of Medicaid-covered housing support and services, their goals under the Accelerator, and areas requiring technical assistance.

#### Q&A:

Erin asked if there is a place where SAMHSA keeps the data in terms of geographical areas and populations. Hal responded that they do a lot of studies every year where the data can be broken down by states but believes cannot be broken down by counties yet. Hal also added that, because the community health center program does require a lot of geographic analysis as part of the grant application process, they fund a contractor who provides a lot of disparities data that is available on the web for the general population.

Monica shared that, at the previous meeting, Hal mentioned there was an office at SAMHSA for the racial and ethnic programs. Monica asked if Hal had any updates regarding how they are addressing the data regarding disparities. Hal responded that it was the Office of Behavioral Health Equity. Previously, most grant programs were kind of generic and they said the money was to be used for behavioral health services and lots of different groups of people could apply. But how do you track and ensure that money is going towards addressing disparities? SAMHSA's Office of Behavioral Health Equity has increased its staff by 400 percent to come up with a concept of these disparity impact statements and use them to try to guide grantees. However, there are not a lot of teeth in it because the grantees are already funded. SAMHSA uses these statements to guide them to address those disparities.

Jason asked who the lead agency in California is regarding the Housing and Service Partnership Accelerator Program. The lead agency is the Department of Health Care Services (DHCS). The core team includes the Department of Aging, Department of Rehabilitation, Business Consumer Services and Housing Agency, then Housing Choice Voucher (HCV). The reason these agencies are involved is because the focus is on bridging health housing, specifically for aging Californians and those with disabilities.

#### **Action/Resolution**

N/A

#### **Responsible for Action-Due Date**

N/A

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<b>Item #7</b>	<b>Public Comment</b>
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A member of the public shared that many for-profit organizations are becoming limited liability companies (LLCs), which are not required to disclose any information. The question was how SAMHSA tracks public dollars, especially when dealing with LLCs that may not provide information. In response, Hal explained that there is a reporting process for all spent dollars. Every federal grant is subject to the “Government Performance and Results Act” (GPRA), which requires grantees to report the services they provide, their beneficiaries, and how they use the grant. Therefore, even if a grantee subcontracts with a for-profit organization, they are still required to report if they receive public dollars.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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<b>Item #8</b>	<b>2024 Adult Residential Care Facilities “ARCF” Bill</b>
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Theresa Comstock, Executive Director of the California Association of Local Behavioral Health Boards (CALBHB/C), provided a presentation on Senate Bill 1082 (Eggman). This bill proposes the creation of an Augmented Residential Care Facility (ARCFs), a new type of facility designed to provide 24-hour nonmedical care for up to six adults with serious mental illness. This bill would require ARCFs to be licensed by the Department of Social Services (CDSS) and certified by the Department of Health Care Services (DHCS).

There is a pressing need in California for small, homelike, community-based residential care facilities for individuals with serious mental illness who are unable to live independently. Theresa highlighted three key challenges:

- 1) **Financial:** Adult Residential Facilities (ARFs) cannot sustain themselves on a small scale without substantial subsidies.
- 2) **Staffing:** Recruiting and retaining a professional, trained, and experienced staff requires proper management, appropriate salaries, and ongoing training.
- 3) **“Not In My Backyard:”** Communities often oppose the construction of new facilities or attempts to rezone properties for ARFs.

**Q&A:**

Erin cited the Orange County Wellness Center as an example of a facility doing excellent work but noted that it serves a mixed population of Intellectual and Development Disabilities (IDDs) individuals with those with mental health conditions. These two groups have different service needs, yet they are being served under one block. Erin expressed concerns about the effectiveness of this approach statewide and suggested tailoring services to the specific needs of different populations.

Barbara Mitchell shared that CBHPC's Legislative Committee supports SB 1082 in concept but wants to continue collaborating with the bill's author and the association on various provisions. Barbara shared concerns about the feasibility for small providers to meet the certification requirements for ARCFs, given the need for additional staffing and services. She added that the Legislative Committee prefers a more inclusive approach for people not in not in ARCFs. Barbara also mentioned that the bill does not adequately address the funding mechanism.

Theresa responded that behavioral health agencies do provide patches to board and care facilities, generally those with 45 beds or larger. These patches can range up to around \$225 per day per individual. However, that funding is not matched with Medi-Cal. Theresa added that the tiered structure for IDD, which does receive some Medi-Cal matching, could be a potential source of funding.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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### **Item #9      Public Comment**

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Ted: Audio Incomprehensible\*

Bill asked how to create an action item for HHC to decide whether to support SB 1082. Barbara Mitchell replied that the Legislative Committee had already listed the bill as an action item and had voted on it.

Barbara Wilson, a member of the public, shared that the process of getting into a licensed board and care facility can be onerous. She mentioned that the website does not specify whether licensed board and care homes serve those connected with regional centers or those who are not. In Los Angeles County, facilities that collaborate with the regional center have exclusive use. Therefore, unless you are already a regional center client, you cannot access these facilities.

Furthermore, Barbara stated that to access a licensed facility using Enriched Residential Care (ERC) funding, you must already have an open case with the County Department of Mental Health. Without this, you are not eligible. Consequently, individuals coming from home who have never been in a board and care home probably do not have an open case with the County. Opening a case can take a significant amount of time.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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**Item #10      UPDATE: Letter to SAMHSA RE: Definition of Chronic Homelessness**


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During the HHC January 2024 Meeting with Mr. Zawacki, the group discussed a critical issue concerning the Department of Housing and Urban Development's (HUD) eligibility criteria for chronic homelessness. As an action item, HHC submitted a letter to SAMHSA urging that HUD and other federal agencies consider amending the federal definition of chronic homelessness to reflect that of California's definition.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #11      Committee Workplan Review**


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There was not enough time to discuss this agenda item.

**Action/Resolution**

Move this agenda item to the June 2024 agenda.

**Responsible for Action-Due Date**

Simon Vue – ongoing

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**Item #12      Public Comment**


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No public comment.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #13      Wrap-up Next Steps**


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There was not enough time to discuss this agenda item.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

**TAB 2****California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, June 20, 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

**TAB 3****California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, June 20, 2024

**Agenda Item:** Committee Workplan Review

**Enclosure(s):** Housing and Homelessness Committee 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
  - MHSA 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



**TAB 4**

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

Thursday, June 20, 2024

**Agenda Item:** Updates: CBHPC Letter

**Enclosures:** Letter to the US Department of Housing and Urban Development (HUD)  
re: Chronic Homelessness Definition

Letter to the CA Department of Housing and Community Development  
(HCD) re: Prop 1 Bond Funding

Housing First Regulation Letter Recommendations

[Is the Housing First Model Effective? Different Evidence for Different Outcomes](#)

**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 HHC to advocate for policy changes 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 (BHBH) program to align with California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management and Community Supports. CBHPC submitted a letter to HUD and the Substance Abuse and Mental Health Services Administration (SAMHSA), urging that HUD consider amending the federal definition of chronic homelessness to mirror California's definition.

CBHPC also submitted a letter to HCD urging that they consider the following recommendations when drafting regulations for the Behavioral Health Infrastructure Bond Act (BHIBA) under Proposition 1, approved in March 2024.

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

HHC will discuss the proposed language for HCD regarding Housing First regulations.



# California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

## CHAIRPERSON

Deborah Starkey

## EXECUTIVE OFFICER

Jenny Bayardo

## ADDRESS

P.O. Box 997413  
Sacramento, CA 95899-7413

## PHONE:

(916) 701-8211

## FAX:

(916) 319-8030

MS 2706

May 10, 2024

Adrienne Todman

Acting Secretary

U.S. Department of Housing and Urban Development

451 7th Street, S.W.

Washington, DC 20410

## RE: Federal Definition of Chronic Homelessness

Dear Ms. Todman:

On behalf of the California Behavioral Health Planning Council (Council), I am writing to express our concerns regarding the United States Department of Housing and Urban Development's (HUD) definition of chronic homelessness defined in 24 CFR 578.3. This letter was initially submitted to the Substance Abuse and Mental Health Services Administration (SAMHSA), who then recommended that a copy of the letter be forwarded to HUD.

Pursuant to state law, the Council serves as an advisory body to the State Legislature and Administration on the policies and priorities that California should pursue in the development of its behavioral health system. Our diverse membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state and county departments whose populations are impacted by the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

**The Council is concerned that the federal definition of chronic homelessness set forth by HUD is too narrow.** Adopting this definition would exclude vulnerable populations in dire need of housing, especially those who have been residing in an institutional care facility or the incarceration system for more than 89 days and are exiting the facility or system. We are writing to bring this issue to your attention and consideration.



## California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

### CHAIRPERSON

Deborah Starkey

### EXECUTIVE OFFICER

Jenny Bayardo

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MS 2706

According to HUD, participants must meet the following definition of “chronically homeless” in order to be eligible for housing services restricted to chronically homeless individuals or families:

- *A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:*
  - *Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and*
  - *Has been homeless and living as described for at least 12 months\* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.*
- *An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility\*\*:*  
*or*
- *A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.*

Recently, the State of California has taken a commendable step by broadening its eligibility criteria for chronic homelessness under the Behavioral Health Bridge Housing (BHBH) program administered by the California Department of Health Care Services (DHCS). BHBH's criteria now include individuals exiting institutions who have no place to go upon release, regardless of length of stay and homeless status prior to entry.<sup>1</sup> Additionally, the timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless under the current HUD definition to thirty (30) days.

However, HUD's current policies do not align with this broader approach. **Part of HUD's eligibility criteria sets an 89-day limit for stays in an institutional setting.**<sup>2</sup> This means that individuals incarcerated for more

<sup>1</sup> DHCS BHBH Program Request for Application Round 3: County Behavioral Health Agencies. Pg. 10. [https://bridgehousing.buildingcalhhs.com/wp-content/uploads/2024/01/BHBH\\_Round\\_3\\_RFA\\_508\\_Corrected\\_Dates\\_final.pdf](https://bridgehousing.buildingcalhhs.com/wp-content/uploads/2024/01/BHBH_Round_3_RFA_508_Corrected_Dates_final.pdf)

<sup>2</sup> Code of Federal Regulations. Title 24, sec. 578.3 Definitions. <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-A/section-578.3>



## California Behavioral Health Planning Council

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MS 2706

than this period are no longer considered “homeless” upon discharge even if they have no place to go. Additionally, this means that persons with serious mental illness are often released on to the streets from residential facilities for substance use disorder (SUD) or mental health treatment, jails, prisons, and both locked and unlocked mental health treatment programs as they are not considered homeless if they have been in one of these facilities more than 89 days under federal regulations.

The implications of the federal definition are substantial, as it impacts individuals’ eligibility for benefits and services, leaving them in a precarious position that would only perpetuate the cycle of homelessness. Paradoxically, it also provides a disincentive for homeless persons to enter into much needed residential treatment programs for mental health or SUD treatment as they fear losing their “homeless status,” which provides an entry into many permanent housing programs.

**The Council strongly urges HUD to consider amending the federal definition of chronic homelessness to reflect that of California’s definition.** Adopting similar changes to those implemented by the State of California would be a significant step towards ending homelessness nationwide.

Thank you for your attention to this urgent matter. We welcome the opportunity to provide further input or clarification if necessary.

If you have any questions regarding this letter, please contact our Executive Officer, Jenny Bayardo, at (916) 750-3778 or [Jenny.Bayardo@cbhpc.dhcs.ca.gov](mailto:Jenny.Bayardo@cbhpc.dhcs.ca.gov).

Sincerely,

Deborah Starkey  
Chairperson

CC: Hal Zawacki, Assistant Regional Director, Region IX, SAMHSA



# California Behavioral Health Planning Council

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May 7, 2024

Timothy Lawless  
Branch Chief  
California Department of Housing and Community Development  
2020 West El Camino Avenue  
Sacramento, CA 95833

## RE: Recommendations regarding the Behavioral Health Infrastructure Bond Act (BHIBA)

Dear Mr. Lawless:

On behalf of the California Behavioral Health Planning Council (Council), I am writing to share our recommendations for the development of regulations pertaining to the Behavioral Health Infrastructure Bond Act (BHIBA) under Proposition 1, approved in March 2024.

Pursuant to state law, the Council serves as an advisory body to the State Legislature and Administration on the policies and priorities that California should pursue in the development of its behavioral health system. Our diverse membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state and county departments whose populations are impacted by the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council urges the California Department of Housing and Community Development (HCD) to consider the following recommendations when drafting regulations for BHIBA.

1. Adopt Behavioral Health Bridge Housing (BHBH) Program's Definition of Homelessness
2. Adopt No Place Like Home (NPLH) Program's Definition of At-Risk of Chronic Homelessness for the Definition of Chronic Homelessness
3. Broaden the Definition of Veteran
4. Broaden the Types of Housing Projects that Can be Funded.



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Deborah Starkey

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**EXECUTIVE OFFICER**

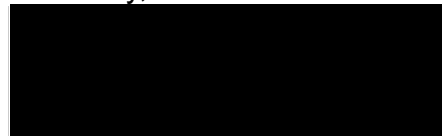
Jenny Bayardo

The Council will be providing comments in a subsequent letter about suggested changes to Housing First requirements under this program. We believe these recommendations will strengthen BHIBA to ensure all Californians are able to access and receive high quality services to lead full and purposeful lives.

Thank you for your attention to these important issues. We welcome the opportunity to further discuss these recommendations at your convenience.

If you have any questions regarding this letter, please contact our Executive Officer, Jenny Bayardo, at (916) 750-3778 or [Jenny.Bayardo@cbhpc.dhcs.ca.gov](mailto:Jenny.Bayardo@cbhpc.dhcs.ca.gov).

Sincerely,



Deborah Starkey  
Chairperson

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CC: Lindsey Sin, Secretary, CalVet  
Paula Wilhelm, Interim Deputy Director, Behavioral Health, DHCS





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## Recommendation #1: Adopt Behavioral Health Bridge Housing (BHBH) Program's Definition of Homelessness

The Council is concerned that the federal definitions of homelessness and chronic homelessness set forth by the United States Department of Housing and Urban Development (HUD) through the Continuum of Care programs is too narrow. Adopting these definitions would exclude vulnerable populations in dire need of housing, especially those who have been residing in an institutional care facility or the incarceration system for more than 89 days and are exiting the facility or system.

Part of HUD's eligibility criteria sets an 89-day limit for stays in an institutional setting.<sup>1</sup> This means that individuals incarcerated for more than this period are no longer considered "homeless" upon discharge even if they have no place to go. Additionally, this means that persons with serious mental illness are often released on to the streets from residential facilities for substance use or mental health treatment, jails, prisons, and both locked and unlocked mental health treatment programs as they are not considered homeless if they have been in one of these facilities more than 89 days under federal regulations. The implications of the federal definition are substantial, as it impacts individuals' eligibility for benefits and services, leaving them in a precarious position that would only perpetuate the cycle of homelessness. Paradoxically, it also provides a disincentive for homeless persons to enter into much needed residential treatment programs for mental health or substance use disorder (SUD) treatment as they fear losing their "homeless status," which provides an entry into many permanent housing programs.

Recently, the State of California has taken a commendable step by determining that eligibility criteria for homelessness under the Behavioral Health Bridge Housing (BHBH) program administered by the California Department of Health Care Services (DHCS) will match the criteria set under the California Advancing & Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) program,<sup>2</sup> rather than the federal HUD criteria. BHBH's criteria now include individuals exiting institutions who have no place to go upon release, regardless of length of stay and homeless status

<sup>1</sup> Code of Federal Regulations. Title 24, sec. 578.3 Definitions. <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-A/section-578.3>

<sup>2</sup> CalAIM Enhanced Care Management Policy Guide. September 2023. Pgs. 11-12. [ECM Policy Guide Updated September 2023.pdf \(ca.gov\)](#)



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prior to entry.<sup>3</sup> Additionally, the timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless under the current HUD definition to thirty (30) days.

### **Recommendation #2: Adopt No Place Like Home (NPLH) Program's Definition of At-Risk of Chronic Homelessness as the Chronic Homelessness Definition.**

In addition, the Council strongly urges HCD to consider adopting NPLH's definition of at-risk of chronic homelessness to enhance the alignment and efficiency of our collective efforts to combat homelessness statewide. NPLH's definition similarly enlarged the definition to allow individuals who have been in treatment or institutional settings to qualify as "at risk of chronic homelessness" to access needed housing. Under this definition, the individual must have had a history of homelessness in the year prior to entering the institution. This is a viable way to include more at-risk individuals in housing limited to chronically homeless persons.

Under the NPLH program,<sup>4</sup> administered by HCD, the following definitions apply:

***Applicant is "At Risk of Chronic Homelessness" Persons qualifying under this definition are persons who are at high-risk of long-term or intermittent homelessness- (Check one of the following qualifications)***

- a. *Persons, including Transition-Age Youth, who are exiting an institution or facility and prior to entering into one of the facilities or types of institutional care listed herein, had a history of being Homeless: a state hospital, hospital behavioral health unit, hospital emergency room, institute for mental disease, psychiatric health facility, mental health rehabilitation center, skilled nursing facility, developmental center, residential*

<sup>3</sup> DHCS BHBH Program Request for Application Round 3: County Behavioral Health Agencies. Pg. 10. [https://bridgehousing.buildingcalhhs.com/wp-content/uploads/2024/01/BHBH\\_Round\\_3\\_RFA\\_508\\_Corrected\\_Dates\\_final.pdf](https://bridgehousing.buildingcalhhs.com/wp-content/uploads/2024/01/BHBH_Round_3_RFA_508_Corrected_Dates_final.pdf)

<sup>4</sup> HCD No Place Like Home Program Round 3 Guidelines. October 2020. Pgs.1-2. <https://www.hcd.ca.gov/grants-funding/active-funding/nplh/docs/nplh-2020-amended-guidelines-clean-version.pdf>





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*treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care.*

- b. Transition-Age Youth experiencing homelessness or with significant barriers to housing stability, including, but not limited to, one or more evictions or episodes of homelessness, and a history of foster care or involvement with the juvenile justice system; and others as set forth below.*

**NOTE: Having a history of being homeless means, at a minimum, one or more episodes of homelessness in the 12 months prior to entering one of the facilities or types of institutional care listed herein. There is no limitation on the length of stay in the institution. Although persons exiting an institution must have a history of homelessness in the 12 months prior to entering the institution, this criterion can be satisfied if, in the 12 months prior to entry into any of the facilities or types of institutional care listed above, have resided at least once in any kind of publicly or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, or hotels or motels.**

### Recommendation #3: Broaden the Definition of Veteran

California is home to 30 percent of all homeless veterans in the United States (US) and nearly half of all unsheltered veterans nationwide.<sup>5</sup> Over half of these veterans struggle with mental health challenges, and more than 70 percent suffer from SUD.

Despite the availability of numerous benefits and services to aid veterans in their transition to civilian life or retirement, many individuals who served in the military are unable to access these resources. This is largely due to their disqualification as veterans due to dishonorable discharges. Furthermore, those diagnosed with serious mental illnesses during their military service are often ineligible for veteran status if they are released from the military during their first six months. Unfortunately, some individuals experiencing homelessness fall into this category, and without

<sup>5</sup> 2023 Annual Homeless Assessment Report to Congress. U.S. Department of Housing and Urban Development. December 2023. <https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf>



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the recognition of their veteran status, they are left without access to the essential services provided by the government.

Both the California Department of Veterans Affairs (CalVet)<sup>6</sup> and US Department of Veterans Affairs (VA)<sup>7</sup> have defined ‘veteran’ as someone who has been ‘honorably discharged’ from their military service. The Council is concerned that this definition excludes a population of individuals who, despite not having an honorable discharge, are equally in need of support and services. Since 50 percent of the housing funding has been set aside for homeless veterans, and since only approximately six to seven percent of homeless persons in California are veterans according to HUD and CA data from the Continuum’s of Care, expanding the definition of eligible veterans might be warranted.

**In light of these issues, the Council urges HCD and CalVet to consider broadening the definition of ‘veteran’ to include all individuals who have served in the military no matter their discharge status.**

### **Recommendation #4: Broaden the Types of Housing Projects that Can be Funded**

Considering that a portion of BHIBA funding (\$1.972 billion) is set to be directed towards Project Homekey, the Council is concerned that smaller rural counties, which may have limited or even no prospective motel or building acquisitions, might be overlooked in the distribution of these funds. In addition, counties must be given the opportunity to determine the best type of projects to meet housing needs, and Homekey is only one modal.

Although Project Homekey has made significant strides in addressing homelessness statewide, the Council firmly believes the inclusion of alternative housing options is essential in order to cater to the wide range of housing needs present across the state. **To this end, the Council urges HCD to consider a broader range of housing project types, such as HCD’s Multifamily Housing Program (MHP), which has**

<sup>6</sup> California Department of Veterans Affairs. 2022. Website. <https://www.calvet.ca.gov/calvet-programs>

<sup>7</sup> 38 U.S. Code § 101 – Definitions. <https://uscode.house.gov/view.xhtml?req=granuleid:USC-2015-title38-section101&num=0&edition=2015>



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**proven capable of catering to the diverse and unique housing needs of all Californians, regardless of their location or economic status.**

Unlike Project Homekey, which primarily focuses on the acquisition and conversion of motels and commercial buildings, MHP focuses on new construction of affordable rental units, making it a more viable option for smaller counties that do not have existing real estate available to convert.

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## **Housing First - Allow Mandated Service Requirements to Assist Homeless Persons with Significant Challenges to Retain Housing**

The Housing First approach focuses on providing permanent housing without any preconditions, such as income level, employment status, sobriety, or any other factors. Once housed, individuals are not obligated to participate in services to keep their housing. However, in their 2019 Notice of Funding Availability (NOFA), HUD modified the Housing First regulations to include the ability of providers to include service participation requirements for ongoing support.<sup>1</sup>

The updated regulations include the flexibility to include service requirements for individuals to help them maintain housing. Many housing providers have expressed concerns about persons who have repeatedly been evicted from or who have otherwise left housing due to inability to maintain housing under the lease agreements. Examples include persons with serious substance use and co-occurring mental illness whose substance use has repeatedly resulted in property damage to units, or disturbances of the quiet enjoyment of the housing for other tenants or non-payment of rent, leading to evictions. The ability of housing providers to require participation in out-patient SUDS treatment to help the tenant maintain the housing can be a viable alternative to eviction. In addition, another example is a requirement that tenants who enter housing with no income either enroll for public benefits or enroll in vocational or educational programs designed to help them gain income and or employment. There are a small but significant number of tenants who have refused to engage in any services once housed in permanent housing and who never obtain income. In fact, housing providers are then obligated to pay the tenant a utility allowance rather than to deduct the utility allowance from their rent. The lack of income from tenant rent will eventually impede the financial viability of the housing as affordable housing models all rely on some tenant contribution.

The Council strongly believes that stable housing is a crucial foundation for individual success, and that participation in services is a vital support system that encourages overall growth and progress. Both elements are equally important for achieving positive outcomes!

**Therefore, the Council recommends that HCD consider adopting changes to the Housing First policy with the following:**

- Allowing housing providers to mandate that tenants with no or insufficient income either enroll for public benefits (SSI, GA, TANF) or enroll in work or training or education programs designed to help them obtain income as a condition of

<sup>1</sup> HUD. NOFA for FY 2019 Continuum of Care Program Competition. [FY 2019 CoC Program Competition NOFA \(hudexchange.info\)](https://www.hudexchange.info)

housing. The tenant can be housed without income but can be required to engage in a process to obtain housing.

- Allowing tenants who have been evicted for behaviors related to substance use (damage to apartments, violations of leases about noise, guests, smoking, etc.) enroll in SUD treatment programs.
- Mandating that tenants, who have been evicted for hoarding and blocking doors and unsafe units, use in-home support services (IHHS), cleaning services, etc. to help maintain the apartment.

**TAB 5****California Behavioral Health Planning Council  
Housing and Homelessness Committee (HHC) Meeting**

Thursday, June 20, 2024

**Agenda Item:** San Bernadino County Homeless Partnership Presentation

**Enclosure:** None

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

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

The Council's scope of work includes identifying best practices and evaluating programs funded by the public behavioral health system. This agenda item aims to give HHC an overview of the San Bernardino County Homeless Partnership ([SBCHP](#)) and its efforts to address homelessness in the County.

**Background/Description:**

Marcus Dillard, Chief of San Bernardino County Office of Homeless Services, will present on SBCHP's work and initiatives to combat homelessness in the County.

By order of the Board of Supervisors in September 2007, SBCHP was formed to provide a more focused approach to issues of homelessness within the County. The Partnership consists of community and faith-based organizations, educational institutions, nonprofit organizations, private industry, and federal, state, and local governments.

SBCHP was developed to promote a strong collaboration between agencies to direct the planning, development, and implementation of the County's 10-year Strategy to end chronic homelessness. The Partnership provides leadership in creating a comprehensive countywide network of service delivery to the homeless and near homeless families and individuals through facilitating better communication, planning, coordination, and cooperation among all entities that provide services and/or resources for the relief of homelessness in San Bernardino County.

For more information, please visit the [San Bernardino County Homeless Partnership's website](#).

**Presenter Biography:**

Marcus Dillard is the Chief of San Bernardino County Office of Homeless Services. Dillard, a Marine Corps veteran, has housed more than 900 homeless individuals while with Riverside County's Project Roomkey program and the March Veterans Village. His prior experience also includes overseeing Riverside's HUD Veterans Affairs Supportive Housing program, the Encampment Resolution Funding program, CalWORKs, and the Homeless Housing, Assistance and Prevention programs.



Before coming to Riverside County, Dillard worked for the United States Veterans Initiative. His other leadership experience includes being selected to coordinate Riverside County's RivCo 100 project, which supports frequent users of public systems, such as hospitals, prisons, and shelters, by providing stable housing. He also managed Riverside County's Housing Opportunities for Persons with AIDS program, which provides housing resources for low-income individuals living with HIV/AIDS.



His educational background includes earning a bachelor's degree in business administration from California State University, Fullerton. He is also in the process of completing a master's degree in business administration from the University of Arizona Global Campus.

**TAB 6**

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

Thursday, June 20, 2024

**Agenda Item:** Project Roomkey Evaluation Final Report Presentation

**Enclosures:** [Project Roomkey Evaluation Final Report](#)  
[Project Roomkey Fact Sheet](#)  
[Executive Summary](#)

**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 committee of a recently published evaluation report on Project Roomkey. Lessons learned, best practices, and recommendations from this project can be used to advocate for housing needs of behavioral health consumers.

**Background/Description:**

Nichole Fiore, Principal Associate from Abt Global and one of the authors of the Project Roomkey Evaluation Final Report, will be presenting their report.

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

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

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



## About Abt Global:



[Abt Global](#) is a global consulting and research firm that combines data and bold thinking to improve the quality of people's lives. We partner with clients and communities to advance equity and innovation—from creating scalable digital solutions and combatting infectious disease, to mitigating climate change and evaluating programs for measurable social impact.

## Presenter's Biography:

Nichole Fiore is a Principal Associate with over 15 years of experience evaluating housing and homelessness programs across the country, developing deep expertise on homeless service systems, organizational capacity, political and community will, unsheltered homelessness, and permanent supportive housing. Recognizing the critical link between stable, safe housing and overall well-being, Fiore is proven leader bringing together diverse stakeholders who work across many jurisdictions and sectors to address the needs and improve the lives of people experiencing homelessness. She brings person-centric approaches to teams, from fostering inclusive decision-making in system design to ensuring projects are collecting evidence that informs homeless service systems implementation and rapid response to extreme weather situations. She also is a regular source for media outlets, often on the topic of homelessness in California.



Fiore began her career providing street outreach to homeless youth and working at an early education provider for families experiencing homelessness. Over her past 15 years at Abt, Fiore has successfully managed complex multimethod research projects, including the state of California's Homeless System Landscape Assessment, the Conrad N. Hilton Foundation's Chronic Homelessness Initiative Evaluation, the California Community Foundation's Accelerating Permanent Supportive Housing Evaluation, LAHSA's Transitional Housing for Youth Evaluation, and the United Way of Greater Los Angeles' Investigating Housing Models for Accelerating PSH Production Evaluation. She has also contributed to U.S Department of Housing and Urban Development's (HUD) Family Options Study, the Department of Health and Human Services/HUD Study of Homeless Encampments, and HUD's Homelessness Prevention Study.

Fiore's educational background includes earning a bachelor's degree in sociology and economics and a master's degree in economics from Fordham University.

Additional Resources: [Project Roomkey/Housing and Homelessness COVID Response California Department of Social Services \(CDSS\) Project Roomkey Fact Sheet](#)