

California Behavioral Health Planning Council Housing & Homelessness Committee Agenda

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Thursday, October 17, 2024

8:30 am to 12:00 pm

Embassy Suites by Hilton Milpitas Silicon Valley

901 East Calaveras Boulevard

Milpitas, CA 95035

Cedar/Pine Room

[Zoom Meeting Link](#)

Join by phone: (669) 900-6833

Meeting ID: 261 743 5061 **Passcode:** 705358

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|-----------------|---|--------------|
| 8:30 am | Welcome, Introductions, and Housekeeping
<i>Monica Caffey, Chairperson</i> | |
| 8:40 am | Review and Accept June 2024 Meeting Minutes | Tab 1 |
| 8:45 am | CBHPC Workgroup Updates
<i>Monica Caffey, Chairperson, and All Committee Members</i> | Tab 2 |
| 8:55 am | Proposition 1 Behavioral Health Bond Advocacy Update
<i>Simon Vue, Council Staff</i> | Tab 3 |
| 9:00 am | Review and Approve Committee Workplan (Action)
<i>Monica Caffey, Chairperson and Simon Vue, Council Staff</i> | Tab 4 |
| 9:10 am | Alameda County Housing & Homelessness Services
<i>Alan Gutierrez, Director of System Access and Equity</i> | Tab 5 |
| 10:00 am | Public Comment | |
| 10:05 am | Break | |
| 10:15 am | Proposition 1 Committee Discussion
<i>Monica Caffey, Chairperson, and All Committee Members</i> | Tab 6 |
| 11:05 am | Public Comment | |
| 11:10 am | Break | |
| 11:20 am | County Behavioral Health Directors Association (CBHDA)
Behavioral Health Transformation Priorities
<i>Cynthia Castillo, Senior Policy Advocate, CBHDA</i> | Tab 7 |

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: Arden Tucker, Barbara Mitchell, Bill Stewart, Danielle Sena, Daphne Shaw, Darlene Prettyman, Dave Cortright, Don Morrison, Erin Franco, Jessica Ocean, John Black, Lynne Martin Del Campo, Maria Sierra, Sarah Poss/Jason L. Bradley, Stephanie Blake, Susan Baker, Susan Wilson

TAB 1**California Behavioral Health Planning Council
Housing and Homelessness Committee**

Thursday, October 17, 2024

Agenda Item: Review and Accept June 2024 Draft Meeting Minutes

Enclosures: June 2024 Draft Meeting Minutes

Background/Description:

The Housing and Homelessness Committee will review the draft meeting minutes for the June 2024 Quarterly Meeting and have a chance to make corrections. The committee will then accept the draft meeting minutes.

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

Thursday, June 20, 2024

8:30 am to 12:00 pm

Council Members Present:

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

Staff Present:

Naomi Ramirez, Simon Vue, Gabriella Sedano (virtual)

Meeting Commenced at 8:30 a.m.

Item #1 Review and Accept April 2024 Meeting Minutes

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

Action/Resolution

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

Responsible for Action-Due Date

Simon Vue – June 2024

Item #2 CBHPC Workgroup Updates

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

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

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

Item #3 Committee Workplan Review

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Action/Resolution

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

Responsible for Action-Due Date

Simon Vue – Ongoing

Item #4 Public Comment

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

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

Item #5 Updates: CBHPC Letter

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

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

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

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

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

Item #6 San Bernadino County Homeless Partnership Presentation

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

Marcus shared that the Office of Homeless Services:

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

Marcus provided an overview of the County Strategic Action Plan:

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

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

Marcus shared the following housing statistics in San Bernardino County:

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

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

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

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

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

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

Item #7 Public Comment

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

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

Item #8 Project Roomkey Evaluation Final Report Presentation

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

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

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

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

Nichole shared the following overall lessons learned:

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

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

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

Nichole discussed the following limitations of the evaluation:

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

Item #9 Public Comment

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

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

Item #10 Wrap-up Next Steps

Committee leadership will work with staff to plan the next meeting.

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

Thursday, October 17, 2024

Agenda Item: CA Behavioral Health Planning Council (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, October 17, 2024

Agenda Item: Proposition 1 Behavioral Health Bond Advocacy Update**Enclosures:** [Letter to Administration re: Recommendations on the Definitions of Homelessness](#)[Recommendations regarding the Behavioral Health Infrastructure Bond Act \(BHIBA\)](#)[Behavioral Health Transformation Public Listening Session Slides](#)**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.

HHC Work Plan: This agenda item corresponds to HHC Work Plan Goal 3:**Goal 3:** Contribute to the Development of Regulations for Housing Initiatives for Persons with Serious Mental Illness**Objective:** Provide input and recommendations on the development and implementation of housing regulations**Background/Description:**

As part of Proposition 1, the Behavioral Health Bond provides \$6.4 billion in bond funding to eligible entities. The California Department of Health Care Services (DHCS) will award \$4.4 billion through competitive grants to expand behavioral health treatment facilities. The California Department of Housing and Community Development (HCD) will oversee the remaining \$1.972 billion for permanent supportive housing, earmarked for veterans and individuals experiencing or at risk of homelessness and behavioral health challenges.

The California Behavioral Health Planning Council (CBHPC) is invested in supporting swift distribution of behavioral health funds and the successful implementation of the Behavioral Health Transformation (Proposition 1). CBHPC has been actively advocating for more inclusive definitions of homelessness, chronic homelessness, and veteran to ensure that more people can be served resulting in the successful implementation of Proposition 1.

Advocacy Timeline:

- On April 26, 2024, CBHPC leadership met with representatives from the California Department of Housing and Community Development (HCD) to share our concerns and recommendations outlined in the [follow-up letter](#) dated May 7, 2024.
- Similar versions of the letter were also sent to leadership at DHCS, Department of Veteran Affairs (CalVet), and Business, Consumer Services and Housing Agency.
- On August 8, 2024, CBHPC, in collaboration with 13 local and statewide behavioral health organizations, submitted a formal [joint letter](#) to the Administration urging that both HCD and DHCS consider the following recommendations:
 - 1) Adopt DHCS Behavioral Health Bridge Housing's (BHBH) definition of homelessness.
 - 2) Adopt HCD No Place Like Home's (NPLH) definition of "at-risk of chronic homelessness" as the definition for "chronically homeless."

On September 12, 2024, DHCS share updates to their definitions of chronic homelessness during their Behavioral Health Transformation public listening session. A link to the presentation slides is included as an enclosure. [DHCS' recommended definition slides](#) are on pages 26-27.

TAB 4**California Behavioral Health Planning Council
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 17, 2024

Agenda Item: Review and Approve Committee Workplan (Action)**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 an update on the revised HHC Work Plan.

Background/Description:

The purpose of the committee work plan is to establish the objectives and goals of the committee. During the June 2024 Meeting, committee members engaged in a thorough review and in-depth discussion of the work plan. As a result, the committee updated and refined the activities outlined in the work plan to better reflect emerging challenges and opportunities (i.e., Proposition 1) in the public behavioral health system. During this agenda item, HHC staff will share the updated work plan with the committee. HHC members will review and approve the revised HHC Work Plan.

Motion: To approve the revised HHC Workplan.

GOAL 1

Evaluate the Effectiveness of the Housing First Policy

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

Status: Accomplished

GOAL 2

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

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 individuals with substance use disorders (SUD), youth, transition-age youth (TAY), foster youth, adults, and older adults (share resources with the committee).
- Identify state laws and regulations that impede on matters contributing to housing and homelessness issues.
 - Coordinated Entry issues
- Identify types of housing and make recommendations for certain populations.

- Housing models that allow an adult child to live with the parents.
- Housing programs for older adults and people coming out of foster care.
- Housing programs for individuals with SUDs (i.e. sober living environments).
- Share resources of information gathered to be made available to the public.
- Track performance outcomes of various housing initiatives.

Timeline: January 2024-December 2024

GOAL 3

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

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
 - Behavioral Health Services Act (BHSA)
 - Behavioral Health Infrastructure Bond Act (BHIBA)
- 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 5**California Behavioral Health Planning Council
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 17, 2024

Agenda Item: Alameda County Housing and Homelessness Services**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 provides committee members with an overview of Alameda County's Coordinated Entry System and the County's ongoing work in addressing homelessness in the County. HHC will use this information to advocate for best practices and policies, aiming to improve access to housing and services for individuals and families experiencing or at risk of homelessness.

HHC Work Plan: This agenda item corresponds to HHC Work Plan Goal 2:**Goal 2:** Advocate for Equitable Access to Housing for Persons with Serious Mental Illness Across the Lifespan**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.**Background/Description:**

Coordinated Entry has been widely used across the country as a process to connect individuals and families to housing and services. While this approach aims to allocate resources efficiently and address the most urgent needs, Coordinated Entry is prioritized based on assessments rather than a first-come, first served basis. This can result in prolonged waiting periods for individuals and families seeking assistance, which can be particularly challenging for those in dire situations.

HHC members will hear from Alan Guttirez, Director of System Access and Equity of Alameda County Housing and Homelessness Services, who will provide an overview of

their Coordinated Entry program and discuss some of its challenges, success stories, and lessons learned.

For more information, please visit the [Alameda County Housing and Homelessness Services' website](#).

TAB 6**California Behavioral Health Planning Council
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 17, 2024

Agenda Item: Proposition 1 Committee Discussion**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. HHC will use this information from the Proposition 1 Committee Discussion to advocate for best practices and policies, aiming to improve access to housing and services for individuals and families experiencing or at risk of homelessness.

This agenda item corresponds to HHC Work Plan Goal 2 & 3.

Goal 2: Advocate for Equitable Access to Housing for Persons with Serious Mental Illness Across the Lifespan**Goal 3:** Contribute to the Development of Regulations for Housing Initiatives for Persons with Serious Mental Illness**Background/Description:**

In March 2024, voters passed Proposition 1, a transformation of California's behavioral health system. The new law includes two parts: the Behavioral Health Services Act (BHSA) and a \$6.4 billion Behavioral Health Bond for community infrastructure and housing with services.

BHSA modernizes the Mental Health Services Act (MHSA), passed by voters in 2004, to address today's behavioral health system and needs. These reforms expand services to include treatment for people with substance use disorders, prioritize care for individuals with the most serious mental illnesses, provide ongoing resources for housing interventions and workforce, and continue investments in prevention, early intervention, and innovative pilot programs. Housing is an essential component of

behavioral health treatment, recovery, and stability. Beginning in 2026 under the BHSA, 30 percent of each county's funding allocation must be used for housing interventions for Californians with the most significant behavioral health needs who are homeless or at risk of homelessness. Half of that amount is prioritized for those experiencing chronic homelessness.

The Behavioral Health Bond authorizes \$6.4 billion in bonds to finance behavioral health treatment beds, supportive housing, community sites, and funding for housing veterans with behavioral health needs:

- \$4.4 billion of these funds will be administered by DHCS for grants to public and private entities for behavioral health treatment and residential settings.
- \$1.5 billion of the \$4.4 billion will be awarded only to counties, cities, and tribal entities, with \$30 million set aside for tribes.
- The remaining \$1.972 billion will be administered by the California Department of Housing and Community Development (HCD) to support permanent supportive housing for individuals at risk of or experiencing homelessness and behavioral health challenges. Of that amount, \$1.065 billion will be for veterans. All these efforts will leverage effective existing programs, including the Behavioral Health Continuum Infrastructure Program (BHCIP), Project Homekey, and Veterans Housing and Homeless Prevention Program (VHHP).

TAB 7**California Behavioral Health Planning Council
Housing and Homelessness Committee (HHC) Meeting**

Thursday, October 17, 2024

Agenda Item: County Behavioral Health Directors Association (CBHDA) Behavioral Health Transformation (Proposition 1) Priorities

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 provides HHC with an overview of CBHDA's priorities around homelessness issues and the Behavioral Health Transformation.

Background/Description:

Cynthia Castillo, Senior Policy Advocate from CBHDA, will provide an overview of CBHDA's work and priorities around homelessness and the Behavioral Health Transformation.

CBHDA supports the state's 58 county and city behavioral health departments (including the City of Berkeley and Tri-Cities Mental Health Authority) by providing leadership, advocacy, and support to County Behavioral Health Directors and programs.

County Behavioral Health Agencies provide mental health and substance use disorder (SUD) services, primarily to California's low-income populations with serious mental illness and SUDs, through Medi-Cal and other programs.

For more information, please visit the [CBHDA's website](#).

Presenter Biography:

Cynthia joined CBHDA in February 2024 as a Senior Policy Advocate. She has over seven years' experience engaging in statewide advocacy and was most recently a Housing Policy Advocate for Western Center on Law and Poverty where she worked on land use policies, housing production for people with low to no income, landlord/tenant law, homelessness, fair housing, and other housing related issues.

Cynthia previously worked for California Senate Majority Leader Robert M. Hertzberg, where she worked on a variety of issues including public benefits, environmental issues, and consumer privacy. Prior to working for Senator Hertzberg, Cynthia worked for the Faculty Association of California Community Colleges where she accelerated policies to support DACA recipients and diversify community college faculty.

Cynthia is a graduate of Sacramento State University where she received her Bachelor's degree in Mass Communications.

