

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

October 2024 Meeting Minutes

Thursday, October 17, 2024

8:30 am to 12:00 pm

Council Members Present:

Arden Tucker (virtual), Bill Stewart, Daphne Shaw, David Cortright, Deborah Starkey, Don Morrison, Erin Franco, John Black, Jason Bradley, Lynne Martin Del Campo, Maria Sierra, Susie Baker, Stephanie Blake, Lanita Mims-Beal

Staff Present:

Jenny Bayardo, Simon Vue, Gabriella Sedano (virtual)

Item #1 Welcome and Introductions

The committee meeting began at 8:30am. Deborah Starkey, the Chair-Elect of the committee, facilitated in Chair Monica Caffey's absence. Deborah welcomed all committee members and guests. A quorum was established with 14 out of 21 members.

Item #2 Review and Accept October 2024 Meeting Minutes

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

Action/Resolution

The October 2024 Housing and Homelessness Committee Meeting Minutes are approved and will be posted to the California Behavioral Health Planning Council's (CBHPC) website.

Responsible for Action-Due Date

Simon Vue – October 2024

Item #3 CBHPC Workgroup Updates

Erin Franco from the Reducing Disparities Workgroup, Susan Baker from the Children & Youth Workgroup, and Don Morrison from the Substance Use Disorder Workgroup (SUD) updated the Committee on their respective groups' activities. The SUD Workgroup's primary goal is to integrate SUD issues more closely into the Planning Council's work. The Children & Youth Workgroup is organizing a forum on youth and their behavioral health needs.

Item #4 Proposition 1 Behavioral Health Bond Advocacy Update

Council Staff Simon Vue reported on the Committee’s advocacy efforts regarding the Behavioral Health Transformation (Proposition 1). Simon shared that on August 8, 2024, the Council submitted a joint letter cosigned by 13 other local and statewide behavioral health organizations, urging the Administration to consider recommendations to:

- Adopt California Department of Health Care Services (DHCS) Behavioral Health Bridge Housing’s (BHBH) definition of homelessness.
- Adopt California Department of Housing and Community Development (HCD) No Place Like Home’s (NPLH) definition of “at-risk of chronic homelessness” as the definition for “chronically homeless.”

Simon noted concerns that the federal definitions of homelessness and chronic homelessness, as set by the United States Department of Housing and Urban Development (HUD), are overly restrictive.

He also mentioned that Department of Health Care Services shared their recommended definition for chronic homelessness during the September Behavioral Health Transformation Public Listening Session. The Department is using the federal definition of chronic homelessness with minor modifications.

Simon reported that the Council submitted comments on the Department of Housing and Community Development’s Homekey+ Program Overview and Department of Health Care Services’ Transitional Rent Concept Paper.

Action/Resolution

Council staff will continue to monitor responses and updates from the Department of Housing and Community Development and Department of Health Care Services.

Responsible for Action-Due Date

Simon Vue – Ongoing

Item #5 Review and Approve Committee Workplan (Action)

At the June 2024 meeting, committee members reviewed and discussed the Housing and Homelessness Committee Work Plan. The committee updated the workplan activities to better address emerging challenges and opportunities, such as Proposition 1.

Daphne Shaw motioned for the committee to remove Goal 1 from the Workplan and accept Goals 2 and 3 with revised timelines. David Cortright seconded the motion. The motion passed.

- **GOAL 1:** Evaluate the Effectiveness of the Housing First Policy
- **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

Item #6 Alameda County Housing & Homelessness Services

Alan Guttirez, Director of System Access and Equity from the Alameda County Housing and Homelessness Services presented an overview of the County's Coordinated Entry program and ongoing initiatives to address homelessness. The presentation included:

- Results from the 2024 Point-in-Time Count of individuals experiencing homelessness in Alameda County
- The County's 5-year Home Together 2026 Community Plan,
- The role of Coordinated Entry (CE) in the Homeless Response System.

Alan also discussed the following initiatives:

- **Equity Analysis** – Examines demographics of assessed individuals to ensure alignment with the point-in-time count of those experiencing homelessness.
- **Housing Barriers Analysis** - Addresses barriers to reduce the time between housing referral and placement.
- **Launching Limited Access Points** – Ensures sufficient entry points into the homelessness response system.
- **Launching Mobile Access Points** – Provides mobile resources to reach individuals on the streets.
- **Planning for Forensic Access Points** – Provides full coordinated entry services at Care Court locations.
- **Coordinated Entry Evaluation**

The Housing and Homelessness Committee (HHC) engaged in a question-and-answer session with the presenter. Alan clarified that:

- The Alameda Health Care for the Homeless Team engages in outreach efforts. The team has approximately 20 staff members including doctors, nurses, and a pharmacist.
- The County's evaluation work focuses on ensuring meaningful participation of people experiencing or at risk of homelessness, particularly those living with disabilities.
- Their equity analysis examines who is and is not being prioritized.
- The County has one board and care site that they refer through coordinated entry as part of their pilot project.

Public Comment:

Barbara Wilson inquired about plans for adults with serious mental illness who do not have co-occurring disorders. She expressed strong interest in learning about efforts to provide timely, quality, and safe services in a secure environment, ensuring continuity of care for adult children with serious mental illness.

Item #7 Proposition 1 Committee Discussion

The Committee discussed Proposition 1 implementation and its priorities related to Goals 2 and 3 of the workplan. Executive Officer Jenny Bayardo introduced the newly established Proposition 1 Ad Hoc Committee, which was approved and convened in June of 2024. This committee, consisting of Council Members Susan Wilson, Javier Moreno, Barbara Mitchell, and Jenny. The group aims to help the Council stay informed about stakeholder events, Proposition 1 implementation, policies, regulations, and key advocacy issues. Jenny shared that the Ad Hoc Committee would make recommendations on implementation and review its progress.

The Housing and Homelessness Committee reviewed the “The Behavioral Health Services Act (BHSA) Council Prioritization” document, collaboratively created by the Executive and Ad Hoc Committees with Council staff support. Jenny described this document as a resource encompassing various categories and topics related to the BHSA, including relevant code sections, designed to simplify navigation of the Behavioral Health Services Act.

Jenny presented additional categories proposed by the Executive Committee for inclusion in the document:

- Voluntary versus Involuntary Services
- Crisis Continuum
- Statewide Prevention
- Fiscal Implications/Sustainability
- Evidence Based Practices
- Diversity, Equity, and Inclusion (changes that impact Black, Indigenous, and People of Color (BIPOC) communities.

Jenny recommended that the committee familiarize themselves with the Behavioral Health Services Act (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act (Assembly Bill 531), which focuses on housing. There was strong interest to create a Prioritization document for the Behavioral Health Bond.

Daphne Shaw noted that while the legislation initially promised all funds for voluntary housing, the state now allows money to be used for locked facilities. She suggested tracking fund allocation, considering the higher cost of locked facilities compared to voluntary beds.

Erin Franco added the suggestion to track bond grant recipients and to make this a regular agenda item.

John Black cautioned against tracking money after it's spent, instead suggesting advocacy for fund allocation. He emphasized the importance of identifying housing priorities that best serve the people they represent, given the bill's range of housing options.

David Cortright suggested an overview of the behavioral health bond application process and opportunities for Council involvement. He also raised the need to identify who is responsible for evaluating and distributing these applications and what criteria are being used. Furthermore, he questioned if the Council has any oversight in this process.

Action/Resolution

Council staff will follow up with state partners responsible for distributing the behavioral health bond funds. Staff will attempt to secure a state representative to present in January, focusing on the issues raised by members during the meeting.

Public Comment:

Barbara Wilson from Los Angeles County advocated for reinstating the Adult Residential Facilities (ARF) Workgroup.

Steve McNally from Orange County praised the Department of Health Care Services (DHCS) for providing access to archived information (videos, presentations, etc.) but noted the overwhelming volume of content. He suggested creating a guide to help members navigate these resources on the Department's website.

Steve also inquired about addressing substance use disorder (SUD) locked facilities, noting their importance in related legislation.

**Item #8 County Behavioral Health Directors Association
Behavioral Health Transformation Priorities**

Cynthia Castillo, Senior Policy Advocate from the County Behavioral Health Directors Association (CBHDA), provided an overview of her organization's work and priorities concerning homelessness and the Behavioral Health Transformation (Proposition 1).

CBHDA works closely with the Department of Health Care Services on statewide administrative advocacy. Cynthia shared that CBHDA has developed several county workgroups to gather feedback on areas of the Behavioral Health Services Act (BHSA) needing clarification including:

- Operating Subsidies
- National Standards for the Physical Inspection of Real Estate (NSPIRE) standards
- Evergreen Problem
- Definitions for homelessness
- Allowable Permanent Supportive Housing
- Homeless Management Information System (HMIS) – Elevated Technical Assistance

Cynthia shared that Department of Health Care Services will release policy and guidance in phases, starting with the three-year Integrated Plans.

During the question-and-answer session, Cynthia clarified that the 30 percent counties must spend on housing under the Behavioral Health Services Act (BHSA) cannot be used for services, as stipulated in the statute. She emphasized that while services and housing are closely linked, other funding sources can be used for services.

Item #9 Wrap-up Next Steps

Chair-Elect Deborah Starkey noted that this would have been Monica Caffey's final meeting as Chairperson. Deborah will assume the role in January 2025. She encouraged the committee to consider nominations for the next Chair-Elect. Nominations will be discussed in January 2025.