



Commission to
END HOMELESSNESS

Office of Care Coordination

REGULAR MEETING

WEDNESDAY, APRIL 17, 2024

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Cold Weather Emergency Shelter Ad Hoc

On January 23, 2024, a Memorandum of Understanding (MOU) was established between the City of Anaheim (City) and the County of Orange (County) for the City to provide up to 50 emergency shelter beds during cold and inclement weather for individuals experiencing homelessness from February 1, 2024, through April 15, 2024.

- The City's Cold Weather Emergency Shelter Program was activated based upon inclement and cold weather events and contracted with faith-based and/or community-based organizations.
- The City's Cold Weather Emergency Shelter Program was activated six times over a 12-night period from February 1 to March 30, 2024. During this time, 67 persons experiencing homelessness were served. Of the six activations, five were due to rain and one was cold temperatures below 45 degrees.

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Cold Weather Emergency Shelter Ad Hoc Membership

- Vicente Sarmiento, Chair and Supervisor, Second District
- James Vanderpool, City Manager for Anaheim – North Service Planning Area Representative
- Debra Rose, City Manager for Lake Forest – South Service Planning Area Representative
- Lisa Kim, City Manager for Garden Grove – Central Service Planning Area Representative
- Jason Ivins, Captain – OC Sheriff's Department Representative
- Adam Hawley, Chief of Police for Brea – Chief of Police Representative

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Cold Weather Emergency Shelter Ad Hoc

The Cold Weather Emergency Shelter Ad Hoc met on April 2, 2024.

- Reviewed the 2023 Communication Strategy
 - Letter to City Mayors and City Managers
 - Response and Engagement from Cities
- Reviewed 2023-2024 Cold Weather Emergency Shelter Program Model
 - Challenges and Opportunities
- Discussed Plans for 2024-2025 Cold Weather Season
 - Communication Strategy
 - Program Models: City Specific, Regional, Emergency Shelter Network

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Tiny Homes Ad Hoc Membership

- Vicente Sarmiento, Chair and Supervisor, Second District
- Gina Cunningham, Affordable Housing Development Representative
- Robert Morse, Continuum of Care Board Representative
- Kelly Bruno-Nelson, Medi-Cal Managed Care Health Plan Representative
- Milo Peinemann, At-Large Representative
- Monique Davis, Business Representative

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Tiny Homes Ad Hoc

The purpose of Tiny Home Ad Hoc is to evaluate alternative housing solutions including studying, defining, and identifying potential applications for Tiny Homes.

- The second meeting was held on March 12, 2024, and included a presentation from a foldable container solution company, Continest.
- The Ad Hoc has tiny homes site visits scheduled for April.
 - Continest – Long Beach
 - Life Ark – El Monte
 - City Net – Baldwin Park
- The Tiny Home Ad Hoc is continuing to schedule site visits and interviews with organizations involved in the tiny home industry to determine available options and understand the challenges and benefits of development.

DISCUSSION – ITEM #1

OFFICE OF CARE COORDINATION UPDATE

Homeless Prevention and Stabilization Pilot Program

The Office of Care Coordination issued a request for proposals from qualified organizations to operate the Homeless Prevention and Stabilization Pilot (HPSP) Program.

- The HPSP Program was presented to the Commission to End Homelessness by the Chair Vicente Sarmiento, on December 13, 2023.
- The goal of the HPSP Program is to assist households who are at risk of experiencing homelessness achieve housing stability by providing financial assistance to pay rental arrears, past due utility bills, and forward rent and/or utility bills based, and stabilization payments.
- The expected program enrollment for households will be 12-months, based upon need and to be evaluated on a quarterly basis.
- The Request for Proposals launched on March 21 and closed on April 11, 2024.

PRESENTATION – ITEM #2

PROPOSITION I IMPLEMENTATION

Proposition I Implementation: Behavioral Health System Modernization Summary

A review of Proposition I Changes and Impacts presented by Dr. Veronica Kelley, Director, HCA.

Behavioral Health System

Modernization Summary

A Review of Proposition 1 Changes and Impacts

4/12/24



Dr Veronica Kelley, LCSW
Director, HCA



Introduction



Proposition 1 was approved by California voters on March 5, 2024. The Proposition is described as intending to provide California the resources needed to build 11,150 new beds across community treatment campuses and facilities to help Californians with serious mental illness and substance use disorders get care and provide some housing.

California Health and Human Services (HHS) describes the initiative as two bills that relate to Proposition 1: Senate Bill 326 and Assembly Bill 531, focused on **four strategies** to transform California's behavioral health system through housing with accountability and Mental Health Services Act (MHSA) reform:

- 1. Services for the most in need.** Reforming the MHSA to provide services to the most seriously mentally ill and to treat substance use disorders, while continuing to invest in early intervention for children, youth, young adults, and all Californians.
- 2. Accountability.** Focusing on outcomes, transparency, and equity so families and communities see real results.
- 3. Behavioral health housing.** Building treatment beds in locked and unlocked facilities and supportive housing units in community-based settings – with a dedicated number reserved for housing veterans with behavioral health challenges.
- 4. Workforce.** Building up the behavioral health workforce at a state level to reflect and connect with California's diversity – helping services remain accessible. It is important to note that Proposition 1 does not provide any locally dedicated funding toward workforce.

Proposition 1 will reduce behavioral health funding for expanded outpatient, crisis, prevention, outreach and engagement services in this County of Orange (County) by over \$100 million.

Proposition 1 election results will be certified April 12, 2024

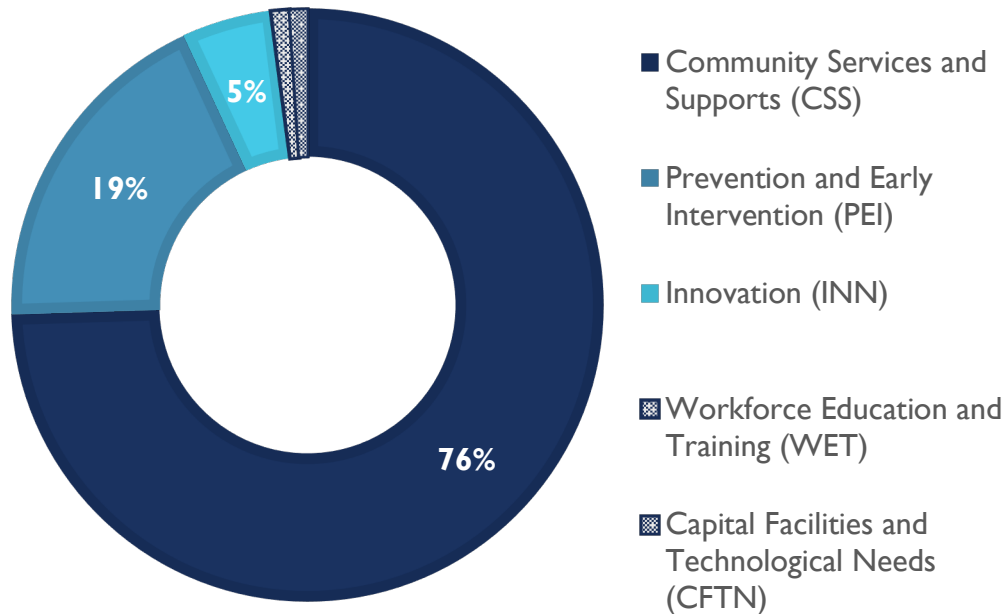
MHSA Modernization Summary

Modified from 5 Categorical uses to 3 Categories:

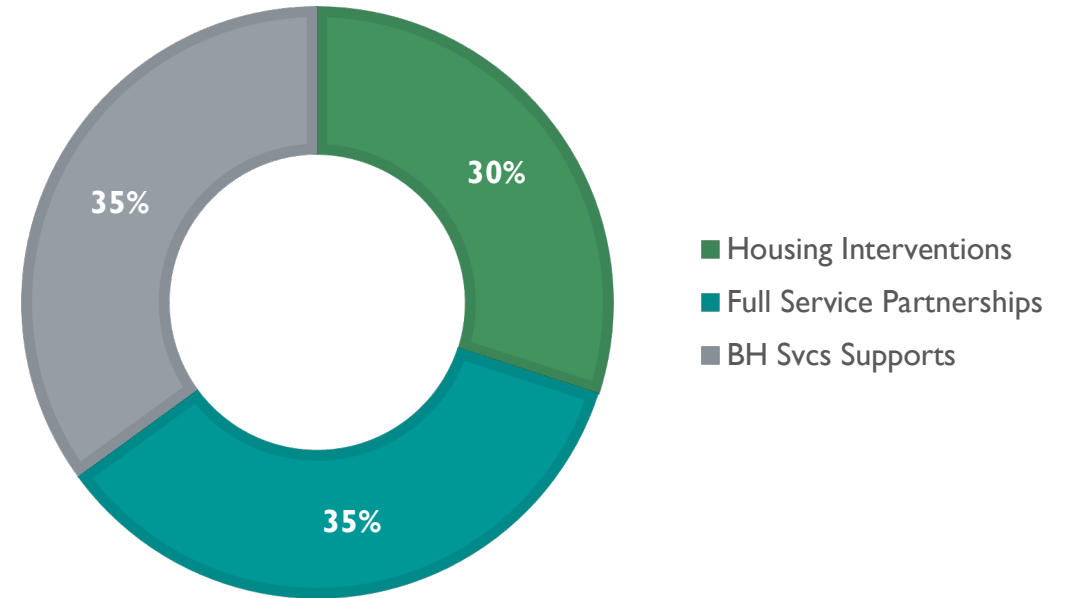


Revenue Breakup: Anticipated BHSA Revenue for FY 26/27 \$173,860,000

MHSA -CURRENT MODEL



BHSA - PROPOSED MODEL



Modernization of MHSA



The new **Behavioral Health Services Act (BHSA)** is modified from 5 Categorical uses to 3 Categories:

1

30% for housing interventions for individuals with serious mental illness/serious emotional disturbance (SED) and/or substance use disorder and experiencing chronic homelessness, homelessness, or at-risk of homelessness

- At least 50% must be **geared toward chronically homeless**, with emphasis on encampments
- Includes rental subsidies, operating subsidies, shared housing, family housing for children and youth, non-federal share for Medi-Cal services, and *other housing supports (similar to services outlined in the Managed Care Plans Community Supports Guide)*, as defined by California Department of Health Care Services (DHCS)
- Capital development projects to construct or rehabilitate housing limited to 25% and must be built within a “reasonable timeframe”

2

35% for Full Service Partnerships

- Optimize use of Medi-Cal to leverage funds and include SUD population FSP
- Must implement at least one ACT/FACT model program to fidelity

3

35% for Other Behavioral Health Supports

- Includes Outreach and Engagement of potential clients, System Development, Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, and indicates we can test innovative strategies as part of existing programming.
- Majority of funding must be directed to early intervention (51%) with over half of Early Intervention (51%) being directed to children and youth

Note: 7% to 14% of funding can be adjusted between components. No more than 7% can be removed from one component.

Bond Measure



- Proposition I gives \$2 billion to programs administered by the Department of Housing and Community Development (State HCD) and the Department of Veterans Affairs (CalVet); about \$1 billion for veterans and \$1 billion for people experiencing homelessness with **behavioral health conditions**.
- Impact:
 - The bond will increase the available amount for development of affordable and supportive housing which may increase the amount of leveraged funding available for County funded projects.
 - Proposition I changes the formula funding “buckets” to require that 30% of County MHSA dollars be prescribed for “Housing Intervention,” of which 25% can go towards capital development
- Impact:
 - Loss of local discretion
 - A decrease in local MHSA discretionary dollars for supportive housing development.

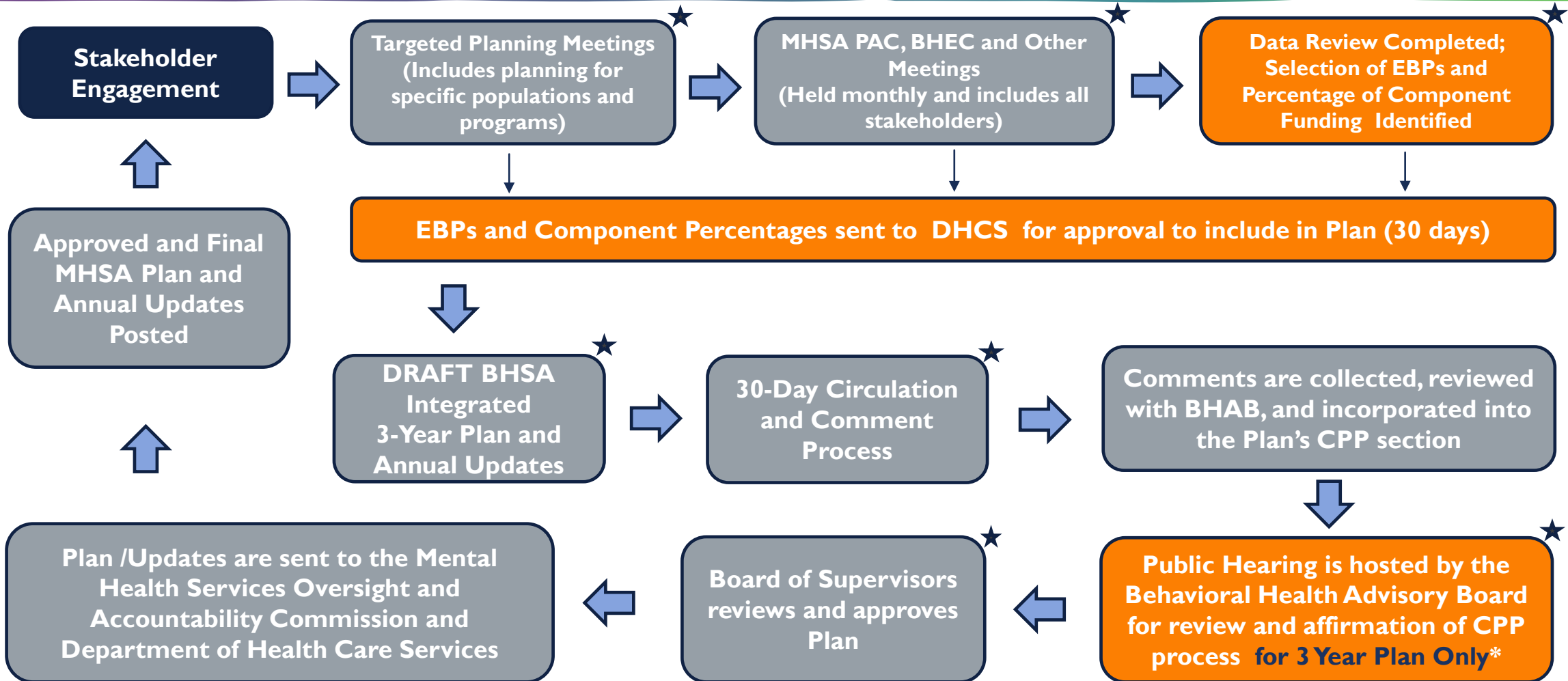
The MHSA Three-Year spending plan for FY 2023-24 through 2025-26 currently allocates \$40 million for supportive housing development. The change in formula would cap the MHSA funding available to an estimated \$9 million per year, which is a reduction compared to the County’s current allocation of MHSA funding for housing development.

Revise Community Planning Process



- Expand requirements for Three-Year Program and Expenditure Plans (Integrated Plan):
 - Include BHSA categorical funding components and programs
 - Include **ALL** Behavioral Health programs and services for Projects for Assistance in Transition from Homelessness (PATH) grant, Community Mental Health Services Block Grant, Substance Abuse Block Grant, DMC-ODS, Opioid Settlement funds, all specialty mental health funding, etc.
 - Needs assessment: Consider Managed Care Organization member survey, PITC, NACT, Public Health Assessments, etc. in data review.
- Provide county behavioral health agencies with more flexibility to adjust spending through modified CPP for amendments and annual updates.
 - Public Hearing only for 3 Year Integrated Plan.
- Transform the MHSA planning process into a broader county/region behavioral health planning process that includes additional stakeholders.
- Require plans be approved by boards of supervisors by June 30.

The BHSA Integrated Plan and Annual Update Process



Accountability



- Require counties to bill Medi-Cal for all reimbursable services in accordance with Medicaid State Plan and applicable waivers, to further stretch scarce dollars and leverage Behavioral Health Services Act (BHSA) to maximize federal funding for services.

Local Impact: Preliminary Analysis



Estimated Impact
Summary of Financial Information:
Comparison of MHSA Three-Year Plan Budget to Proposed Allocations

Categories	FY 2026/27 Projected Allocation	FY 2025/26 Projected Budget in Plan (MHSA only, excluding projected growth/decreases)	Difference (+/-)
Housing Interventions 30%	\$52,200,000	\$24,569,427	+27,630,573
Full Service Partnerships 35%	\$60,830,000	\$99,179,814	-\$35,549,814
Behavioral Health Services and Supports 35%	\$60,830,000	\$217,228,006	-\$156,398,006
Total	\$173,860,000	\$340,977,247	-\$164,317,247

Note: This model does not include Medi-Cal, other revenue, or administration

Local Impact: Preliminary Analysis



Estimated Impact Summary of Financial Information: Comparison of MHSA Three-Year Plan Budget with Adjusted Components			
Categories	FY 2026/27 Projected Allocation	FY 2025/26 Projected Budget in Plan (MHSA only, excluding projected growth/decreases)	Difference (+/-)
Housing Interventions 23%	\$39,974,000	\$24,569,427	+\$15,404,573
Full Service Partnerships 35%	\$60,830,000	\$99,179,814	-\$35,549,814
Behavioral Health Services and Supports 42%	\$72,996,000	\$217,228,006	-\$144,232,006
Total	\$173,860,000	\$340,977,247	-\$164,377,247

Note: This model does not include Medi-Cal, other revenue, or administration

Next Steps



- Provider and Community Education and Review of Impact
- Administrative Adjustments and Actions
- Establishing Community Program Planning Framework

ACTION – ITEM #3

MEMBERSHIP RECOMMENDATION

Membership Update

- Thank you to Christy Cornwall, Hospital Representative

ACTION – ITEM #3

MEMBERSHIP RECOMMENDATION

Membership Recommendation

- Approve the launch of recruitment process and establish a new Membership Ad Hoc Committee to evaluate and make recommendation for appointment to the Hospital Representative seat to the Commission to End Homelessness to be submitted to the Board of Supervisors for final approval.

ACTION – ITEM #3

MEMBERSHIP RECOMMENDATION

Recruitment Timeline

- Membership recruitment open from April 22, 2024, to May 24, 2024.
- Candidate Applications to be reviewed by the Membership Ad Hoc Committee by June 18, 2024.
- Recommendation of candidate for the Hospital Representative seat to be presented to the Commission to End Homelessness on June 19, 2024.
- Board of Supervisors to approve appointment in July 2024.
- Appointed candidate will participate in their first meeting of the Commission to End Homelessness in August 2024.

ACTION – ITEM #4

APPROVE MEETING MINUTES

Commission to End Homelessness Meeting Minutes

- Approve Commission to End Homelessness minutes from February 21, 2024, regular meeting.

UPCOMING MEETINGS

Commission to End Homelessness Meetings

- The next regular meeting is June 19, 2024.
- The following regular meeting is August 21, 2024.

June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

August						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31