San Bernardino County Homeless Partnership
West Valley HPN/Regional Steering Committee

Wednesday, May 14, 2025 • 9:00 a.m. to 11:00 a.m.

Hosted by the City of Rancho Cucamonga - Please Join Us at
RC City Hall – Tri-Communities Conference Room
10500 Civic Center Drive, Rancho Cucamonga 91730
or
By Zoom Video Conference:
https://us02web.zoom.us/j/85194946723?pwd=TUh0cHZGM1JEZ0I3S1I3YXFEUnAvQT09
Meeting ID: 851 9494 6723- Password: 183200
Dial in +1 669 900 6833 - One tap mobile +16699006833,,89595982006# US (San Jose)

MEETING AGENDA

OPENING REMARKS	PRESENTER
A. Call to Order B. Welcome and Introductions *Public comment and participation is available and welcomed during all agenda items*	Don Smith Erika Lewis-Huntley
REPORTS & UPDATES	
C. SBC&C Continuum of Care D. Office of Homeless Services E. State and Federal Updates F. Regional City & Service Provider Partners	Erika Lewis-Huntley Don Smith OHS staff RSC Committee Members
PRESENTATIONS / DISCUSSION ITEMS	
G. *STEP UP: BUILDING HOPE, TRANSFORMING LIVES – THE POWER OF HOUSING, HOPE & HEALING"* H. *San Bernardino County 2025 Affordable Housing Needs Report* I. ***"Building A Connected Community of Care in the West Valley Region"*** a. *CHCF CalAIM Regional Cross-Sector Integration Pilot w/HC2 Strategies* b. *West Valley Regional CES Working Group*	Kimberly Williams, Dir. of Housing Eddie Estrada, Vice-President Ray Morales, ECM/CS Director California Housing Partnership Don Smith
CLOSING	
J. Additional Public Comment & Announcements K. Adjournment	Don Smith Erika Lewis-Huntley

Next Regulalry Scheduled Meeting: West Valley Regional Steering Committee
Wednesday, June 11th, 2025, 9:00am-11:00am
Rancho Cucamonga City Hall – Tri-Communities Conference Room
& by Zoom Video Conference

Mission Statement
The Mission of the San Bernardino County Homeless Partnership is to provide a system of care that is inclusive, well planned, coordinated and evaluated and is accessible to all who are homeless and those at-risk of becoming homeless.

THE SAN BERNARDINO COUNTY HOMELESS PARTNERSHIP MEETING FACILITY IS ACCESSIBLE TO PERSONS WITH DISABILITIES. IF ASSISTIVE LISTENING DEVICES OR OTHER AUXILIARY AIDS OR SERVICES ARE NEEDED IN ORDER TO PARTICIPATE IN THE PUBLIC MEETING, REQUESTS SHOULD BE MADE THROUGH THE OFFICE OF HOMELESS SERVICES AT LEAST THREE (3) BUSINESS DAYS PRIOR TO THE PARTNERSHIP MEETING. THE OFFICE OF HOMELESS SERVICES TELEPHONE NUMBER IS (909) 501-0610 AND THE OFFICE IS LOCATED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408. http://www.sbchp.sbcounty.gov/ AGENDA AND SUPPORTING DOCUMENTATION CAN BE OBTAINED AT 560 E. HOSPITALITY LANE SUITE 200 SAN BERNARDINO, CA 92408 OR BY EMAIL: HOMELESSRFP@HSS.SBCOUNTY.GOV .

West Valley Regional Steering Committee Mtg. - 4/9/25 recap

Much appreciation to the 75+ partners who joined us for the West Valley Regional Steering Committee Meeting on April 9th, in person and by Zoom, and for all of the great information and input shared during the meeting.

A Big Thank You goes to **Maribel Gutierrez, Tan Suphavarodom, Alyce Belford, and the other partners who joined us from the County Department of Behavioral Health,** for sharing with us an overview and updates on Proposition 1: The Behavioral Health Services Act and the ongoing transformation of behavioral health service delivery in California and San Bernardino County (presentation slides attached).

Related items shared during the meeting:

- CA DHCS Behavioral Health Transformation (slide 36) - Behavioral Health Transformation
- Behavioral Health Continuum Infrastructure Program Outcomes (slide 37) - Home - BHCIP
- Proposition 1: Overview for Housing Providers (slides 38-39) - Prop-1-Housing-Overview-for-Housing-Providers.pdf
- Behavioral Health & Homelessness: Findings from UCSF CA Study on People Experiencing Homelessness (slides 33-35) - Behavioral Health and Homelessness | Benioff Homelessness and Housing Initiative
- Counties nationwide are making connections between behavioral health-homeless systems of care (slide 36) - Bridging the Gap: Behavioral Health & Homeless Services Coordination

Announcements –

- **West Valley Regional CES Working Group Meeting - 1st & 3rd Wednesday of the month, 10am by Zoom - Next two meetings, May 7th & May 21st.** Participants include service representatives from our regional city partners, our public/private community service partners based in the West Valley Region and our countywide public/private partners who deliver services to people experiencing or at-risk of homelessness in the West Valley Region.
  For meeting invite, please contact DonSmithSolutions@outlook.com.
- ***West Valley Regional Request for Referral Assistance*** – is a web-based survey tool created to help facilitate more efficient and effective coordination among our Regional Working Group partners through "robust warm-handoffs" and real-time collaboration in response to people experiencing or at-risk of homelessness in the West Valley Region. For more information, please join us at our next Regional CES Working Group Meeting or contact DonSmithSolutions@outlook.com.
- **CoC Capacity Building Training Series** (slide 14): The SB CoC has partnered with Focus Strategies, a technical assistance and consulting firm that supports community strategies to reduce and end homelessness, to offer virtual and in-person capacity building training for service providers to support regional efforts to reduce and end homelessness. We are offering two upcoming training series:
  - **Best Practices for Delivering Client-Centered Care - April 22-24**; Additional spots opened to wait list
  - **Using Data to Drive Results and Advance Equity - May 6, 13 & 20**: To register click here Using Data to Drive Results and Advance Equity: May Series
- ***"Public Health on the Go"* Health Service Alliance New Mobile Clinic** (slide 18) – Available to schedule for consumer service events and client service activities in the West Valley Region. For more information, please reach out to Robert Gipson, 909-464-9675

For your information, please find attached the West Valley RSC Meeting presentation slides that includes information on the following:

- SB CoC General Membership Meeting: All Aboard - Steering the Ship In A New Direction (slides 3-8). **Next CoC Membership Meeting, May 28th**

- CA 609 San Bernardino City & County Continuum of Care Membership Application (slide 9) - CoC-Membership-App.pdf
- US Attorney Announces Criminal Task Force to Investigate Fraud and Corruption Involving Homelessness Funds (slide 10)
- CoC HMIS Town Hall April Meeting recap (slide 10) - **Next HMIS Town Hall Meeting, May 8th, 11am**
- Managing uncertainty for CoCs and homeless service providers (slide 11) - Managing uncertainty for CoCs and homeless services providers
- Housing Now! National Day of Action - April 22nd (slides 12-13) - Housing NOW! National Day of Action - National Coalition for the Homeless
- Regional Access Points with CES (slide 15)
- Shared Housing Certificate Program 2025 (slide 16) - West Valley Regional Team includes Impact SoCal, Christian Development Center, Inland Valley Hope Partners & Inland Housing Solutions. Symba Center also has a team - Dear+SH+Colleague-++Invitation.pdf
- City of Ontario approves PSA with Symba Center for Ontario Wellness Center (slide 17)
- Proposed Legislations Focuses on Homeless Housing Assistance & Prevention Grant Program (slide 19) - Proposed-Legislation-Focuses-on-HHAP-Final-1.pdf
- NLIHC Releases "The Gap: A Shortage of Affordable Homes" (slides 20-26) - NLIHC Releases The Gap: A Shortage of Affordable Homes | National Low Income Housing Coalition; The GAP | National Low Income Housing Coalition
- How is California Meeting the Housing Needs of California's Low-Income Renters (slides 27-29) - CHP_State-Housing-Needs-Report-2025.pdf
- California Affordable Homes At Risk (slide 30) - CHP_2025-Subsidized-At-Risk-Report.pdf; CHP_2025-Unsubsidized-At-Risk-Report.pdf
- Homebase Reports: CalAIM's Housing Supports & the Housing-Homelessness Incentive Program (slides 31-32) - NEW! Reports and webinar on Medicaid for housing services
- *Building a Connected Community of Care in the West Valley Region* (slides 40-45)
- West Valley Regional CES Working Group/Regional Request for Referral Assistance (slides 46-47)
- *California Health Care Foundation (CHCF) Regional Cross-Sector Integration Pilot Initiative* (slides 48-50)
- Cross-Sector Partnerships Improving Care for People Experiencing Homelessness - Center for Health Care Strategies (slide 48)
- Information shared by San Antonio Regional Hospital (slides 51-54)

Additional information -

- The California Interagency Council on Homelessness has launched the 2025-2027 Statewide Action Plan to Prevent & End Homelessness - bcsh press release_20250312.pdf; Action Plan for Preventing & Ending Homelessness in CA 2025-2027
- *"America is Pushing Its Workers Into Homelessness"* - Opinion | America Is Pushing Its Workers Into Homelessness - The New York Times
- *"Deteriorating Rental Affordability: An Update on America's Rental Housing 2024"* - America's Rental Housing 2024 | Joint Center for Housing Studies; Deteriorating Affordability: An Update on America's Rental Housing 2024 | Joint Center for Housing Studies
- *"The Biggest Challenges Facing Older Americans"* - The Biggest Challenges Facing Older Americans: Insights from the Aging Advisory Group - National Alliance to End Homelessness
- Who Can Afford to Rent in California's Many Regions in 2024?

Thank you for your partnership!
Don Smith & Erika Lewis-Huntley, Co-Chairs
West Valley HPN-Regional Steering Committee

The Solution to Homelessness is Straightforward:
HOUSING!

San Bernardino County Department of Behavioral Health's Integrated Plan to Transform Behavioral Health Services & Outcomes

"Building A Connected Community of Care in the West Valley Region"

Plus,
Federal & State Policy-Funding updates
The Gap 2025: A Shortage of Affordable Homes
California Housing Needs Report 2025,
Updates on CoC activities &
City & Regional Service partners

West Valley Regional Steering Committee Meeting
April 9, 2025, 9:00am

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SBCHP San Bernardino County HOMELESS PARTNERSHIP

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MHSA Administration

SAN BERNARDINO COUNTY | Behavioral Health

Proposition 1: Behavioral Health Services Act (BHSA)

Overview

Maribel Gutierrez
Deputy Director
Community Engagement and Equity Services
Tan Suphavarodom
Deputy Director
Administrative and Fiscal Services

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MHSA Administration

Agenda

- Mental Health Services Act (MHSA) History
- MHSA to Behavioral Health Services Act (BHSA)
- Funding Allocation Shift
- Integrated Plan
- Community Planning Process
- Timeline
- Questions

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BHSA Behavioral Health Landscape in **California**

	County BH	Managed Care Plans (MCPS)	Commercial Insurance
Populations Served	• Med-Cal members experiencing "serious mental illness" (SMI) • Medi-Cal members experiencing a Substance Use Disorders (SUD) • Anyone who requires immediate stabilization via mobile crisis.	• Medi-Cal members experiencing "mild to moderate mental illness"	• Everyone who has commercial insurance, typically through their job. **Non-Medi-Cal**

MHSA Brief **History**

- November 2004: California voters approved Proposition 63, the Mental Health Services Act (MHSA)
- Purpose: To improve the lives of those adults afflicted with serious and persistent mental illness, and children with serious emotional disturbances by transforming the public mental health system
- Established a 1% tax to incomes over a million dollars
- Required counties to work with local community approval to develop three-year spending plans to provide services for individuals with mental health conditions in the following components:
  - Community Services and Supports (CSS)
    - Minimum of 51% must be spent on full-service partnerships
  - Prevention and Early Intervention (PEI)
    - Minimum of 51% must be spent on children and youth aged 25 and younger
  - Innovation
  - Workforce Education and Training
  - Capital Facilities and Technological Needs

MHSA Administration

MHSA **Today**

MHSA funding makes up 49% of the departments, approximately $700 million budget.
- Funds 836 positions

Programs

- CSS
  - Crisis System of Care
  - Peer Support Programs
  - Outreach , Access, and Engagement Programs
  - Homeless Services, Long-Term Supports, and Transitional Care Programs
  - Full-Service Partnerships
- PEI
  - Stigma and Discrimination Reduction
  - Outreach for Increasing Recognition of Early Signs of Mental Illness
  - Access and Linkage to Treatment
  - Prevention only
  - Prevention and Early Intervention
  - Suicide Prevention
- INN
  - Eating Disorder Collaborative
  - Progressive Integrated Care Collaborative

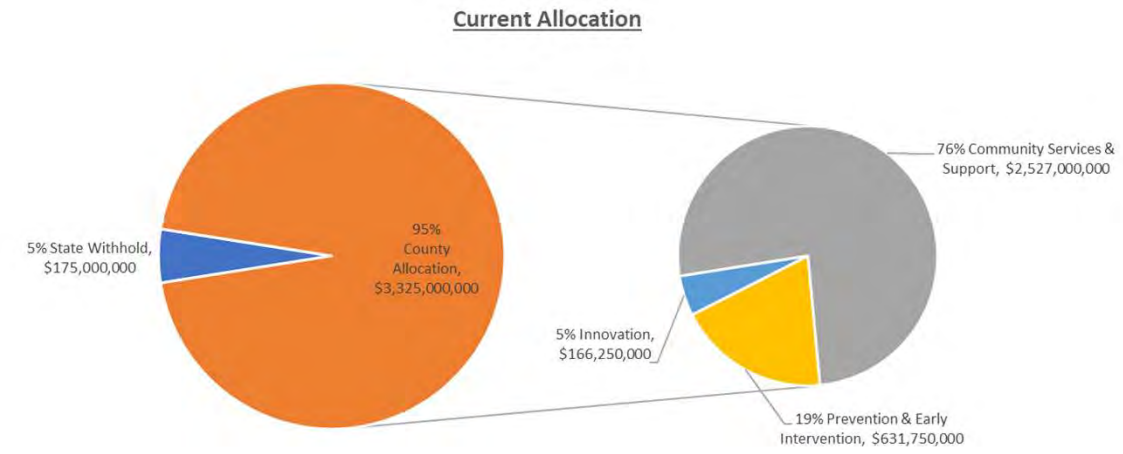
MHSA Administration

MHSA to BHSA **2026**

- **Proposition 1 was approved by voters in March of 2024**
  - Major structural reform to the MHSA for the first time in nearly two decades
- **Budget Change: Changes how millionaire's tax funds are spent**
  - Doubles current state allocation from 5% to 10%
  - Directs funding to three new major components
- **Policy change: Change in populations and services offered**
  - Includes allowance for treatment for people with substance use disorders
- **Accountability: Increases and expends reporting requirements**
  - Integrated Plan will include all behavioral health programs & funding sources
- **Infrastructure: Established a new infrastructure bond $6.4B**

MHSA Administration

BHSA Funding Allocation **Shift**



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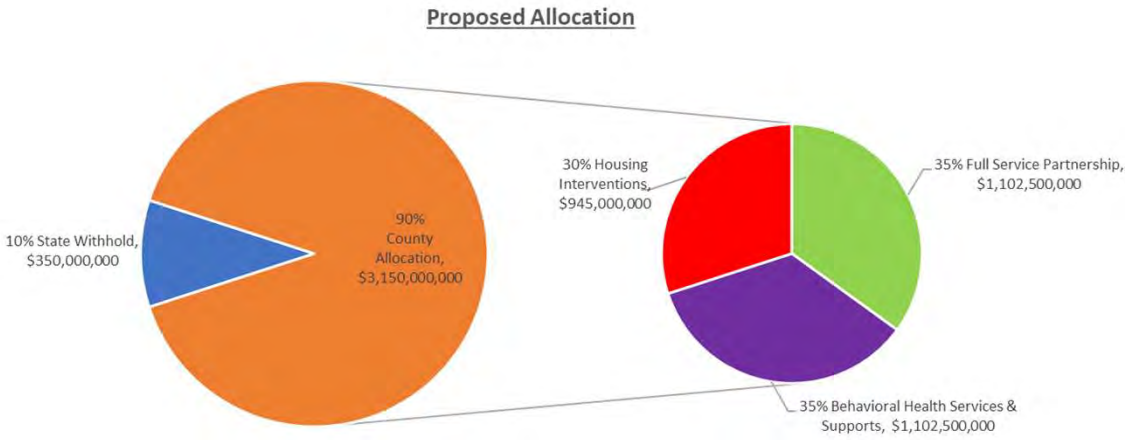
MHSA Administration

BHSA Funding Allocation **Shift**



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MHSA Administration

BHSA Funding Allocation **Shift**

Pre-Prop 1: MHSA
76% for Community Services and Supports
19% for Prevention & Early Intervention
5% for Innovation

Post Prop 1: BHSA
35% for Full-Service Partnership
35% for BH Services and Supports
30% for Housing Intervention

MHSA Administration

BHSA Components and Funding **Allocation**

Housing Interventions (30%)	Includes rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, the nonfederal share for transitional rent, capital development projects, and project-based housing assistance. Housing interventions will not be limited to those in FSP or those enrolled in Medi-Cal.
Full-Service Partnerships (35%)	Includes mental health services, supportive services, and substance use disorder treatment services, to be provided pursuant to a whole-person approach that is trauma informed, age appropriate, and in partnership with families or an individual's natural supports. Services are provided in a streamlined and coordinated manner to help reduce any barriers to services.
Behavioral Health Services and Supports (35%)	Includes services for the children's system of care and for the adult and older adult system of care (excluding housing intervention services and FSPs), early intervention programs, outreach and engagement, WET, CFTN, and INN projects.

Priority Populations for **BHSA**

BHSA targets individuals living with a range of behavioral health needs and prioritizes those disproportionately affected by mental health and SUD challenges with unmet needs. These priority populations mirror those for other statewide behavioral health initiatives and programs.

- Individuals experiencing homelessness or at risk of experiencing homelessness
- Justice-involved individuals or individuals at risk of criminal justice system involvement
- Children and youth, including those involved in the child welfare system
- Individuals in or leaving institutional settings, or those at risk of institutionalization

Per California Welfare and Institutions Code § 5892.(d)(1) & § 5892.(d)(2)

MHSA Plans vs BHSA Integrated **Plan**

MHSA

- The Three-Year Program and Expenditure Plan focused on MHSA funding only (Prospective and Arrears).
- Goal is to collect and report on local county MHSA data, promote stakeholder engagement and improve local outcomes.
- Plans are developed every three years.
- Annual updates required.
- Requires stakeholder engagement.
- Last MHSA 3-year plan update is due to DHCS by June 30, 2025.

BHSA

- A Prospective plan and budget for all County Behavioral Health services.
- Goal is to standardize data collection and reporting, promote stakeholder engagement and improve local outcomes.
- Plan is developed every three years.
- Requires engagement from an expanded list of stakeholders.
- First BHSA Integrated Plan is due to DHCS by June 30, 2026.

MHSA Administration

BHSA Community Planning **Process**

WIC Section 5963.03 (a)(1) Each Integrated Plan shall be developed with local Stakeholders, including, but not limited to, all of the following:

Eligible adults and older adults	Families of eligible children and youth, eligible adults, and eligible older adults	Youths or youth mental health or substance use disorder organizations	Providers of mental health services and substance use disorder treatment services	Public safety partners, including juvenile justice agencies	Local education agencies
Higher education partners	Early childhood organizations	Local public health jurisdictions	County social services and child welfare agencies	Local representative organizations	Veterans
Representative from Veterans organizations	Health care organizations, including hospitals	Health care service plans, including Medi-Cal managed plans	Disability insurers	Tribal and Indian Health Program designees	The five most populous cities in counties with a population greater than 200,000
Area agencies on aging	Independent living centers	Continuums of care, including representatives from the homeless service provider community	Regional centers	Emergency medical services	Community-based organizations serving culturally and linguistically diverse constituents

*Newly added

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MHSA Administration

BHSA Community Planning **Process**

Collaboration Requirements and Shared Purpose

- Must work with community partners to address key local health issues
  - Local Health Jurisdictions (LHJs)
  - Medi-Cal Managed Care Plans (MCP)
- Community Health Assessment (CHA) describes the status of population health within a jurisdiction.
- Community Health Implementation Plan (CHIP) identifies how the public health entity will work with community partners to address key issues elevated in the CHA.
- Medi-Cal Community Supports

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BHSA What's **Next**

- Current MHSA Programs and services will continue as approved through June 30, 2026
- Stakeholder opportunities
  Mental Health Services Act (MHSA) – DBH Internet Website
- Behavioral Health Infrastructure Bond Act opportunities
- **January 2025** counties begin collaboration with MCPs and LHJs
- **February 2025** DHCS Policy Guidance Modules released, Module 1
- **June 2026** First County Integrated Plan due

Contact **Information**

Maribel Gutierrez
Deputy Director
(909) 388-0830
Maribel.Gutierrez@dbh.sbcounty.gov

Tan Suphavarodom
Chief Financial Officer/Deputy Director
(909) 388.0826
Tan.Suphavarodom@dbh.sbcounty.gov

About Us
San Bernardino County Behavioral Health Programs strive to be recognized as a progressive system of seamless, accessible and effective services that promote prevention, intervention, recovery and resiliency for individuals, families and communities.

San Bernardino County Department of Behavioral Health

Visit our website at: *sbcounty.gov/dbh/*

Helplines available 24/7/365

Access Unit (Behavioral Health Helpline) (888) 743-1478

Screening Assessment and Referral Center (Substance Use Disorder Helpline) (800) 968-2636

Community Crisis Response Teams Call (800) 398-0018 or text (909) 420-0560

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Commitment of the Continuum of Care San Bernardino County

- To promote a community wide commitment to the goal of ending homelessness
- To promote funding for efforts by nonprofit providers, state and local governments to quickly rehouse individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness
- To promote access to and effective utilization of mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness

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THE SHIP – A METAPHOR

- THE WHEEL - WHO IS ON BOARD - WHO IS AT THE HELM
  - CoC Full Membership Network - Every VOICE in our environment who has the same goals and values to meet the needs of our homeless community
  - CoC Board - Chairman - Supervisor Joe Baca, Vice- Chair - Shanikqua Freeman and 17 Board Members representing various sectors of our environment
  - CoC Regional Networks - West Valley, Central Valley, Desert, East Desert, and Mountain
  - CoC Regional Steering Committees
  - Collaborative Agent - Office of Homeless Services Marcus Dillard - Board Secretary
  - HMIS Lead Agency - Office of Homeless Services
  - CES Lead Agency - Inland So. Cal United Way 211+

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THE DESTINATION

To get started in a new direction, we will focus on our destination and what charts we will be using. We currently have three posted action plans for our county;

- **San Bernardino County Strategic Plan - 2022 Homeless to Home - 3 Point Strategy**
- **San Bernardino County Homeless Action Plan - 2019 A Mult- jurisdictional Approach - 9 Recommendations**
- **Regionally Coordinated Homeless Action Plan (HHAP 5)**

Although all are great documents and necessary. Which destination are we moving towards?

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All on the ship NEED to know where we are going. So, from our current resources we will establish guidelines (navigational charts) that will meet the goals of the CoC, bring them into alignment and uniformity to reach our destination.

What is this going to look like?

COMMITTEES AND WORKING GROUPS

Standing Committees

- CoC Governance, Bylaws & Membership
- Performance, Oversight & Review
- Emergency Preparedness and Response
- Health
- Homeless Youth Task Force
- Housing
- Identify Resource Availability
- Outreach and Coordinated Entry System
- Point-In-Time Count Oversight
- Regional Steering Committees-CV, WV, HD, ED, MTN
- Youth Advisory Board
- Grant Review Committee

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Ad Hoc Committees

- Strategic Plan Committee
- Recruitment & Membership
- Nominating Committee
- Fund/Grant Finding Committee

Working Groups/Coalitions

- Families with School Aged Children
- Justice Involved
- Aging Adults/Seniors
- Domestic Violence/Victims/Trafficking
- Health/Mental Health
- Veterans
- Lived Experience
- Congregate Shelters
- Housing-Transitional/PHS/Affordable
- Service Provider Forums/Case Management
- Case Conferencing

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CA-609 San Bernardino City and County Continuum of Care
Membership Application Instructions

Thank you for your interest in participating in the CA-609 San Bernardino City and County Continuum of Care (CoC). The CoC is a regional or local planning body that coordinates housing and service funding for homeless families and individuals. The CoC is designed to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by non-profit providers, states, and local governments.

The CoC is made up of designated representatives of a "relevant organization", as defined below. Relevant organizations and individuals within San Bernardino County may apply to be considered for membership in the U.S. Department of Housing and Urban Development (HUD) designated CA-609 San Bernardino City and County CoC.

Membership Eligibility. Section 578.5 of Title 24 of the Federal Regulations defines "relevant organizations" as including, "nonprofit homeless assistance providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing authorities, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals.

Applicants must designate one representative on their application to vote on behalf of their organization. If they are unable to attend a CoC meeting, a voting representative from an organization may authorize another individual from their organization to be their alternate. A roster of voting representatives is maintained and updated at least annually.

CoC Member Duties Include:

(1) Attend meetings of the full CoC membership, with published agendas, at least twice a year;
(2) Adopt and follow a written process to select a board to act on behalf of the CoC, which process must be reviewed, updated, and approved by the CoC at least once every 5 years;
(3) Appoint additional committees, subcommittees, or workgroups;
(4) In consultation with the collaborative applicant and the HMIS Lead, develop, follow, and update annually a governance charter, which will include all procedures and policies needed to comply with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board.

To see a full list of CoC duties and responsibilities click here.

You can complete a membership application online at https://sbchp.sbcounty.gov/ or complete a PDF file of the application and email it to homelessrfp@hss.sbcounty.gov or mail it to:

The Office of Homeless Services
560 E. Hospitality Lane, Suite 200
San Bernardino, CA 92415-0044

CA-609 San Bernardino City and County Continuum of Care
Membership Application

Instructions: Please submit this form via email to: HomelessRFP@hss.sbcounty.gov or by mail to the Office of Homeless Services – 560 E. Hospitality Lane, Suite 200, San Bernardino, CA 92415-0044

		Date:
Organization Name:		
Executive Director:		
Business Address:		
City:	State:	Zip:
Email Address:		
Phone Number:		
Link to Organization's Website:		

Primary CoC Voting Representative Name:	
Title:	
Email Address:	
Phone Number:	

Alternate Representative Name:	
Title:	
Email Address:	
Phone Number:	

Which of the following sectors best describes your organization sector?

☐ Advocate	☐ Business	☐ CDBG/HOME/ESG Entitlement Jurisdiction
☐ Disability Service Organization	☐ EMS/Crisis Response Team	☐ Faith-Based Organization
☐ Homeless/Formerly Homeless Individual	☐ Hospital or Health Care Organization	☐ Housing Developer
☐ Law Enforcement	☐ LGBTQ Service Organization	☐ Local Government
☐ Mental Health Service Organization	☐ Non-Profit Homeless Service Provider	☐ Public Housing Authorities
☐ School District/College/University	☐ Social Service Provider	☐ Street Outreach Team
☐ Substance Abuse Service Provider	☐ Substance Abuse Service Provider	☐ Veteran Organization
☐ Victim Service Provider	☐ Youth Homeless Organization	Other:

By submitting this application, you hereby agree to meet the Continuum of Care membership duties as outlined in the accompanying instructions and attest that your organization's representative or alternate can attend meetings at least twice a year.

Signature _____ Date _____

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Note from Chief of Homeless Services

MEMO
To: Continuum of Care (CoC) Collaborators and Regional Leaders

Subject: U.S. Attorney Bill Essayli Announces Criminal Task Force to Investigate Fraud and Corruption Involving Homelessness Funds

Purpose:
To inform the CoC Board of the recent announcement by United States Attorney Bill Essayli regarding the formation of a criminal task force aimed at investigating fraud and corruption in the management and distribution of homelessness funds.

Background:
Today April 8, 2025, U.S. Attorney Bill Essayli unveiled a new criminal task force dedicated to investigating fraudulent activities and corruption in the allocation and use of federal and state funds meant to support homelessness programs. This initiative aims to address the increasing concerns regarding improper use of resources intended for addressing homelessness, which undermines public trust and the effectiveness of these critical programs.
The task force will work in collaboration with federal, state, and local agencies to identify, investigate, and prosecute individuals or organizations involved in the misuse of homelessness funding. The goal is to ensure that resources are used efficiently and that they reach those who need them the most — people experiencing homelessness.

Relevance to CoC:
As an integral part of the local and regional efforts to address homelessness, it is vital that the CoC Board is aware of these developments. The formation of this task force highlights the importance of transparency, accountability, and integrity in managing homelessness funding. It is essential that our programs and services comply with all regulations and standards to avoid potential legal issues, while ensuring that resources are directed to the individuals and communities who need them most.
The Office of Homeless Services will work with the CoC to review current practices and controls related to the management of homelessness funds, to ensure that all activities are in compliance with federal and state regulations. Additionally, any updates from this initiative will be closely monitored to understand potential impacts on local funding streams or requirements.

Conclusion:
The announcement of the task force is a reminder of the responsibility that all organizations and agencies handling homelessness funds have to ensure that resources are used appropriately. The CoC must remain vigilant and proactive in maintaining the integrity of its operations, ensuring the proper allocation of funds to support those experiencing homelessness in our community.

Should you have any questions or need further information on this initiative, please do not hesitate to reach out.

Marcus Dillard
Chief of Homeless Services
Office of Homeless Services

HMIS Announcement

Good afternoon Community Members!

The Homeless Management Information System (HMIS) team wants to thank everyone whom participated in today's Town Hall event. Today, we discussed the following items:

- Dashboards regarding tickets
- HMIS updates on project features
  - Scanning / Attendance feature
  - Data Migration (import) from previous HMIS system
  - Homeless Verification Form
- New HMIS Features
  - Coordinated Entry System (CES), training provided by 211
  - Encampment Module
- Surveys
  - Town Hall
  - Program Support Assessments (PSA)
  - New User Training
- YouTube Channel

For your convenience, we are also providing the slide deck that was used in today's Town Hall.

The first HMIS Town Hall Survey is available!

- Together, We're Making a Difference – One Data Point at a Time!

Office of Homeless Services - WEBMASTER
OHS-HMISHelodesk@hss.sbcounty.gov
(909) 501-0600

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Homebase

April 2025

Managing uncertainty for CoCs and homeless services providers

Abstract:

This report provides steps for how Continuums of Care (CoCs) and homeless response system providers can manage uncertainty. It covers processing new information as an organization, communicating with clients following trauma-informed principles, managing CoC grants, and adapting budgets.

Homebase

Introduction

Purpose of this report

Continuums of Care (CoCs) and their partner agencies receive funding to support their work from federal, state, county, and other local sources. Changes or surprises in policy at any level can impact organizational cash flow and operations. We saw this during the financial crisis in 2008, we've experienced it during government shut-downs, and we experienced it during the initial months of the COVID pandemic. Many organizations are facing similar financial and programmatic uncertainty in 2025.

There are steps CoC-funded agencies can take to put themselves in a strong position to weather the uncertainties. This report contains six fact sheets with recommendations on the following topics:

- Best practices for financial management and workflow.
- Complying with federal regulations & requirements.
- Staying current in HUD's Electronic Line of Credit Control System (eLOCCS).
- Managing CoC grants and adapting budgets under challenging circumstances.
- Organizational strategies for processing new information.
- Communication with clients around uncertainty.

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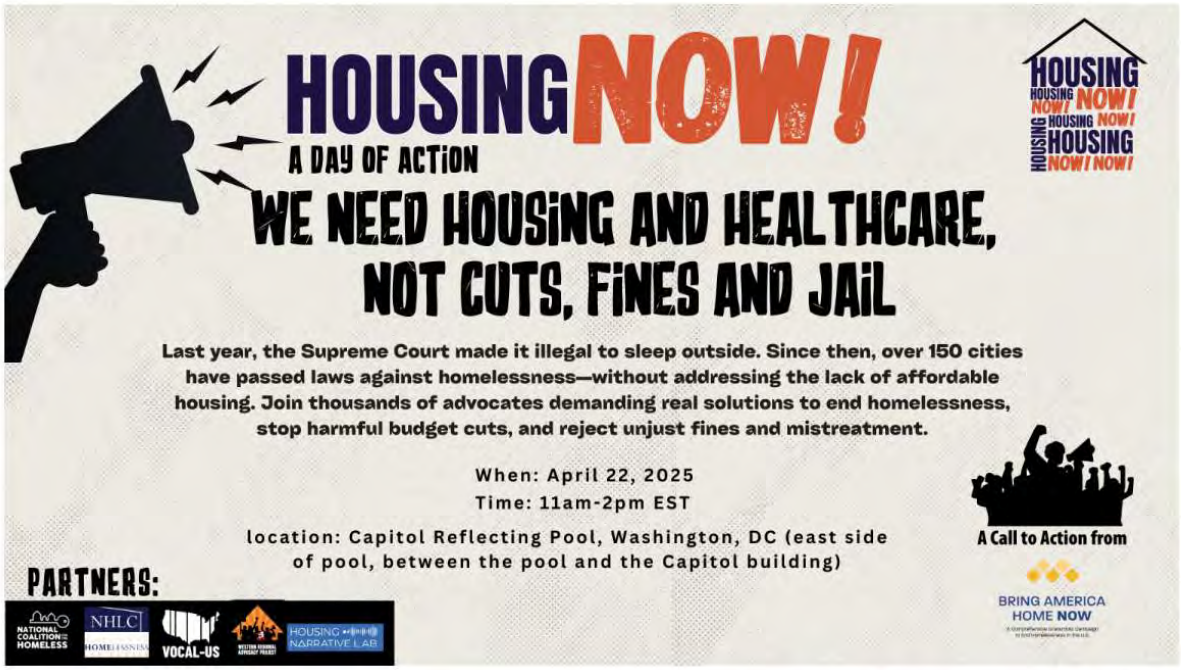

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HOUSING NOW! NATIONAL DAY OF ACTION

Housing and Healthcare for ALL, Not Budget Cuts, Fines and Jail

HOUSING
HOUSING NOW! NOW!
HOUSING NOW!
HOUSING
HOUSING
NOW! NOW!

YES to Housing and Healthcare, NO to Funding cuts, Fines and Jail

Last year, the Supreme Court ruled that communities can arrest and ticket people for living outside, and, one year later, over 150 cities have passed laws making it illegal to be homeless ***without*** addressing the dire **lack of affordable housing** that causes homelessness.

On April 22, 2025, thousands of advocates will rally nationwide, and in Washington DC at the Capitol, to demand **Housing NOW!** We know what ends homelessness; and we will call on our elected officials to reject budget cuts that only worsen the crisis and stand against fines and mistreatment of the homeless.

We know what works! Communities are fighting for **proven solutions**. We want to use this moment to lift up what YOU are fighting for in your community. This is an opportunity for **YOU to share** your story.

If you'd like to host your own event, fill out the registration form to be featured on the official Housing NOW! National Day of Action website. Click the button below to get involved!

Attend the DC Rally | Register your Event

We want to hear from you!

Housing insecurity affects millions, and your **voice matters**. Whether you're experiencing homelessness, living in a shelter, or struggling to afford rent, we want to share your story. Housing impacts us all, and by speaking out, we can **demand real change**. Your experiences will be amplified to show how the housing crisis is devastating lives—and why we need Housing NOW.

How to Participate:

- Submit a written story using the button below. Answer this question: How is housing impacting you?
- Share a video on Instagram or TikTok—tag @nationalhomeless and use #HousingNowto be heard.

Thank you for raising your voice and taking action!

Submit Story

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FOCUS strategies

BEST PRACTICES IN DELIVERING CLIENT-CENTERED CARE

A one-day in-person training for frontline staff working with people experiencing homelessness and their supervisors.

One day training offered in 3 separate locations

Please register for one session only

TUES. APRIL 22, 8:30AM - 4:30 PM
VICTORVILLE
REGISTER HERE

WED. APRIL 23, 8:30AM - 4:30 PM
REDLANDS
REGISTER HERE

THURS. APRIL 24, 8:30AM - 4:30 PM
RANCHO CUCAMONGA
REGISTER HERE

Why Attend?

- Equip yourself with practical skills to support individuals experiencing homelessness.
- Learn about Trauma Informed Care, Harm Reduction, and Housing Focused Case Management
- Gain insights on centering the client experience and tailoring your approach to meet individual client needs

A Certificate of Attendance will be awarded to all participants

For questions, please contact **SBCTraining@focusstrategies.net**

FOCUS strategies

USING DATA TO DRIVE RESULTS AND ADVANCE EQUITY TRAINING

A **three-part** training series that focuses on the critical role data plays in supporting and improving programs and the homeless response system.

MAY 6TH, 13TH, AND 20TH

10:00AM-12:00PM

Why Attend?

Designed for **Program Managers** and people who **input data into HMIS** to learn:

- How to collect, review, and use different types of data to improve homelessness response efforts
- How to use different data sources to explore inequities, disproportionalities, and disparities within the homelessness response system.

Sign Up

To register for the series, fill out the form here. Invitations to all three sessions will be sent to the email address you provided.

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Regional Access Points with CES

What are Regional Access Points?

Regional Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services. The first contact that most people experiencing a housing crisis will have with the crisis response system is through a coordinated entry access point. Access points play a critical role in engaging people to address their most immediate needs through referral to emergency services. Access points also play a critical role in beginning to determine which intervention might be most appropriate to rapidly connect those people to housing.

CES is designed to ensure clarity, transparency, consistency, and accountability for those experiencing housing crisis, referral sources, and homeless service providers throughout the assessment and referral process. While those who are experiencing the longest and/or are the most vulnerable have priority to scarce permanent housing resources

Funding Breakdown by Region

Region	HHAP 2 Funding Amount	HHAP 4 Funding Amount
Central	$ 37,672.14	$ 134,245.00
East Desert	$ 3,705.46	$ 12,405.00
High Desert	$ 12,969.10	$ 47,407.00
Mountains	$ 1,235.15	$ 4,208.00
West Valley	$ 6,175.76	$ 23,260.00

All funding must be used to cover staff

Contract Duration

HHAP 2 - March 1, 2025-June 30, 2025 HHAP 4 - March 1, 2025-June 30, 2027

Application Opens March 1st, 2025 ***Application Closes March 15th, 2025***

Who is able to apply?

Community Based Organizations (CBOs), Faith Based Organizations (FBOs), and other non-governmental organizations (NGOs)

General Eligibility Information

- Must be an active member of the region's CoC membership
- Must use **Clarity, the Homeless Management Information System (HMIS)**
- Homeless Management Information System Reporting Required
- Must conduct in-person outreach, intake, assessment, homeless verification, and participate in case coordination
- Must adhere, and remain in compliance with HHAP 2 and HHAP 4 requirements

Regional Access Points with CES

ISC211+ Goals

- Provide services as a regional access point
- Provide Intake and Assessment of unhoused individuals and families
- Conduct homeless verification of unhoused individuals and families
- Conduct case conferencing to assist with prioritization
- Provide referrals to CES partner agencies immediately when program openings become available
- Evaluate and design scope for future development of Regional Access Points

Provider Responsibilities

- Designating appropriate point person(s) to collaborate with Inland Southern California 211+ POC
- Adherence to all CoC policies and procedures.
- Conduct Outreach and Case Management
- Conduct Assessments for the unhoused population.
- Conduct Homeless Verification and upload to HMIS
- Participate in case conferencing
- Enter service activities in HMIS for every household. Data entered in HMIS must include:
  - Completed assessment (VISPDAT)
  - Date service was provided
  - The type of service provided
  - Complete case notes

Application documents needed

- A completed regional access application
- Proof of exempt status
- Budget matching the region in which you are applying

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Shared Housing Certificate Program 2025

Dear Colleague,

We are excited to announce the year-long virtual **Shared Housing Certificate Program**, designed to promote the expansion of shared housing nationwide. This transformative program provides essential tools and strategies to help your community prevent and end homelessness. Whether you're new to shared housing, or looking to enhance existing SH initiatives, this program is tailored for you.

The Shared Housing Institute and C4 Innovations are collaborating with national shared housing experts to lead each module (see details below). Our primary training partner, Bay Area Community Services (BACS), is a national leader in housing innovation. With over 70 years of experience operating in Oakland and expanding to six additional counties, BACS provides comprehensive, integrated behavioral health and housing solutions across the Bay Area. BACS communities incorporate shared housing as a core service, supporting over 3,000 individuals—most of whom received time-limited housing assistance. Their large-scale homeless prevention system, integrated with Coordinated Entry, also includes shared housing.

Key SH Certificate Program Features:

- Expert-led sessions on shared housing implementation
- Practical ways to apply and scale solutions locally
- Networking and collaboration with other professionals in the field
- Access to recorded sessions and learning resources on a Learning Management System

SH Certificate Program Details:

- **Cost: $200 per person or $300 per team.** We encourage, and want to require, every participant to join as a team, bringing together partners you need to expand shared housing: Leaders, Managers, Housing liaisons, Case workers, other community partners.
- **Start Date: March 4 – December 8, 2025** (See entire SH Certificate Program calendar below).

Register as an individual here or as a team (up to 5) here.

Once you register, you will be sent a form to list all of the team members for course enrollment.

For more information, contact: Jamie Taylor, SHI jamie@sharedhousinginstitute.com

All SH Certificate Program sessions will be recorded and posted on a Learning Management System, along with SH resources. Everyone will be able to re-watch sessions with their colleagues as they promote shared housing learning across their organizations and community.

Additional Ongoing Peer Learning Groups will be scheduled throughout the year, offering participants the opportunity to join a series of Zoom calls for in-depth discussions on:

- ✓ Families and Shared Housing
- ✓ Youth and Shared Housing
- ✓ Shared Housing and Hotel Placements
- ✓ Buying Single Family Homes
- ✓ Shared Housing and Hotels / Shelters
- ✓ Shared Housing and Safe Parking

BACS Shared Housing Institute C4 Innovations

Shared Housing Certificate Program 2025

Session Dates	SH Certificate Program Topics	Presenters
Tuesdays **March 4 11:00-12:30PT/ 2:00-3:30ET**	**How to Run Shared Housing** ➢ Who can be served by shared housing? (Inclusion vs. Exclusion) ➢ Building SH Partners – Benefits for leaders, providers, funders ➢ How do you pay for SH services? Risk Mitigation Funds ➢ Case Study Review of SH Partnership development	**BACS, Oakland (Main Presenter)** **Wendy Tippett, Palm Beach Co.**
March 18 11:00-12:30PT/ 2:00-3:30ET	**Tools for SH Implementation** • How many clients will you serve? In Shelter, RRH, PSH, Prevention? • Assess staff expertise/ team capacities to support SH • HUD Rules and Regulations for SH	**HUD SNAPS TA**
April 1 11:00-12:30PT/ 2:00-3:30ET	**Finding SH Housing Options** • Expanding LL engagement outreach to community LL's • Buying Single-family Homes for SH • Master leasing • Case study on How to Buy Single Family Homes for SH	**BACS, Oakland (Main Presenter)**
April 15 11:00-12:30PT/ 2:00-3:30ET	**Tools for Finding SH Housing Options** • LL Engagement Tools • Master lease Tools • Building LL Engagement partners	**Amber Malmberg, Phoenix, AZ**
April 29 11:00-12:30PT/ 2:00-3:30ET	**Housemate Pairing** ➢ Selling Shared Housing to Clients - Marketing Shared Housing in Shelters, RRH, PSH, Prevention ➢ Facilitating SH referrals / placements - Partnership with CES	**BACS, Oakland (Main Presenter)**
May 13 11:00-12:30PT/ 2:00-3:30ET	➢ Review of Housemate Matching Processes and Housemate Agreements **Tools for Housemate Matching**	**Meghan Cotter, VA**
May 27	➢ **SH and Local Zoning Laws** ➢ **Selling Shared Housing to State Leaders/Funders**	**Cathy Zall, CT** **Melissa Peterman, San Diego**
June 10	➢ **Understand FMR, HUD APR, and how household budgets work** ➢ **How to collaborate with system partners around HUD SH rules and expand SH options**	**Wendy Tippett, Palm Beach Co.**

BACS Shared Housing Institute C4 Innovations

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CITY OF ONTARIO
Agenda Report
April 1, 2025

SECTION:
CONSENT CALENDAR

Department: Housing
Prepared By: Katryna Gonzalez
Staff Member Presenting: Helen McAlary, Executive Director Community Life and Culture
Reviewed By: Lacey A Rightmer
Approved By:

Submitted To: Council/OHA
Approved: _____
Continued To: _____
Denied: _____
Item No: 7

SUBJECT: **A PROFESSIONAL SERVICES AGREEMENT FOR HOMELESS SERVICES BETWEEN THE CITY OF ONTARIO AND SYMBA CENTER AT THE ONTARIO WELLNESS CENTER**

RECOMMENDATION: That the City Council take the following actions:

A. Approve a Professional Services Agreement with Symba Center, a non-profit corporation of Victorville, California, for the provision of homeless services at 1522 West Mission Boulevard for a total not-to-exceed amount of $2,307,000; and
B. Authorize the City Manager or his designee to execute the Agreement and take all actions necessary to implement them.

THE FOLLOWING COUNCIL GOALS ARE BEING ACHIEVED:
Operate in a Businesslike Manner

FISCAL IMPACT: The term of the Professional Services Agreement is from March 18, 2025 through June 30, 2026, with a not-to-exceed amount of $2,307,000. The total for Fiscal Year 2024-25 is $300,000, and $2,007,000 for Fiscal Year 2025-26. If approved, additional appropriations will be included in the General Fund - Measure Q in future year budgets in accordance with the annual budget process for these services. The Fiscal Year 2024-25 Budget includes appropriations in the General Fund - Measure Q for such homeless services. Staff is exploring opportunities to apply for funding to support the ongoing cost of these services.

BACKGROUND & ANALYSIS: In April 2024, the City of Ontario purchased a 33-room motel at 1522 W. Mission Blvd. to operate an interim access center and provide emergency and temporary housing units as part of the development of the Ontario Wellness Campus. In June 2024, Staff solicited proposals for an operator to provide homeless services, including operating the access center, providing street outreach, and operating the emergency and temporary housing units. Two responses were received, and after interviewing both respondents, Staff has selected Symba Center to operate the interim center and housing units. Symba Center, located in Victorville, California, was selected based on their experience operating a similar facility in San Bernardino County.

Symba Center will partner with staff to provide services to homeless households and those at risk of homelessness. The scope of services includes the following:

General Homeless Services - Operate the access center approximately 38 hours per week, provide client intake and assessment, case management, offer referrals for other service providers (e.g., behavioral health and treatment programs), provide basic needs (bus passes, hygiene kits, ID card vouchers, gift cards, etc.), and provide on-site services such as laundry and showers for case management clients.

Street Outreach - Partner with the City's Housing Services Department to provide street outreach services, conduct field assessments, provide transportation, and connect homeless clients to services.

Emergency and Interim Housing Programs - Provide 24/7 emergency and interim housing for families and single adults who can independently handle daily activities and help connect clients to housing resources and address challenges in finding permanent housing.

Symba Center will provide limited access center and outreach services during the facility's renovation, which is underway and expected to be completed by Fall 2025. Once the renovation is complete, Symba Center will also operate emergency and interim housing programs at the site. These programs will offer clients short-term housing solutions (between 3 and 90 days) while they work to meet case management goals to reduce the barriers to permanent housing or connect to other housing programs. The units will have limited requirements to access them. They will be benchmark-driven to assist clients in meeting their case management goals. The interim housing units will also offer care for those needing recuperative care.

Staff recommends awarding the Professional Services Agreement to Symba Center. If approved, the City Manager would be authorized to execute the Agreement, with the services beginning May 2025.

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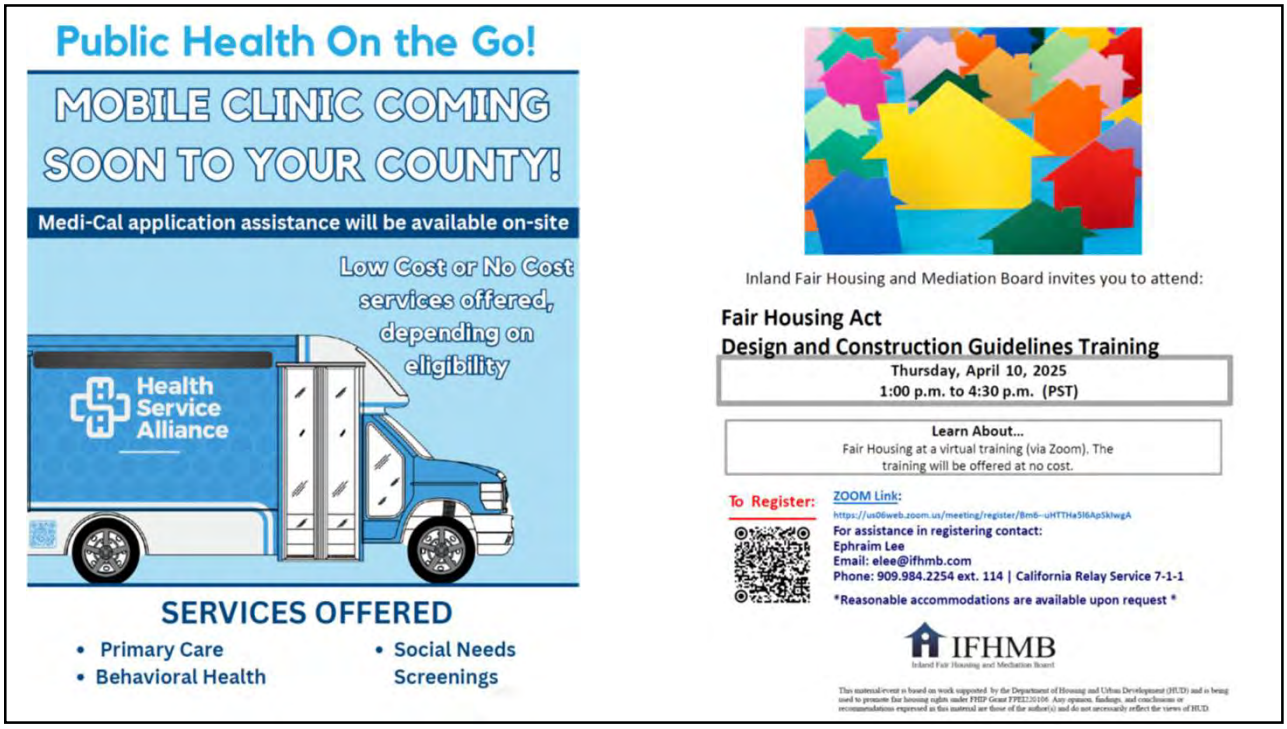

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Proposed Legislation Focuses on
Homeless Housing, Assistance, and Prevention (HHAP) Grant Program

Joe Colletti, PhD
Hub for Urban Initiatives
Homeless and Housing Strategies for California
April 2025

Proposed legislative bills include the following:

- SB 16 would establish a Round 7 program allocation
- SB 606 would enact the Functional Zero Unsheltered Act beginning with round 6 of the program
- SB 802 would ensure that foster youth and low income households experiencing traumatic homelessness are given consideration
- AB 1184 would require an evaluation of the program

SB 16 Homelessness: Homeless Housing, Assistance, and Prevention program: housing element: Integrated Plan for Behavioral Health Services and Outcomes states:

Upon appropriation by the Legislature, this bill would establish Round 7 of the HHAP program. To be eligible for a Round 7 base program allocation, the bill would require specified jurisdictions to apply as part of a region and be signatory to a Round 7 regionally coordinated homeless action plan that has been approved by the department. The bill would require the plan to include an inventory of existing and planned city-operated shelters, the expected cost for those shelters, and a commitment by counties to contribute 50% of the expected costs, as specified.

On or before the end of the 2025–26 fiscal year, the bill would require a grantee to submit to the department an update on its regionally coordinated homeless action plan activities for department review, as specified. The bill would authorize a board of supervisors of a county to adopt a resolution determining that contributing 50% of expected costs is financially infeasible, as specified. If a county adopts the resolution, the bill would require the department to determine the contribution percentage of the county, as specified. On or before the end of the 2025–26 fiscal year, the bill would require cities to submit to the department the actual operating cost of city-operated shelters and require counties to reimburse cities for any excess contributions. The bill would authorize the department to withhold 50% of funds from a grantee until the department has approved the update.

SB 606 Homeless Housing, Assistance, and Prevention program: reporting requirements: functional zero unsheltered states:

This bill would enact the Functional Zero Unsheltered Act, which, beginning with round 6 of the HHAP program, would require an applicant to provide information relating to its efforts to address homelessness in its jurisdiction, including an assessment of what would be required for the applicant to achieve functional zero unsheltered, which the bill would define as sufficient housing options of all types to accommodate a jurisdiction's unsheltered, chronically homeless population based on its most recent homeless point-in-time count, and information regarding the applicant's implementation of local homeless housing incentives, as provided. The bill would require, as part of the assessment of progress toward functional zero unsheltered, applicants to include a financial model assessing the needs for investment in prescribed areas and further analysis of, among other things, funding programs that provide housing or services to persons experiencing homelessness. The bill would also require an applicant to demonstrate its efforts to include small cities, as defined, in its Regionally Coordinated Homeless Action Plan, as specified, and provide the most recent homeless point-in-time counts of small cities in the applicant's jurisdiction.

SB 802 Multifamily Housing Program: Homekey: Homeless Housing, Assistance, and Prevention program states

Upon appropriation by the Legislature, for rounds of the Homeless Housing, Assistance, and Prevention program adopted after the effective date of the act that added this article, the department shall ensure that the following populations are given consideration:

(a) Foster youth.
(b) Homeless persons.
(c) Extremely low income households, very low income households, and lower income households who need safe and stable housing and are experiencing traumatic homelessness, street violence, domestic violence and abuse, sexual abuse and assault, or human trafficking.

AB 1184 Department of Housing and Community Development: annual report: Homeless Housing, Assistance, and Prevention program states

Existing law requires the Department of Housing and Community Development to submit an annual report to the Governor and both houses of the Legislature on the operations and accomplishments during the previous fiscal year of the housing programs administered by the department. Existing law requires that the report include, among other things, the number of units assisted by those programs and the number of individuals and households served and their income level.

This bill would additionally require that this report include an evaluation of the HHAP program.

Next Legislative Steps

Next legislative steps will involve required actions by policy, fiscal, and appropriations committees that may further advance these bills into, or stop these bills from, becoming law.

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NATIONAL LOW INCOME HOUSING COALITION

NLIHC Releases *The Gap: A Shortage of Affordable Homes*

New Report: NLIHC's The Gap 2025

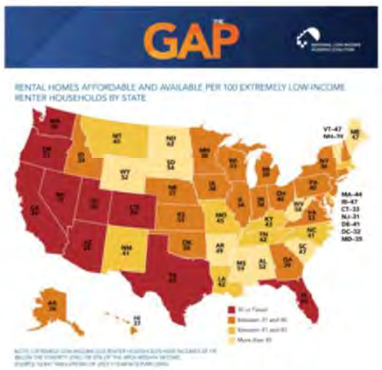
The National Low Income Housing Coalition (NLIHC) recently released the latest version of its annual report "*The Gap: A Shortage of Affordable Homes*." *The Gap* report details the severe shortage of affordable rental homes available to families and individuals with different income levels nationwide and in every state and major metropolitan area. This year's report finds that the lowest-income renters in the U.S. face a shortage of 7.1 million affordable and available rental homes with only 35 affordable and available homes for every 100 extremely low-income renter households. As a result of this shortage, three-quarters of renters with extremely low incomes are severely cost-burdened, spending more than half of their income on rent.

The report's findings come amid unprecedented attempts to cut federal housing assistance programs.

With only 35 affordable and available homes for every 100 renter households with extremely low incomes, every state and the District of Columbia is impacted. States with the most severe shortages – Nevada, Oregon, California, Arizona, and Texas – have fewer than 30 affordable rental homes available for every 100 extremely low-income renters. Nevada has just 17. Even states with the least severe shortages face significant shortfalls. North Dakota, which has the least severe shortage, has only 62 rental homes affordable and available for every 100 extremely low-income renters. All 50 of the largest metropolitan areas also have a shortage of affordable and available rentals for the lowest-income renters.

Further, the amount that extremely low-income renters can afford to pay for rent does not cover the development and operating costs of new housing and is often insufficient to provide an incentive for landlords to maintain older housing. As a result, a systemic shortage of affordable housing is available to extremely low-income renters in nearly every community. Subsidies are needed to produce new affordable housing, preserve existing affordable housing, and subsidize the difference between what the lowest-income renters can afford to pay and market rents.

The 2025 Gap report concludes that the private market fails to adequately serve renters with extremely low incomes and that current federal funding for housing assistance is insufficient. Cuts to housing assistance will only exacerbate the severe affordability challenges documented in this report. Congress must make sustained, bipartisan investments in deeply income-targeted programs such as the national Housing Trust Fund, Housing Choice Vouchers, and public housing to address this significant gap in affordable rental housing for the lowest-income renters.



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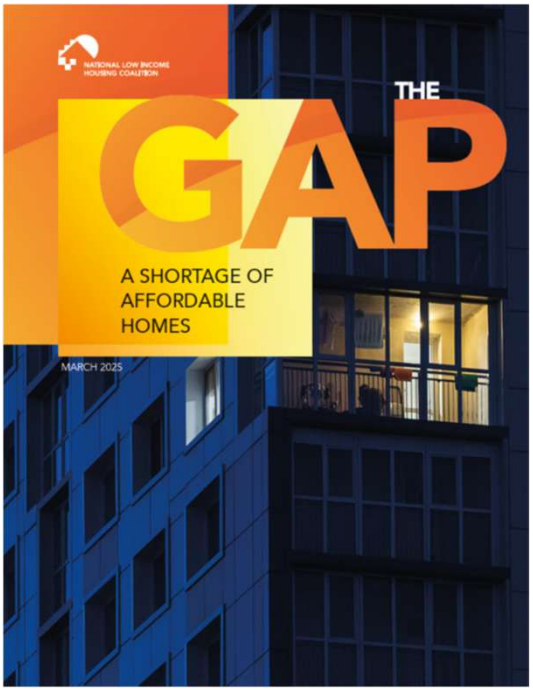

EXECUTIVE SUMMARY

The nation's lowest-income renters face a long-standing, systemic shortage of affordable and accessible housing attributable to the inherent limitations of the private market and inadequate public subsidies. This shortage of affordable housing impacts nearly every community in the U.S. and constitutes a crisis that is detrimental to the wellbeing of millions of people, including low-wage workers, seniors, people with disabilities, and single-adult caregivers of young children and family members with disabilities.

Each year, the National Low Income Housing Coalition (NLIHC) uses data from the most recent American Community Survey (ACS) to estimate the availability of affordable rental homes at various income levels with a focus on the housing needs of extremely low-income households – those with incomes at or below either the federal poverty guideline or 30% of the area median income (AMI), whichever is higher (Box 1). This report provides estimates of affordable housing needs in the U.S., including in each state, the District of Columbia (D.C.), and the 50 largest metropolitan areas.[1] Key findings of this year's report include:

The shortage of affordable rental housing predominately impacts extremely low-income renters.[2] The nation's 10.9 million extremely low-income renter households face a shortage of 7.1 million affordable and available rental homes, resulting in only 35 affordable and available homes for every 100 extremely low-income renter households.

- **Extremely low-income renters are more likely than other renters to spend a large share of their income on rent.** Eighty-seven percent of extremely low-income renters are cost-burdened and 75% are severely cost-burdened. Extremely low-income renters account for about a quarter of all renters, 43% of all cost-burdened renters, and 68% of all severely cost-burdened renters.
- **More than 90% of extremely low-income renters are either in the labor force, are seniors, have a disability, are in school, or are single adult caregivers.**
- **Black, Latino, and American Indian or Alaska Native households are disproportionately extremely low-income renters and are disproportionately impacted by the housing shortage.** Eighteen percent of Black non-Latino households, 17% of American Indian or Alaska Native households, and 13% of Latino households are extremely low-income renters compared to only 6% of white, non-Latino households.
- **No state has an adequate supply of affordable and available homes for extremely low-income renters.** The shortage of affordable and available rental homes for extremely low-income households ranges from 7,300 homes in Wyoming to nearly 1 million rental homes in California. Similarly, the current relative supply ranges from only 17 affordable and available homes per 100 extremely low-income renter households in Nevada to 62 in North Dakota.
- **No major metropolitan area has an adequate supply of affordable and available homes for extremely low-income renters.** Among the 50 largest metropolitan areas, the relative supply of affordable and available rental homes ranges from 13 for every 100 extremely low-income renters in Las Vegas, NV to 52 for every 100 extremely low-income renters in Pittsburgh, PA.

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NATIONAL LOW INCOME HOUSING COALITION

NLIHC Releases *The Gap: A Shortage of Affordable Homes*

Budget cuts to federal affordable housing programs will only deepen existing challenges and cause further harm to America's lowest-income renters.

The private market on its own fails to provide an adequate supply of affordable, decent, and accessible housing for the lowest-income renters. The amount that extremely low-income renters can afford to pay for rent does not cover the development and operating costs of new housing and is often insufficient to provide an incentive for landlords to maintain older housing. The result is a systemic shortage of affordable housing for extremely low-income renters impacting nearly every community. Subsidies are needed to produce new affordable housing, preserve existing affordable housing, or subsidize the difference between what the lowest-income renters can afford to pay and market rents. Yet just one in four households who qualify for federal housing assistance actually receive assistance (Bailey, 2022). While the private market can and must be allowed to more easily produce new rental housing, which is essential to general housing affordability, the private market will not meet the housing needs of the lowest-income renters without subsidy.

Large-scale, long-term policy solutions that directly address the housing needs of the nation's lowest-income renters are urgently needed. Budget cuts to federal affordable housing programs will only deepen existing challenges and cause further harm to America's lowest-income renters. Budget increases that fail to keep pace with inflation also will exacerbate the shortage. A large and sustained commitment of federal funding is necessary to preserve and expand the affordable housing stock, bridge the gap between incomes and rent, and provide emergency aid to stabilize renters facing financial shocks. There must be a bipartisan commitment to solving the housing crisis for the lowest-income renters. The wellbeing of millions of people depends upon it.

BOX 1: DEFINITIONS

AREA MEDIAN INCOME (AMI): The median family income in the metropolitan or nonmetropolitan area

EXTREMELY LOW-INCOME (ELI): Households with incomes at or below the federal poverty guideline or 30% of AMI, whichever is higher

VERY LOW-INCOME (VLI): Households with incomes between ELI and 50% of AMI

LOW-INCOME (LI): Households with incomes between 51% and 80% of AMI

MIDDLE-INCOME (MI): Households with incomes between 81% and 100% of AMI

ABOVE MEDIAN INCOME: Households with incomes above 100% of AMI

COST BURDEN: Spending more than 30% of household income on housing costs

SEVERE COST BURDEN: Spending more than 50% of household income on housing costs

AFFORDABLE: Housing units with rent and utilities that do not exceed 30% of a given income threshold

AFFORDABLE AND AVAILABLE: Rental units that are both affordable and either vacant or not occupied by a higher income household

NATIONAL LOW INCOME HOUSING COALITION

A SEVERE SHORTAGE OF AFFORDABLE AND AVAILABLE HOMES

Extremely low-income renters face the most severe shortage of housing, with only 7.1 million affordable rental homes for 10.9 million extremely low-income renter households. Of those 7.1 million homes, 3.3 million are occupied by higher-income households, leaving only 3.8 million rental homes that are both affordable and available for extremely low-income renters. This section illustrates how the national shortage of affordable housing is almost entirely attributable to this shortage of housing for extremely low-income renters.

AFFORDABLE RENTAL HOMES

Extremely Low-Income Renters: Of the 45.6 million households who rent their homes, nearly a quarter, or 10.9 million, have extremely low incomes. Using the standard definition of affordability utilized by the U.S. Department of Housing and Urban Development (HUD), which assumes households should spend no more than 30% of their income on housing, we find that only 7.1 million units are affordable to extremely low-income renters. Based on supply alone, not factoring in the availability of these units, there is an absolute shortage of 3.8 million homes for renter households with incomes at the federal poverty guideline or less than 30% of AMI. Extremely low-income renters are the only income group facing an absolute shortage of affordable rental homes. All other income groups have an adequate supply of affordable rental homes that could accommodate them (Figure 1).

Very Low-Income Renters: More than 6.8 million renter households have very low incomes (i.e., incomes between extremely low-income and 50% of AMI), but households in that income group can afford the same 7.1 million rental homes that are affordable to extremely low-income renters, as well as another 8.5 million more expensive but still affordable rental homes. In total, 15.6 million rental homes are affordable to the 6.8 million very low-income renter households. A cumulative shortage remains, however, when we examine extremely low- and very low-income renter households together, for which there are 15.6 million units for 17.7 million renters. This amounts to a cumulative shortage of approximately 2.1 million units for households in the two lowest-income groups.

Low-Income Renters: Approximately 9.5 million renter households are low income (i.e., have incomes between 51% and 80% of AMI). Low-income renters can afford the 15.6 million homes affordable to extremely low-income and very low-income renters, as well as an additional 18.6 million more expensive rental homes. In total, 34.2 million rental homes are affordable to the 9.5 million low-income renters.

Middle-Income Renters: Nearly 5 million renters are middle-income (i.e., with incomes between 81% and 100% of AMI). Middle-income renters can afford all the homes that low-income renters can afford, plus an additional 7 million more expensive rental homes, so the total supply of affordable rental housing for middle-income renters is 41.2 million units.

AFFORDABLE, BUT NOT AVAILABLE

The shortage of affordable housing for the lowest income renters becomes even more severe when we consider the availability of these homes. In the private market, households can occupy homes that cost less than 30% of their income, and when higher-income households occupy rental homes that are affordable to lower-income households, they render those homes unavailable to lower-income households. Rental homes are both affordable and available at a particular level of income if they are affordable to households with incomes below the defined income level and are currently vacant, or if they are occupied by a household with income below the defined income level.

THE GAP: A SHORTAGE OF AFFORDABLE HOMES, 2025

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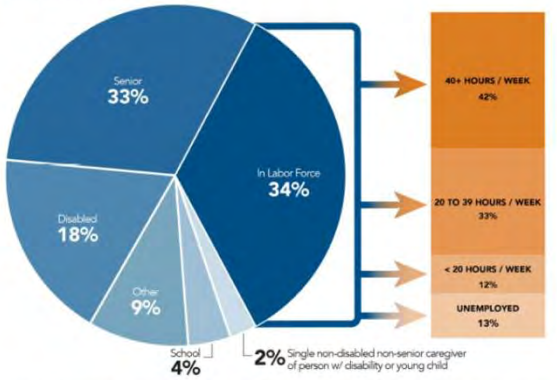
Fact of the Month: Most extremely low-income renters are aging adults, people with disabilities, workers in low wage jobs, students, and caregivers.

MOST EXTREMELY LOW-INCOME HOUSEHOLDERS ARE IN THE LABOR FORCE, ARE SENIORS, OR HAVE A DISABILITY



Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or of a household member with a disability, and other. Senior means householder or householder's spouse (if applicable) is at least 62 years of age. Disabled means householder and householder's spouse (if applicable) are younger than 62 and at least one of them has a disability. Working hours refers to the number of hours usually worked by householder and householder's spouse (if applicable). School means householder and householder's spouse (if applicable) are enrolled in school. Thirteen percent of extremely low-income renter households include a single adult caregiver, 53% of whom usually work more than 20 hours per week. Eleven percent of extremely low-income renter households are enrolled in school, 48% of whom usually work more than 20 hours per week.
SOURCE: 2023 ACS PUMS

THE GAP

NATIONAL LOW INCOME HOUSING COALITION

EXTREMELY LOW-INCOME RENTERS ARE MORE LIKELY TO BE SENIORS, HOUSEHOLDERS WITH DISABILITIES, HOUSEHOLDERS IN SCHOOL, OR SINGLE-ADULT CAREGIVERS
HOUSEHOLDER TYPE BY INCOME

SOURCE: 2023 ACS PUMS.

Note: Mutually exclusive categories applied in the following order: senior, disabled, in labor force, enrolled in school, single adult caregiver of a child under 7 or of a household member with a disability, and other. Senior means householder or householder's spouse (if applicable) is at least 62 years of age. Disabled means householder and householder's spouse (if applicable) are younger than 62 and at least one of them has a disability. School means householder and householder's spouse (if applicable) are enrolled in school.

Source: The Gap

23

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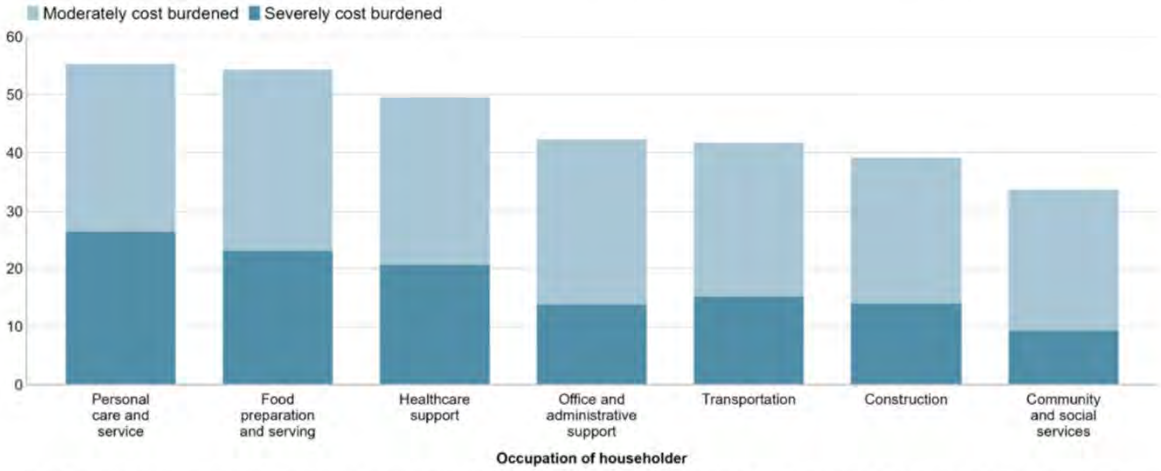
Fully employed workers are especially cost burdened in certain occupations

Share of renter households (Percent)



Notes: Moderately (severely) cost-burdened households spend 30–50% (more than 50%) of income on rent and utilities. Fully employed householders work at least 35 hours per week and at least 50 weeks of the year.

Source: JCHS tabulations of US Census Bureau, 2023 American Community Survey 1-Year Estimates.

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Joint Center for Housing Studies of Harvard University JCHS

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California View State Map Select a state...

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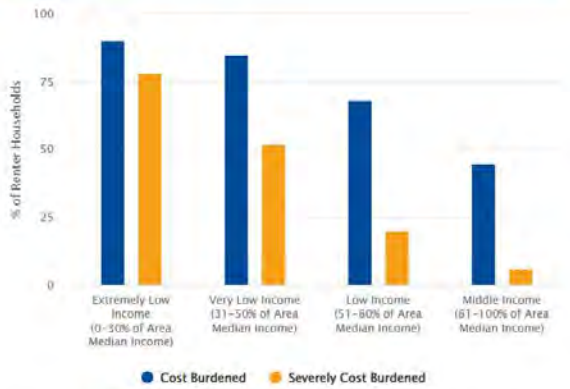
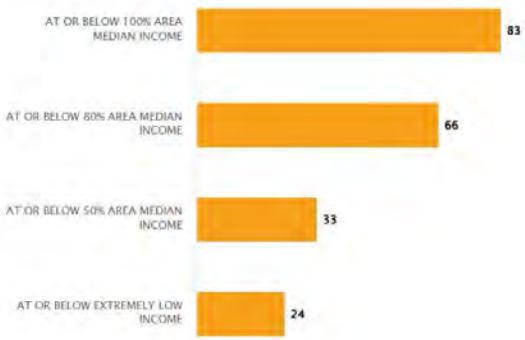
California

Housing Cost Burden by Income Group



Renter households spending more than 30% of their income on housing costs and utilities are cost burdened; those spending more than half of their income are severely cost burdened.

Affordable and Available Homes per 100 Renter Households



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All Gap Data for California

YEAR 2023

	California	Los Angeles-Long Beach-Anaheim, CA (Metro)	Riverside-San Bernardino-Ontario, CA (Metro)	Sacramento-Roseville-Folsom, CA (Metro)	San Diego-Chula Vista-Carlsbad, CA (Metro)	San Francisco-Oakland-Fremont, CA (Metro)	San Jose-Sunnyvale-Santa Clara, CA (Metro)
Extremely Low Income Households and Available Rentals							
EXTREMELY LOW INCOME RENTER HOUSEHOLDS	**1,288,946**	486,936	96,073	71,781	97,883	194,396	67,425
AFFORDABLE AND AVAILABLE RENTAL HOMES	**311,916**	102,897	21,842	17,427	16,026	61,176	22,148
Surplus (Deficit) of Affordable and Available Rental Units							
AT OR BELOW EXTREMELY LOW INCOME	**-977,030**	-384,039	-74,231	-54,354	-81,857	-133,220	-45,277
AT OR BELOW 50% AMI	**-1,420,730**	-587,666	-119,585	-77,593	-128,157	-169,558	-59,331
Affordable and Available Rental Units per 100 Households at or below Threshold							
AT OR BELOW EXTREMELY LOW INCOME	**24**	21	23	24	16	31	33
AT OR BELOW 50% AMI	**33**	27	32	38	26	44	46
AT OR BELOW 80% AMI	**66**	54	61	80	61	82	88
AT OR BELOW 100% AMI	**83**	74	77	97	81	95	100
% of Renter Households with Cost Burden							
AT EXTREMELY LOW INCOME	**90**	91	92	88	94	84	91
EXTREMELY LOW INCOME TO 50% AMI	**85**	88	86	85	88	79	76
51% TO 80% AMI	**68**	72	71	67	73	56	58
81 TO 100% AMI	**45**	51	55	36	54	30	31
% of Renter Households with Severe Cost Burden							
AT EXTREMELY LOW INCOME	**78**	81	79	78	85	70	73
511 TO 50% AMI	**52**	59	57	44	58	40	34
51% TO 80% AMI	**20**	24	25	16	22	10	8
81 TO 100% AMI	**6**	9	5	1	7	2	0

AMI = Area Median Income.
Source: American Community Survey (ACS) and ACS Public Use Microdata Sample (PUMS). For more information on the estimates' margin of error, please contact [illegible].

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How is California Meeting the Housing Needs of Low-Income Renters?

The California Housing Partnership annually assesses the needs of California's low-income renters for the purpose of informing state and local policies. Key findings from this year's report include:

*Renters need to earn **2.8 times** the state minimum wage to afford average asking rent in California

*Although California has more than doubled production of new affordable homes in the past five years, the state is only funding **15%** of what is needed to meet its goals.

*California spends more than twice as much supporting homeowners than renters and only **25%** of renter resources are permanent.

FULL REPORT

POLICY SOLUTIONS

To address the affordable housing needs of its low-income residents, the Governor and legislature should:

- Develop an on-going revenue source to fund affordable housing production and preservation at the scale needed to meet state goals over 10 years.
- Place a $10 billion affordable housing bond (AB 736 Wicks or SB 417 Caballero) on the 2026 ballot and actively support its passage. [SIGN ON TO SUPPORT].
- Maintain/expand the current 20% allocation of cap and trade auction revenues for the Affordable Housing and Sustainable Communities Program.
- Expand and make permanent the enhanced state Low-Income Housing Tax Credits.
- Make funding the Multifamily Housing Program part of the baseline state budget and increase the amount incrementally each year.
- Reduce the cost of developing affordable homes by awarding all necessary state resources at one time using a single application.

KEY FINDINGS

1. Although California has more than doubled production of new affordable homes in the past five years, the state is only funding 15% of what is needed to meet its goals.
2. California spends more than twice as much supporting homeowners than renters and only 25% of renter resources are permanent compared to 97% of the support for homeowners.
3. Median rent in California has increased 40% since 2000 while median renter household income has only increased 9% (adjusted for inflation).
4. Renters need to earn 2.8 times the state minimum wage to afford average asking rent in California, which increased by 3.5% from last year.
5. 79% of extremely low-income (ELI) renter households pay more than half of their income on housing costs compared to 6% of moderate-income renter households.
6. Black renter households are 32% more severely cost burdened than white renter households.

POLICY SOLUTIONS

To address the affordable housing needs of its low-income residents, the Governor and legislature should:

1. Develop an on-going revenue source to fund affordable housing production and preservation at the scale needed to meet state goals over 10 years.
2. Place a $10 billion affordable housing bond (AB 736 Wicks or SB 417 Caballero) on the 2026 ballot and actively support its passage.
3. Maintain/expand the current 20% allocation of cap and trade auction revenues for the Affordable Housing and Sustainable Communities Program.
4. Expand and make permanent the enhanced state Low-Income Housing Tax Credits.
5. Make funding the Multifamily Housing Program part of the baseline state budget and increase the amount incrementally each year.
6. Reduce the cost of developing affordable homes by awarding all necessary state resources at one time using a single application.

These actions while important will not be sufficient in and of themselves to solve California's affordable housing crisis, which requires a long-term, comprehensive, evidence-based set of policy solutions at scale, similar to those described in the Roadmap Home 2030.

The Roadmap Home 2030 lays out a bold vision for solving California's affordable housing and homelessness challenges over a 10-year period.

Roadmap Home 2030

2

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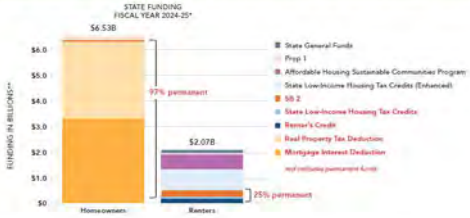
CALIFORNIA AFFORDABLE HOUSING NEEDS REPORT 2025

California Housing Partnership

ALTHOUGH CALIFORNIA HAS MORE THAN DOUBLED PRODUCTION OF NEW AFFORDABLE HOMES IN THE PAST FIVE YEARS, THE STATE IS ONLY FUNDING 15% OF WHAT IT NEEDS[1]

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Annual Goal (Roadmap Home 2030)	119,287	119,287	119,287	119,287	119,287	119,287	119,287	119,287	119,287	119,287
Homes Funded *	6,481	7,799	7,955	11,458	7,954	24,204	20,158	23,551	14,592	17,956

CALIFORNIA SPENDS MORE THAN TWICE AS MUCH SUPPORTING HOMEOWNERS THAN RENTERS AND ONLY A QUARTER OF THE RESOURCES FOR RENTERS ARE PERMANENT[2]



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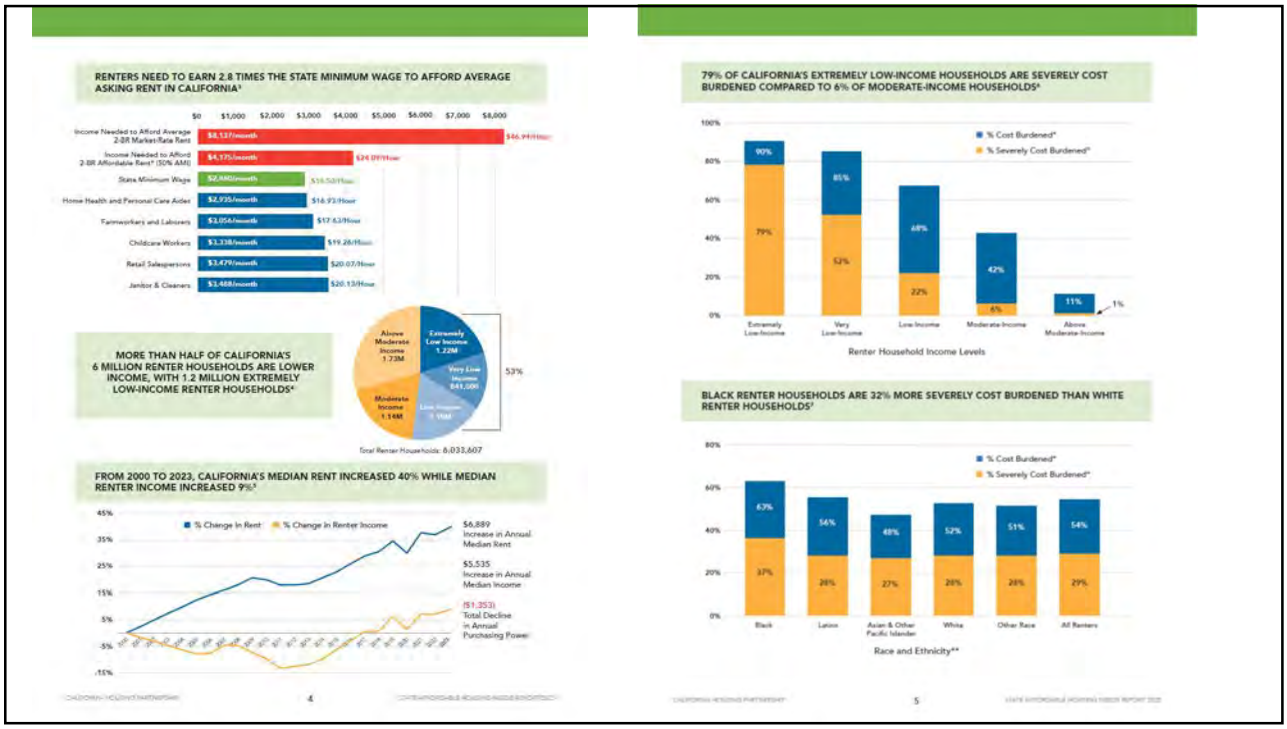
RENTERS NEED TO EARN 2.8 TIMES THE STATE MINIMUM WAGE TO AFFORD AVERAGE ASKING RENT IN CALIFORNIA
MORE THAN HALF OF CALIFORNIA'S 6 MILLION RENTER HOUSEHOLDS ARE LOWER INCOME, WITH 1.2 MILLION EXTREMELY LOW-INCOME RENTER HOUSEHOLDS
FROM 2000 TO 2023, CALIFORNIA'S MEDIAN RENT INCREASED 40% WHILE MEDIAN RENTER INCOME INCREASED 9%
% Change in Rent
% Change in Renter Income
$6,889 Increase in Annual Median Rent
$5,535 Increase in Annual Median Income
($1,353) Total Decline in Annual Purchasing Power
79% OF CALIFORNIA'S EXTREMELY LOW-INCOME HOUSEHOLDS ARE SEVERELY COST BURDENED COMPARED TO 6% OF MODERATE-INCOME HOUSEHOLDS
% Cost Burdened
% Severely Cost Burdened
Renter Household Income Levels
BLACK RENTER HOUSEHOLDS ARE 32% MORE SEVERELY COST BURDENED THAN WHITE RENTER HOUSEHOLDS
Race and Ethnicity

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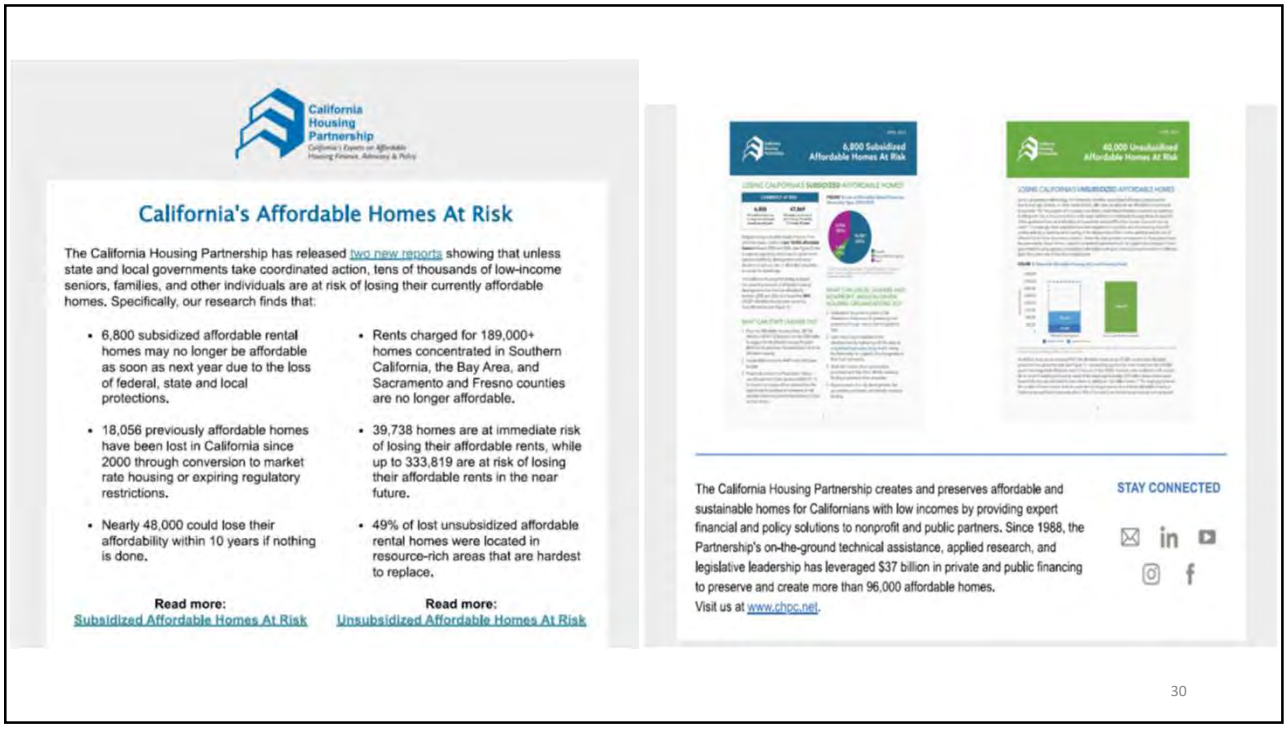
California Housing Partnership
California's Affordable Homes At Risk
The California Housing Partnership has released two new reports showing that unless state and local governments take coordinated action, tens of thousands of low-income seniors, families, and other individuals are at risk of losing their currently affordable homes. Specifically, our research finds that:
• 6,800 subsidized affordable rental homes may no longer be affordable as soon as next year due to the loss of federal, state and local protections.
• 18,056 previously affordable homes have been lost in California since 2000 through conversion to market rate housing or expiring regulatory restrictions.
• Nearly 48,000 could lose their affordability within 10 years if nothing is done.
• Rents charged for 189,000+ homes concentrated in Southern California, the Bay Area, and Sacramento and Fresno counties are no longer affordable.
• 39,738 homes are at immediate risk of losing their affordable rents, while up to 333,819 are at risk of losing their affordable rents in the near future.
• 49% of lost unsubsidized affordable rental homes were located in resource-rich areas that are hardest to replace.
Read more: Subsidized Affordable Homes At Risk
Read more: Unsubsidized Affordable Homes At Risk
6,800 Subsidized Affordable Homes At Risk
48,000 Unsubsidized Affordable Homes At Risk
The California Housing Partnership creates and preserves affordable and sustainable homes for Californians with low incomes by providing expert financial and policy solutions to nonprofit and public partners. Since 1988, the Partnership's on-the-ground technical assistance, applied research, and legislative leadership has leveraged $37 billion in private and public financing to preserve and create more than 96,000 affordable homes.
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CalAIM's Housing Supports and the Housing and Homelessness Incentive Program (HHIP):

Lessons Learned from Health Care and Homeless System Integration Initiatives[1]

California's efforts to address homelessness have increasingly focused on building partnerships between health care and homeless response systems.

In 2022, the state launched multiple major initiatives aimed at leveraging resources from Medi-Cal (California's Medicaid program) to better serve people experiencing homelessness while also incentivizing collaboration between managed care plans (MCPs), Continuums of Care (CoCs), counties, and community-based organizations (CBOs). These initiatives – the Housing and Homelessness Incentive Program (HHIP) and California Advancing and Innovating Medi-Cal's (CalAIM) housing related services – represent a significant shift in how California approaches serving people experiencing homelessness with complex care needs, moving toward integrated care delivery that recognizes housing as a key social driver of health.

In 2024, Homebase set out to understand what lessons could be learned from these kinds of significant, state-driven initiatives, which encourage deep collaboration between the health care and homeless response systems and aim to tackle social needs through the Medicaid system. Homebase engaged with health and homeless service providers, CoCs, counties, and people experiencing homelessness to gain insights and reflect on these important efforts. This document shares those high-level lessons learned, stemming from a collective analysis of the implementation of HHIP and CalAIM's Enhanced Care Management (ECM) and housing-related Community Supports (collectively known as ECM/CS). *Readers can find more on findings and opportunities specific to the respective implementations of HHIP and ECM/Community Supports.*

The summary of lessons learned, along with the other materials available on the Homeless Initiatives: Homeless Complex Needs of People Experiencing Homelessness: Key Takeaways from Implementation of the Department of Health Care Services' System Integration Efforts landing page, synthesizes findings from multiple sources to provide a thorough analysis of California's recent initiatives to integrate health care and homeless services. *A full description of the methodology used to elicit the findings and recommendations contained in this document and its companion materials is available in the Appendix.*

Overview of CalAIM's Housing Support Programs & HHIP

Among the many components of **California's Advancing and Innovating Medi-Cal (CalAIM)** initiative, two key programs introduced in 2022 provide opportunities to improve care for people experiencing or at risk of homelessness:

- **Enhanced Care Management (ECM):** A new care coordination benefit that delivers comprehensive care management to Medi-Cal members with the most complex needs. The program provides eligible members with a care team or staff who help that individual navigate physical, mental, behavioral, and social systems and who coordinate their clinical and non-clinical needs. Importantly, ECM providers can meet members where they are, whether that's in a shelter, encampment, at home, or otherwise. The State has prioritized several "Populations of Focus" to receive ECM, including individuals experiencing homelessness. ECM is a statewide benefit that MCPs are required to offer individuals who meet eligibility criteria.
- **Community Supports:** Optional services that MCPs can offer to address social drivers of health, including housing-related services like housing navigation, housing deposits, and housing tenancy and sustaining services. These housing-related supports aim to help members find and maintain housing while connecting them to other needed services.

[1] This paper is part of a larger report entitled Statewide Lessons to Address Complex Needs of People Experiencing Homelessness: Key Takeaways from Implementation Efforts Department of Health Care Services' Systems Integration Efforts. Developed by Homebase and funded by the California Health Care Foundation. This report offers a deep dive into the impact, challenges, and opportunities made possible by two critical and complementary state initiatives aimed at improving health and housing outcomes of Californians experiencing homelessness: CalAIM's housing-related services – Enhanced Care Management (ECM) and Community Supports (collectively referred to in these materials as ECM/CS) – and the Housing and Homelessness Incentive Program (HHIP).

Homebase with support of California Health Care Foundation · March 2025

ECM and Community Supports

Key Findings from ECM/CS Implementation

The sections below outline key findings about the successes and challenges of implementing ECM/CS and the programs' impact on people experiencing homelessness. Through interviews and focus groups with MCPs, health care providers, homeless response service providers, State agency staff, and people experiencing homelessness, Homebase surfaced insights that cut across communities and stakeholders.

ECM/CS Implementation Successes

People experiencing homelessness are receiving critical services through ECM/CS. Health and homeless response systems are building collaborative relationships and the infrastructure needed to implement care coordination and housing-related services effectively.

ECM/CS provide critical services to people experiencing homelessness.

- Individuals who received ECM or Community Supports highlighted the role that their ECM care managers and Community Supports providers were playing in their lives and their gratitude for the support they received.
- ECM/CS have enabled many people experiencing homelessness to **gain access to health system resources**. ECM providers described patients who are increasingly able to access both primary and specialty care. Providers offer medication adherence support, take members to doctors' appointments, help them access benefits and other social services – and generally provide them with the intensive, individualized support needed to address clinical and non-clinical needs. One street medicine program described their newfound ability to embed an additional care manager in their street team as critical to helping patients manage their care and recover from serious health incidents. Other providers felt that the State's ECM requirements caused them to strengthen their pre-existing case management services, often in ways that led to a deeper focus on health outcomes and patient priorities.

  Some ECM providers – particularly hospital- or clinic- based providers – shared that early data indicate reductions in emergency department and inpatient utilization.
- Despite housing shortages, some Community Supports providers helped clients **access stable housing**, while others focused on their success in helping clients **maintain housing once obtained**. Providers also described educating their clients about the housing search process and helping them access resources and documents needed to qualify and apply for housing.

Medi-Cal is enhancing housing-related supportive services that homeless response systems typically fund with scarce resources.

- Some providers felt that leveraging Medi-Cal has allowed **communities and providers to start new services, expand the number of people served, or sustain programs**. While CoC resources are often focused on serving individuals prioritized by the Coordinated Entry System, the infusion of additional Medi-Cal funding has allowed some communities to **serve more individuals, especially those who would otherwise be unlikely to receive services**.
- The ability to bill Medi-Cal represents **financial sustainability to many local community providers**. Since Medicaid is an entitlement program, it feels more reliable than other competitive, unstable, and/or one-time federal, state, or local grants.

> "It can help [my client] within [three] first three months of experiencing homelessness, because [they] work at Cracker Barrel and [they're] just having a hardship last month, and that's what got [them] to live in [their] van. And I can help [them] now before [they] ever become chronically homeless. It's great. I feel like there's nothing else in our system allowing for us to serve that population, because our Coordinated Entry referrals are always prioritizing the most vulnerable."*

MCPs are developing strong relationships with their ECM/CS providers and local homeless response systems to better serve members experiencing homelessness.

- MCPs and CoCs are communicating and collaborating more. There has been a marked increase in understanding each other's systems, limitations, strengths, needs, and cross-system opportunities.
- In many communities, MCPs have been engaged, flexible, and accessible partners in the roll-out and implementation of ECM/CS, offering a range of assistance, from in-depth trainings to support with reporting and claims processes to revised Models of Care that align with the needs of local housing and supportive services providers.
- Relationships between MCPs and CoCs have strengthened as MCPs, CoC leadership, and Counties encourage experienced homeless service providers to become Medi-Cal providers, ensuring contracted providers are using CoC systems and expanding overall program referrals and enrollment.
- Some MCPs encourage Community Supports providers who are new to serving unhoused individuals to use the CoC's Homeless Management Information System (HMIS) and the Coordinated Entry System (CES), which allows for better information sharing about the services people may be receiving and allows the system to track in real-time when someone has entered stable housing.

* All quotations in this document are from ECM/CS providers unless otherwise noted.

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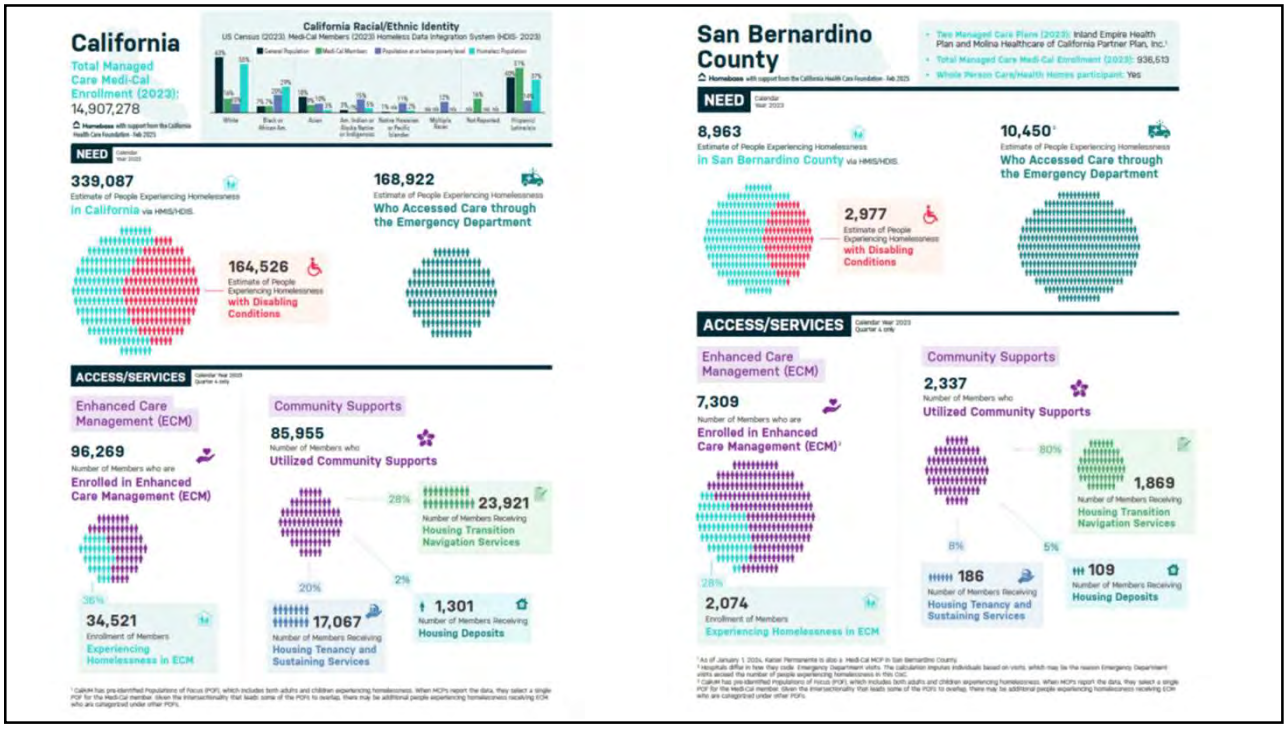

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Benioff Homelessness and Housing Initiative
UCSF

FOR IMMEDIATE RELEASE
March 19, 2025

New UCSF BHHI Report Examines the Relationship Between Homelessness and Drug Use

SAN FRANCISCO (March 19, 2025) – The University of California, San Francisco Benioff Homelessness and Housing Initiative (BHHI) today released a report that examines the issues of homelessness and behavioral health (substance use and mental health) and makes recommendations for policymakers and practitioners.

"Homelessness and behavioral health problems are intertwined," said Margot Kushel, MD, BHHI Director. "Complex behavioral needs, including substance and mental health problems, increase the risk of becoming homeless, and homelessness exacerbates these problems. Until people receive the housing and support that they need, there is a dire need to mitigate the harm that people experience, including the high risk of overdose and involvement in the criminal legal system."

Jeff Olivet, Senior Advisor at the Harvard T.H. Chan School of Public Health's Initiative on Health and Homelessness and former Executive Director of the U.S. Interagency Council on Homelessness, emphasized the urgency of addressing these challenges: "This new UCSF BHHI report makes clear that homelessness and behavioral health are inextricably linked — and that the solutions lie in expanding supportive housing, fully integrating health and housing systems, and investing in proven evidence-based approaches. Policymakers and communities across the country should take these findings seriously."

The Behavioral Health and Homelessness Report is based on survey data and in-depth interviews from the 2023 California Statewide Study of People Experiencing Homelessness (CASPEH), the largest representative study of homelessness in the U.S. since the mid-1990s.

The full findings and recommendations from the Behavioral Health and Homelessness Report are available here.

KEY FINDINGS

- **Nearly half (48%) met the criteria for having a complex behavioral health need**, defined as either regular drug use, heavy regular alcohol use, hallucinations, or a recent psychiatric hospitalization.
- **Thirty-five percent** (35%) of CASPHEH participants **reported regular illicit drug use during the prior six months**, defined as use three times or more a week of either methamphetamines, non-prescribed opioids, or cocaine.
- Among people who used drugs regularly (three times a week or more), **42%** reported that they **began to use regularly after the first time they experienced homelessness.**
- **Methamphetamine was the most common** drug used; 32% of adults experiencing homelessness reported regular methamphetamine use, 11% reported regular opioid use and 3% regular cocaine use.
- **Twenty-eight percent** (28%) of those with regular drug use or current heavy alcohol use **reported wanting substance use treatment but being unable to access it during this episode of homelessness.**
- **White people younger than 50 were the most likely to report regular illicit drug use** (52%) and Black people under 50 were the least likely (20%).
- **People with complex behavioral health needs were more than twice as likely** (27% versus 12%) as those without **to have entered** their current experience of homelessness **directly from an institutional setting** (jail, prison, or inpatient behavioral health treatment setting).
- **People with complex behavioral health needs were more likely to report unsheltered homelessness** (89%) than those without complex behavioral health needs (68%).
- Like those without complex behavioral needs, people with complex behavioral health needs **most frequently reported cost as a major barrier to housing** (89% of those with complex needs and 90% of those without).

The Report includes **recommendations that policymakers and programs should consider** to better support those experiencing behavioral health issues and homelessness.

The Behavioral Health and Homelessness Report is part of a series of reports based on this data, including the comprehensive study, reports on intimate partner violence and homelessness, racial equity and Black people experiencing homelessness, and older adults experiencing homelessness, and topic briefs on pregnancy and homelessness and unsheltered homelessness.

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Behavioral Health and Homelessness

Findings from the California Statewide Study of People Experiencing Homelessness

Benioff Homelessness and Housing Initiative
UCSF
University of California San Francisco

Introduction

Homelessness and behavioral health (mental health and substance use) issues are intertwined. While the availability of housing for the lowest-income households determines the prevalence of homelessness within a community, those with behavioral health challenges are at the highest risk of experiencing homelessness.[1] However, the relationship between homelessness and behavioral health conditions is complicated and bidirectional. While having behavioral health challenges increases the risk that a person becomes homeless, experiencing homelessness can cause or worsen such problems.

Substance use and mental health challenges frequently co-occur. The stresses of homelessness, systemic inequities, and racialized experiences exacerbate them. To appropriately scale interventions, policymakers and practitioners need reliable data on the types and prevalence of symptoms in the population experiencing homelessness.

In this report, we use findings from the California Statewide Study of People Experiencing Homelessness (CASPEH) to contextualize behavioral health challenges within the larger experience of homelessness in California. We do so to provide policymakers and program leaders with the information to make evidence-based decisions. Additionally, we aim to increase public understanding of these issues. Mental health and substance use challenges are common in the general population.

1. Colburn, G., & Aldern, C. P. (2022). Homelessness is a housing problem: How structural factors explain U.S. patterns. University of California Press.

Suggested Citation: Dones, M., Espinoza, M., Smith, A., Perry, E., Dhatt, Z., Knight, K.R., Kushel, M. (2025). Behavioral Health and Homelessness in the California Statewide Study of People Experiencing Homelessness. UCSF Benioff Homelessness and Housing Initiative.

We thank the California Health Care Foundation (CHCF) for supporting this work. We thank all the funders and contributors to the CASPEH study. For a full list, please visit homelessness.ucsf.edu/CASPEH.

Behavioral Health and Homelessness: Key Findings and Recommendations

Key Substance Use Findings

We asked people about their use of alcohol and certain illicit drugs. **Overall, 35% reported current regular illicit drug use, defined as use three times or more a week of either methamphetamines, non-prescribed opioids, or cocaine.**

Methamphetamine was the most common; 32% of adults experiencing homelessness reported regular methamphetamine use, 11% regular opioid use, and 3% regular cocaine use. Among those who reported regular illicit drug use, 91% reported regular methamphetamine use. Of current regular opioid users, 80% reported concurrent regular use of methamphetamine. White people younger than 50 were the most likely to report regular illicit drug use (52%) and Black people under 50 were the least likely (20%).

Among the overall population of adults experiencing homelessness in California, 9% reported regular heavy episodic drinking, defined as six or more drinks on one occasion at least once a week.

Among people who used drugs regularly, 42% reported that they began to use regularly after the first time they experienced homelessness. Of those with regular drug use or current heavy alcohol use, 28% reported that during this episode of homelessness, they wanted substance use treatment but were unable to access it.

Key Mental Health Findings

Thirteen percent of adults experiencing homelessness reported that they experienced hallucinations currently. Black people (18%) reported the highest prevalence of hallucinations.

Five percent of adults experiencing homelessness reported having a recent inpatient psychiatric hospitalization.

Over half of participants (51%) reported current symptoms of anxiety severe enough to interfere with some degree of functioning, and nearly half (48%) reported severe symptoms of depression. Thirty-seven percent reported trouble remembering things.

Three fourths of regular users of cocaine (75%) and over two thirds of regular opioid users (68%) reported severe anxiety. Over two thirds of regular opioid users (71%) reported severe depressive symptoms.

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Behavioral Health and Homelessness | UCSF Benioff Homelessness and Housing Initiative

Key Complex Behavioral Health Needs Findings

Approximately half (48%) of adults experiencing homelessness reported having at least one complex behavioral health need, defined as either regular drug use, heavy episodic alcohol use, current hallucinations, or recent psychiatric hospitalization. People with complex behavioral health needs were over twice as likely (27% versus 12%) as those without to have entered their current experience of homelessness directly from an institutional setting (jail, prison, or inpatient behavioral health treatment setting).

People with complex behavioral health needs were more likely to report unsheltered homelessness (89%) than those without complex behavioral health needs (68%). Those with complex behavioral health needs reported higher rates of jail stays during their episode of homelessness (37%) than those without (22%). **They were more likely to report having been "roughed up" by the police (57% versus 38%) or having experienced a forced displacement in which they lost their belongings (49% versus 23%).**

People with complex behavioral needs reported higher rates of having experienced violence during their episode of homelessness. These varied by gender. Cisgender men with complex behavioral health needs reported higher rates of physical (50%) and sexual (13%) violence compared to cisgender men without (22% and 1% respectively). Cisgender women with complex behavioral health needs reported higher rates of physical (58%) and sexual (24%) violence compared to cisgender women without (21% and 9% respectively).

People with complex behavioral health needs, like those without, most frequently reported cost as a major barrier to housing (89% of those with complex needs and 90% of those without). Those with complex needs reported other barriers to housing more commonly than those without, including lacking help from a case manager or housing navigator, (70%), missing documents (64%), giving up/having no energy (56%), credit issues or past evictions (54%), criminal justice records (46%), or struggling with mental health and/or substance use (44%).

Recommendations

Homelessness Prevention Recommendations

Because of the high proportion of people with complex behavioral needs entering homelessness from institutional settings, we recommend that:

- Policymakers and program leaders should ensure that residential treatment programs, youth correctional facilities, and jails have strong relationships with Continuums of Care and coordinated entry processes to ensure that people can access appropriate services and housing upon release.
- Policymakers should ensure that housing support is a fully integrated and required component of prison re-entry support services.
- IN CALIFORNIA: Policymakers and program leaders should ensure access to services funded through Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (commonly called BH-CONNECT) to stabilize those exiting institutional settings such as prison, jail, and psychiatric hospitals through a range of supports, including transitional rental assistance. To do so, they should build strong connections between Continuums of Care and Housing Supports.
- IN CALIFORNIA: Administrators of justice programs should maximize use of CalAIM's Justice-Involved Reentry Initiative for those exiting prisons and jails. The initiative provides an array of Medicaid funded services up to 90 days prior to release, including clinical behavioral health services, medications (including Medication Assisted Therapy for opioid use disorder), and reentry care management services.

Homelessness Response System Recommendations

Because of the high burden of mental health and substance use disorders among people experiencing homelessness, we recommend:

- Continuum of Care leaders, in collaboration with health experts, policymakers, people with lived experience, and other community leaders, should redesign coordinated entry systems to match clients to the appropriate services or service setting rather than simple prioritization. This redesign may require

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Behavioral Health and Homelessness | UCSF Benioff Homelessness and Housing Initiative

introducing clinical evaluation at certain junctures to ensure the appropriate treatment is identified for the client.

- Policymakers and program leaders should integrate methamphetamine treatment into programs that support people who experience homelessness, including contingency management and other promising strategies.
- Policymakers should invest in targeted responses for people experiencing homelessness who have an alcohol use disorder, including sobering centers and managed alcohol programs. They should expand access and reduce barriers to evidence-based medication treatment including naltrexone.
- Policymakers and program leaders should design and fund programs to respond to the high prevalence of anxiety and depression. Such programs would include trauma-informed design, connection to outpatient behavioral health supports, and training staff on how to effectively respond to clients who are experiencing severe anxiety or depression.
- Continuum of Care leadership should prioritize health and homelessness systems integration, with a focus on behavioral health integration.
- Policymakers should invest in emergency response services for people experiencing behavioral health crises that do not require law enforcement.
- Jurisdictions should limit and clearly define the role of law enforcement in any engagement with people experiencing homelessness, particularly those who live in unsheltered circumstances.
- To enhance health and safety and increase opportunities for engagement between case managers, mental health providers, and people experiencing unsheltered homelessness, policymakers should choose strategies of progressive intensive engagement[6]—rather than forced displacement, which separates people with complex behavioral needs from the services they need.
- IN CALIFORNIA: Continuum of Care leadership should look at using state-level flexibility created through 1115 waivers and other mechanisms to integrate Medicaid models of behavioral health support, particularly peer navigation and other peer support services, which can provide more support than traditionally funded outreach.
- IN CALIFORNIA: Community leaders and policymakers should work together to fully implement Full Service Partnership models that offer a range of supports, including Assertive Community Treatment (ACT) and other recovery supports. A Full Service Partnership (FSP) is a comprehensive mental health program that aims to provide a wide range of services to individuals with severe mental illness, often using a "whatever it takes" approach. ACT is a specific, evidence-based model within an FSP program.

6. As outlined in SB 914's model advance on encampment resolution strategies.

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Counties nationwide are making connections between behavioral health and homelessness systems of care.

Today, we're highlighting California's Prop 1 as an example of an effort to improve coordination between behavioral health systems and homeless services.

Spotlight on California's Proposition 1

Proposition 1 Behavioral Health Transformations (BHT) - Housing Interventions funding presents a major opportunity for CA communities to connect housing and behavioral health. Key features include:

1 Housing and services for the most vulnerable.

Proposition 1 unlocks funding for people experiencing homelessness who have serious mental illness (SMI) or substance use disorders (SUDs)—people that CoCs already serve but often struggle to support effectively.

2 Alignment with CoC goals.

These dollars can be used for permanent supportive housing, interim housing, and treatment-focused housing, expanding capacity to serve those with the highest needs.

3 A unique partnership opportunity.

Counties and behavioral health departments will be applying for these funds, presenting a chance for CoCs to join them at the table to ensure investments align with gaps in the local homeless service system.

California CoCs should start connecting with county behavioral health leaders to get involved in this game-changing funding! (This new policy manual guides the funding stream.)

Modernizing behavioral health to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities.

Behavioral Health Transformation is the effort that will implement the ballot initiative known as Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives including, but not limited to, California Advancing and Innovating Medi-Cal (CalAIM) initiative, the California Behavioral Health Community-Based Organization Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration proposal the Children and Youth Behavioral Health Initiative (CYBHI), Medi-Cal Mobile Crisis, 988 expansion, and the Behavioral Health Continuum Infrastructure Program (BHCIP).

Californians voted to pass Proposition 1 to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities for Californians. Proposition 1 includes up to $6.4 billion in bonds to build new supportive housing and community-based treatment settings. DHCS is enacting changes resulting from Proposition 1 through the Behavioral Health Transformation project.

The two legislative bills that created the language in Proposition 1 are:

- Behavioral Health Services Act SB 326
- Behavioral Health Bond Act AB 531

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Behavioral Health Continuum Infrastructure Program (BHCIP) Outcomes

DHCS was authorized through 2021 legislation to establish Behavioral Health Continuum Infrastructure Program (BHCIP) and award competitive grant funding to construct, acquire, and expand properties and invest in moblie crisis infrastructure related to behavioral health.

DHCS has been releasing these funds through multiple grant rounds targeting various gaps in the state's behavioral health facility infrastructure.

ROUND 1: CRISIS CARE MOBILE UNITS

$163+ million to fund county, city, and tribal entity behavioral health authorities to implement new and enhanced CCMUs

($150 million BHCIP; remainder SAMHSA CRRSSA funds)

- DHCS awarded more than $163 million to 78 county, city, and tribal entities, directly supporting 245 new or enhanced mobile crisis response teams throughout California.

ROUND 2: COUNTY AND TRIBAL PLANNING GRANT

$7+ Million for planning grants to counties and tribal grantees

- This grant provides an opportunity for counties and tribal entities to expand planning efforts in their communities or regions for the acquisition and expansion of behavioral health infrastructure statewide.
- DHCS awarded $7+ million to support planning grants for 18 tribes and 30 counties.

ROUND 3: LAUNCH READY

$518.5 million to projects that are launch ready

- DHCS awarded 45 organizations funds to build or expand launch-ready behavioral health care facilities.
- This funding created 37 new inpatient and residential facility sites that will offer 1,292 new behavioral health treatment beds and 44 outpatient facilities that will serve over 130,321 new individuals annually.

ROUND 4: CHILDREN AND YOUTH

$480.5 million to children and youth-focused facilities

- DHCS awarded 52 projects focused on facilities that provide care for children and youth ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth (TAY, ages 18-25), and their families.
- These funds will support 29 new inpatient and residential facility sites with 509 new treatment beds and 46 outpatient facilities that will serve over 76,977 new individuals annually.

ROUND 5: CRISIS AND BEHAVIORAL HEALTH CONTINUUM

$430 million to fund projects focused on crisis services

- DHCS awarded 33 organizations for projects that will address significant crisis services gaps, with consideration for funding priority to those that provide crisis services to individuals in need.
- These funds will support 29 new inpatient and residential facility sites with 800 new treatment beds and 38 outpatient facilities that will serve over 73,848 new individuals annually.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Data as of 8/2024

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Background Proposition 1

Proposition 1 was passed by California voters in March 2024. The two-bill package includes Senate Bill (SB) 326 (Eggman, Chapter 790, Statutes of 2023) and Assembly Bill (AB) 531 (Irwin, Chapter 789, Statutes of 2023), which proposes statewide efforts to reform and expand California's behavioral health system. Proposition 1, put on the ballot by the California State Legislature and the Governor, consists of two parts: the Behavioral Health Bond and the Behavioral Health Services Act.

Behavioral Health Bond

The first part of Proposition 1 is the **Behavioral Health Bond**, which authorizes $6.4 billion in bonds to finance behavioral health treatment beds, and funding for permanent supportive housing for veterans and other individuals who have behavioral health challenges:

- $4.4 billion of these funds will be administered by the Department for Health Care Services (DHCS) through Behavioral Health Continuum Infrastructure Program (BHCIP) competitive grants to public and private entities for **behavioral health treatment and residential settings**.
  - $1.5 billion of the $4.4 billion will be awarded to counties, cities, and tribal entities, with $30 million set aside only for tribes.
- The remaining $1.972 billion will be administered by the California Department of Housing and Community Development (HCD) Homekey + program, which is modeled after the successful Homekey program, to create **permanent supportive housing** for individuals who are experiencing homelessness, chronic homelessness, or at risk of homelessness, and who have behavioral health challenges.
  - Of that amount, $1.033 billion in housing investments will be for veterans experiencing homelessness, chronic homelessness, or at risk of homelessness and who have behavioral health needs. These funds will be administered in collaboration with CalVet.
  - Approximately $121 million will be set aside for Tribal applicants.

In total, more than 11,150 new behavioral health treatment beds and permanent supportive housing units will be created for people experiencing or at risk of homelessness and who have behavioral health needs, with a dedicated permanent housing investment of more than 2300 units restricted to veterans.

Behavioral Health Services Act (BHSA)

The second part of Proposition 1 is the modernization of the Mental Health Services Act (MHSA), now known as the **Behavioral Health Services Act (BHSA).** This modernization reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while:

- Adding the treatment of substance use disorders (SUD)
- Expanding housing interventions (administered by the Department of Health Care Services (DHCS))
- Increasing the behavioral health workforce (administered by the Department of Health Care Access and Information (HCAI))
- Providing state-level population-based prevention services (administered by the California Department of Public Health (CDPH))

Like MHSA, BHSA represents ongoing funding to meet the needs of members with behavioral health conditions and enhances oversight, transparency, and accountability at the state and local levels. Additionally, the BHSA creates pathways to ensure equitable access to care by advancing equity and reducing disparities for individuals with behavioral health needs.

Overview of the BHSA Funding Breakdown:

The BHSA requires counties to submit **County Integrated Plan for Behavioral Health Services and Outcomes**. These *three-year* planning documents will provide a more comprehensive and transparent picture of all public local, state, and federal behavioral health funding, including:

- BHSA
- County realignment (according to Title 3, Division 3, Chapter 6.3 of the Government Code)
- Federal Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) and Projects for Assistance in Transition from Homelessness (PATH) grants
- Opioid settlement funds
- Medi-Cal, California's Medicaid program

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The three-year County Integrated Plans will provide a budget of planned expenditures, reserves, and adjustments, overview of alignment with state and local goals and outcome measures, and outline workforce strategies. County Integrated Plans must be informed by local stakeholder input, including additional voices on the local behavioral health advisory boards.

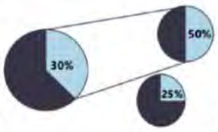
The BHSA also requires counties to submit **Behavioral Health Outcomes, Accountability, and Transparency Reports**. Counties will be required to report *annually* on expenditures of all local, state, and federal behavioral health funding, unspent dollars, service utilization data and outcomes with a health equity lens, workforce metrics, and other information.

BHSA Housing Interventions

Housing is an essential component of behavioral health treatment, recovery, and stability. As part of the BHSA, 30 percent of each county's BHSA funding allocation must be used for housing interventions for Californians with the most significant behavioral health needs, including those who are also homeless or at risk of homelessness. Half of the amount in each county that is set aside for BHSA housing interventions must be prioritized for individuals who are chronically homeless, with a focus on individuals living in encampments. Up to 25 percent of the housing intervention funds may be used for capital development projects.

Overview of Housing Intervention Funding Breakdown:

30% of the funds distributed to counties must be used for Housing Interventions



50% of the Housing Intervention funds must be used for persons who are **chronically homeless**, with a **focus on individuals living in encampments**

Up to 25% of the Housing Intervention funds may be used for **Capital Development projects**

Using BHSA Housing Interventions funding, counties can develop an ongoing behavioral health housing program for people meeting BHSA eligibility who are chronically homeless, experiencing homelessness, or at risk of homelessness.[1] The Housing Interventions spending bucket is developed to give counties flexibility so that each community can develop a program that reflects its needs. The flexibilities of Housing Interventions are also intended to build upon other housing initiatives including but not limited to Homekey+, Behavioral Health Bridge Housing, No Place Like Home, Homekey, Project Roomkey, the Community Care Expansion Program, the Housing and Homelessness Incentive Program, and the Homeless Housing Assistance and Prevention (HHAP) Program. Housing Interventions are also intended to complement the California Advancing and Innovating Medi-Cal (CalAIM) Community Supports and Transitional Rent available through Medi-Cal Managed Care Plans. Counties are encouraged to work with housing providers in their jurisdictions to prioritize BHSA housing interventions for projects serving the eligible population within their regions.

Overview of BHSA Housing Intervention Program Priorities:

The development of Housing Interventions has been driven by the following priorities:
Reduce homelessness among individuals experiencing homelessness with a behavioral health condition, focusing efforts on the chronically homeless, with a focus on those in encampments.
To the extent possible, provide individuals with permanent supportive housing, including voluntary, flexible, and intensive supports and services available such as Assertive Community Treatment, Intensive Case Management, and other supports funded under BHSA and Medi-Cal consistent with best practice.
Provide flexibility for counties to respond to local conditions and needs, and to innovate.
Provide individuals receiving Housing Interventions access to clinical and supportive behavioral health services.
Support the provision of low-barrier, harm reduction, and Housing First principles.
Complement ongoing state, county, city, Continuum of Care, and tribal efforts to address homelessness, including but not limited to those provided through Medi-Cal.

Housing providers are encouraged to work with county behavioral health departments to identify and meet the services and treatment needs of residents in housing settings. Draft policy guidance on BHSA treatment and supports including Full-Service Partnerships are forthcoming. Full-Service Partnership programs are one example of behavioral health services available that provide individualized, team-based care to individuals living with significant behavioral health needs through a "whatever it takes" approach.

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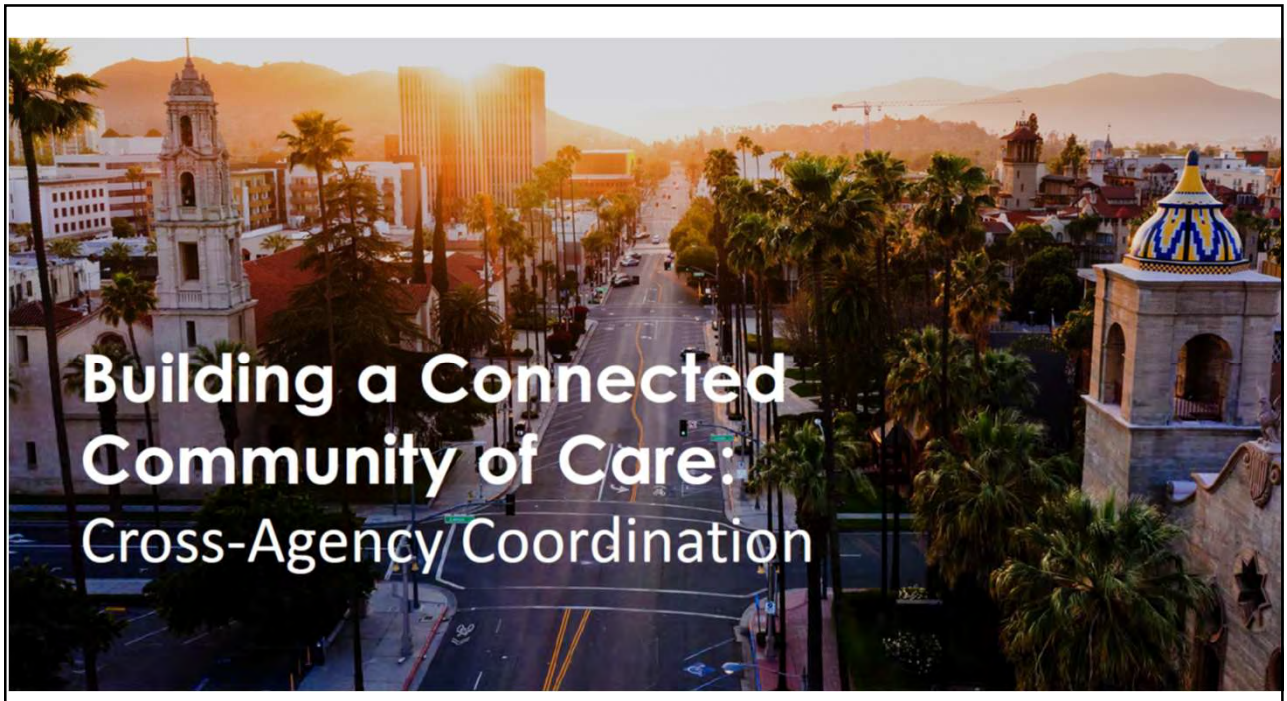

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Building A Connected Community of Care in the West Valley Region

- **Developing an Effective Regional Housing Crisis Response System**
  - **An efficient and coordinated process that**
    - **Diverts people from imminent homelessness whenever possible**
    - **Moves people from homelessness to housing as quickly as possible**

- **System of Care Asset Mapping/Resource Inventory**
  - **Developing a "real-time" inventory of shelter & housing-related resources**
  - **Identifying and filling the gaps in services**

- **Care Coordination that Gets Results**
  - **Networking / Build relationships / Form partnerships**
  - **Centralized-coordinated referral system *(Regional Request for Referral Assistance)***
  - **Warm handoffs / Closed loop referrals**
  - **Case Conferencing / Real-time "Master List"**
  - **Target population strategies/initiatives**

- **West Valley Regional CES Working Group – 1st & 3rd Wednesdays of the month, 10:00am**
  - **Seeking participation from at least one representative from each city and regional service partners**
  - **Next Meeting – Wednesday, April 16th, 10:00am**

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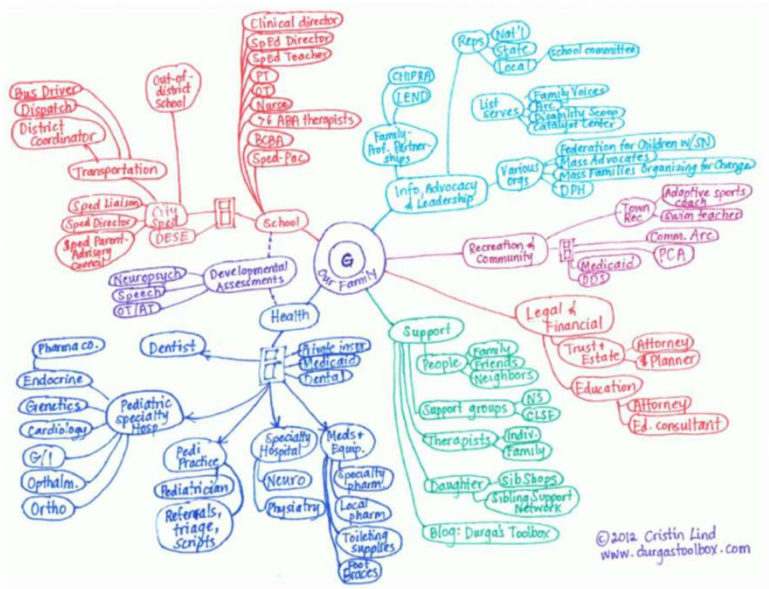
How Individuals Experience the System



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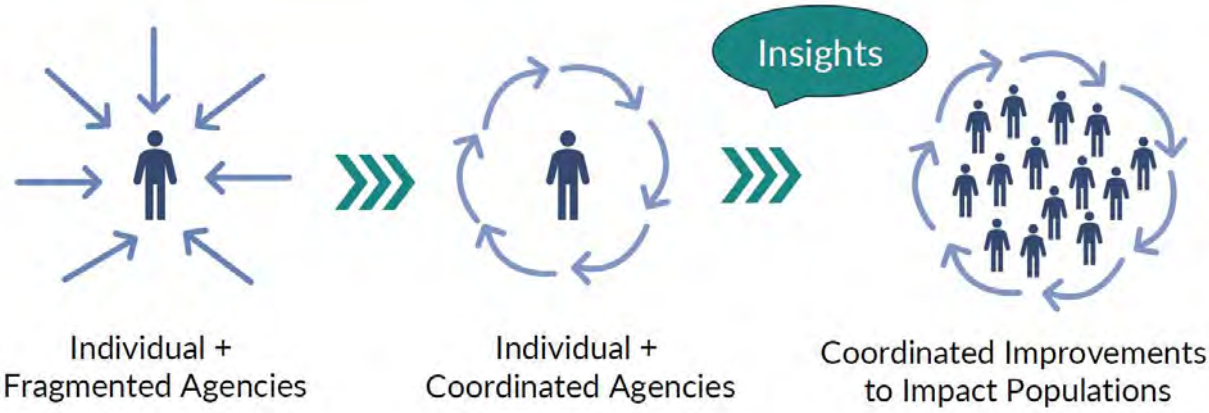
Connected Community of Care:
Progression of Impact



HC² STRATEGIES

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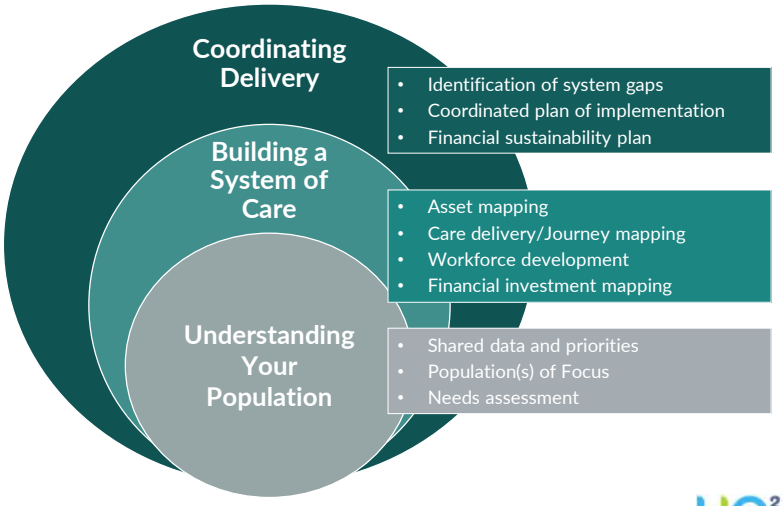
Building a Connected Community of Care

Community of Care for Socially Complex Communities



The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity (2021)

HC² STRATEGIES

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West Valley Regional CES Working Group
April 2, 2025, 10:00am
"Building a Connected Community of Care"

Agenda

I. Welcome / Introductions
II. CoC / CES Updates
   a. CES investment / Regional Access Points
   b. CE Process / Countywide Case Conferencing
III. Information & Resource Sharing
   a. West Valley Region Housing-Homelessness Resource Inventory
IV. Regional Cross-Sector Integration Pilot Initiative
V. Mission Alignment
   a. Please share an encouraging moment you had with a client in the last month or
   b. Please name one service partner or resource that you have used this year to help a client get off or avoid ending up on the streets?
VI. Regional Case Conferencing / Care Coordination
   a. Confidentiality & Information Sharing Agreement
   b. WV Regional Request for Referral Assistance
   c. By-Name Master List Review
VII. Who else should be at the table?
VIII. Final Thoughts / Housekeeping

Next West Valley Regional CES Working Group Meeting
April 16th, 10:00am by Zoom

West Valley Regional CES Working Group Meeting - 1st & 3rd Wednesday of the month, 10am by Zoom (next 2 meetings **Apr. 16th & May 7th, 10am**). Participants include service representatives from our regional city partners, our public/private community service partners based in the West Valley Region and our countywide public/private partners who deliver services to people experiencing or at-risk of homelessness in the West Valley Region. For meeting invite, please contact Don Smith.

Pathways Network - West Valley Regional Request for Referral Assistance – is a web-based survey tool created to help facilitate more efficient and effective coordination among our Regional Working Group partners through "robust warm-handoffs" and real-time collaboration in response to people experiencing or at-risk of homelessness in the West Valley Region. For more information, please join us at our next Regional CES Working Group Meeting or contact DonSmithSolutions@outlook.com.

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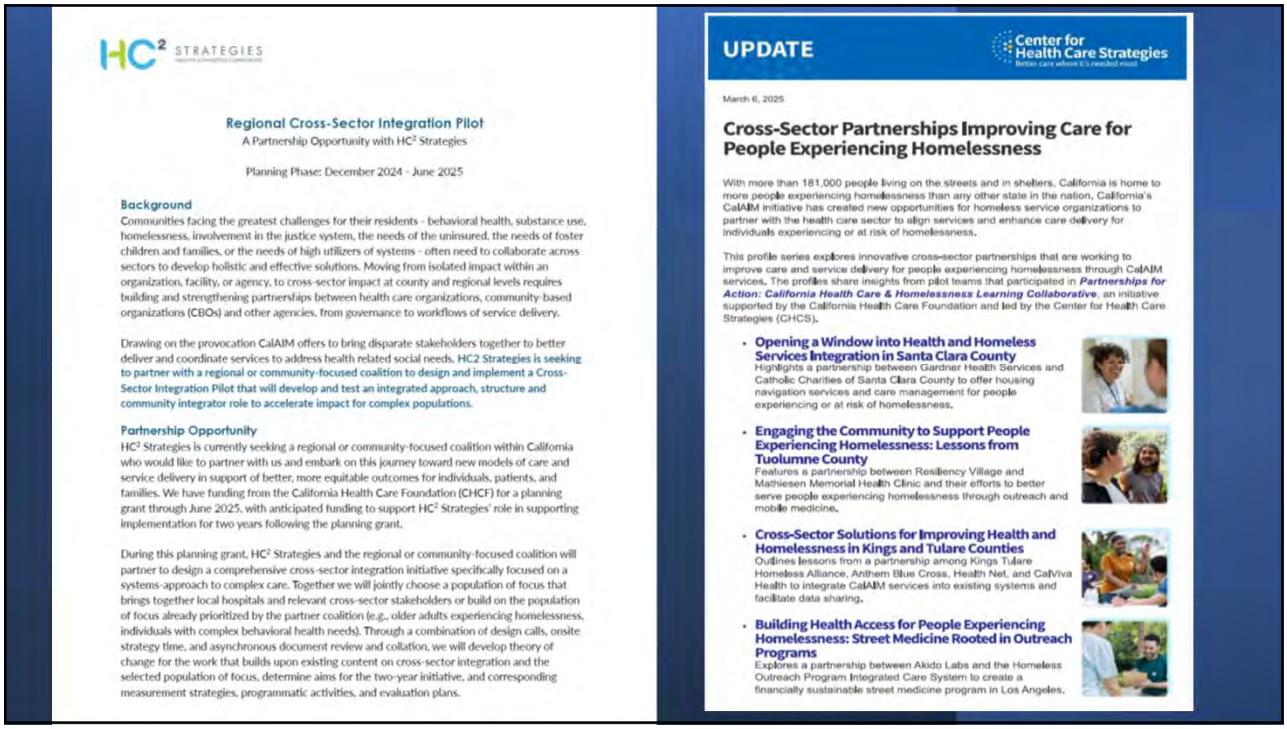

HC² STRATEGIES

Regional Cross-Sector Integration Pilot
A Partnership Opportunity with HC² Strategies

Planning Phase: December 2024 - June 2025

Background
Communities facing the greatest challenges for their residents - behavioral health, substance use, homelessness, involvement in the justice system, the needs of the uninsured, the needs of foster children and families, or the needs of high utilizers of systems - often need to collaborate across sectors to develop holistic and effective solutions. Moving from isolated impact within an organization, facility, or agency, to cross-sector impact at county and regional levels requires building and strengthening partnerships between health care organizations, community-based organizations (CBOs) and other agencies, from governance to workflows of service delivery.

Drawing on the provocation CalAIM offers to bring disparate stakeholders together to better deliver and coordinate services to address health related social needs, **HC2 Strategies is seeking to partner with a regional or community-focused coalition to design and implement a Cross-Sector Integration Pilot that will develop and test an integrated approach, structure and community integrator role to accelerate impact for complex populations.**

Partnership Opportunity
HC² Strategies is currently seeking a regional or community-focused coalition within California who would like to partner with us and embark on this journey toward new models of care and service delivery in support of better, more equitable outcomes for individuals, patients, and families. We have funding from the California Health Care Foundation (CHCF) for a planning grant through June 2025, with anticipated funding to support HC² Strategies' role in supporting implementation for two years following the planning grant.

During this planning grant, HC² Strategies and the regional or community-focused coalition will partner to design a comprehensive cross-sector integration initiative specifically focused on a systems-approach to complex care. Together we will jointly choose a population of focus that brings together local hospitals and relevant cross-sector stakeholders or build on the population of focus already prioritized by the partner coalition (e.g., older adults experiencing homelessness, individuals with complex behavioral health needs). Through a combination of design calls, onsite strategy time, and asynchronous document review and collation, we will develop theory of change for the work that builds upon existing content on cross-sector integration and the selected population of focus, determine aims for the two-year initiative, and corresponding measurement strategies, programmatic activities, and evaluation plans.

UPDATE

Center for Health Care Strategies
Better care where it's needed most

March 6, 2025

Cross-Sector Partnerships Improving Care for People Experiencing Homelessness

With more than 181,000 people living on the streets and in shelters, California is home to more people experiencing homelessness than any other state in the nation. California's CalAIM initiative has created new opportunities for homeless service organizations to partner with the health care sector to align services and enhance care delivery for individuals experiencing or at risk of homelessness.

This profile series explores innovative cross-sector partnerships that are working to improve care and service delivery for people experiencing homelessness through CalAIM services. The profiles share insights from pilot teams that participated in ***Partnerships for Action: California Health Care & Homelessness Learning Collaborative***, an initiative supported by the California Health Care Foundation and led by the Center for Health Care Strategies (CHCS).

- **Opening a Window into Health and Homeless Services Integration in Santa Clara County**
  Highlights a partnership between Gardner Health Services and Catholic Charities of Santa Clara County to offer housing navigation services and care management for people experiencing or at risk of homelessness.
- **Engaging the Community to Support People Experiencing Homelessness: Lessons from Tuolumne County**
  Features a partnership between Resiliency Village and Mathiesen Memorial Health Clinic and their efforts to better serve people experiencing homelessness through outreach and mobile medicine.
- **Cross-Sector Solutions for Improving Health and Homelessness in Kings and Tulare Counties**
  Outlines lessons from a partnership among Kings Tulare Homeless Alliance, Anthem Blue Cross, Health Net, and CalViva Health to integrate CalAIM services into existing systems and facilitate data sharing.
- **Building Health Access for People Experiencing Homelessness: Street Medicine Rooted in Outreach Programs**
  Explores a partnership between Akido Labs and the Homeless Outreach Program Integrated Care System to create a financially sustainable street medicine program in Los Angeles.

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HC2 STRATEGIES

Regional Cross-Sector Integration Initiative

Design Team (March – June 2025)

Background

Communities facing the greatest challenges for their residents often need to collaborate across sectors to develop holistic and effective solutions. Moving from isolated impact within an organization, facility, or agency, to cross-sector impact at county and regional levels requires building and strengthening partnerships between health care organizations, community-based organizations (CBOs) and other agencies, from governance to workflows of service delivery.

With funding from the California Health Care Foundation (CHCF), HC2 Strategies will provide fully subsidized coaching and strategy support to the West Valley Regional Steering Committee (WVRSC) in the design of a 2 year initiative to advance cross-sector impact work to serve the needs of people experiencing homelessness in west San Bernadino County. Design and improvement work during this phase and throughout the 2 year initiative will include:

- Selection of one or more key subpopulations of focus for the WVRSC
- Identification of aims and strategies to reach improved outcomes for selected populations and a corresponding measurement strategy
- Creation and improvement of cross-sector structures and processes for case conferencing and care coordination
- Development of strategy for leadership/resource sustainability
- Exploration and strategy for sustainable funding

A small Design Team is gathering this spring to co-design this work and make decisions on implementation of the 2 year initiative, wherein WVRSC will test an integrated approach to accelerate impact with continued support by HC2 Strategies funded by CHCF.

Design Team Meetings

Month	Format	Date/Time
March	Virtual	Monday, March 17 from 11:30 AM - 1:00 PM
April	Virtual	One 60-minute virtual call, to be scheduled based on Design Team availability
May	In-Person	A 1 - 1.5-day meeting held locally, within the window of May 12-15 (to be determined based on Design Team availability)
June	Virtual	One 60-minute virtual call, to be scheduled based on Design Team availability

Design Team Time Commitment

By agreeing to join the Design Team, we ask that you attend all four engagements and complete light requested activities in between such as reviewing drafts beforehand.

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Background: The Regional Pilot Opportunity

Test a fully functional and coordinated system of care that serves the needs of people experiencing homelessness in west San Bernadino County.

Design and improvement work throughout the design and implementation of this initiative will include:

- Selection of one or more key **subpopulations of focus** for the WVRSC
- Identification of **aims and strategies to reach improved outcomes** for selected populations and a corresponding measurement strategy
- Creation and improvement of **cross-sector structures and processes** for case conferencing and care coordination
- Development of strategy for **leadership/resource sustainability**
- Exploration and strategy for **sustainable funding**

HC2 STRATEGIES

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SARH

Behavioral Health Urgent Care

Upland Care4U Center

901 San Bernardino Road, Third Floor, Suite 300, Upland, CA 91786
(In the 901 Medical Office Building, on the hospital campus.)

+1 909.579.6865 - Click to Call Us
Hours:
Monday - Friday
8:00 am - 5:00 pm

Fontana Care4U Center

16465 Sierra Lakes Pkwy, Suite 220, Fontana, CA 92336

+1 909.434.1146 - Click to Call Us
Hours:
Monday - Friday
8:00 am - 5:00 pm

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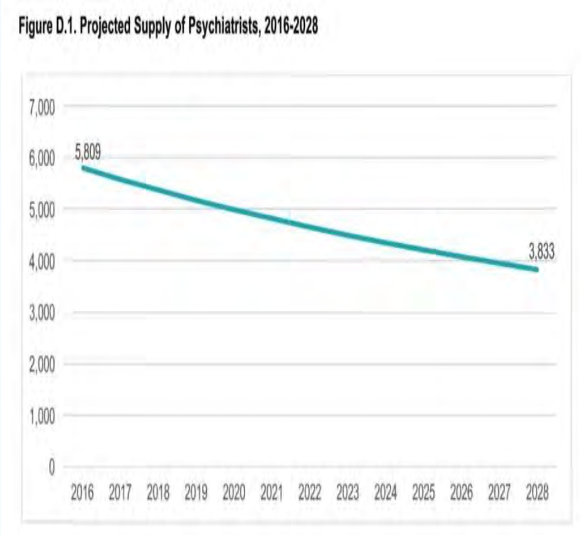
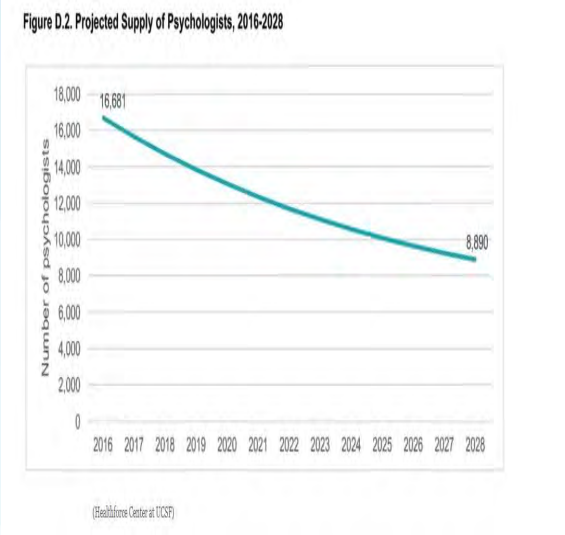
Behavioral Health

Lack of Resources





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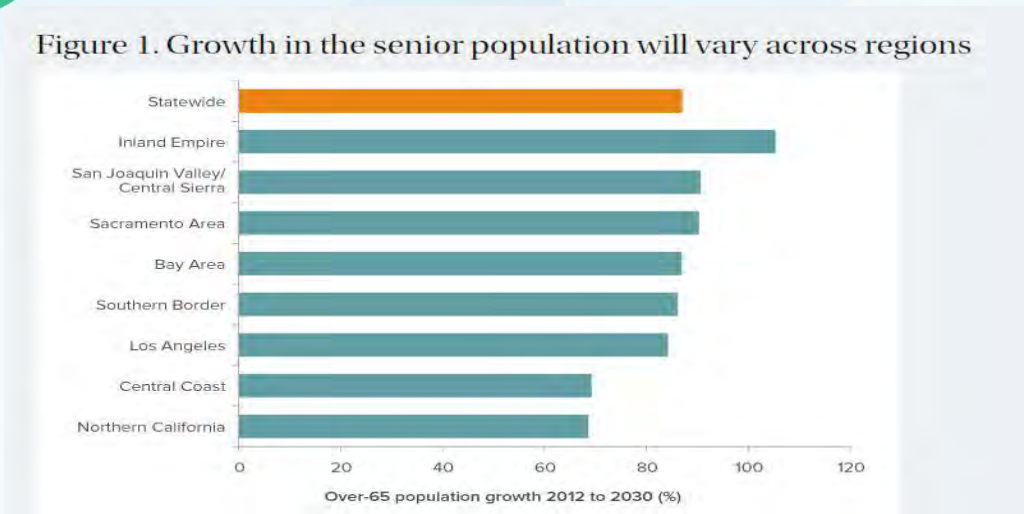
Population Health

Senior Care Concerns



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SARH

Center of Aging

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