

**September 12, 2024, 1 p.m. – 2 p.m. (Pacific Daylight Time)**

**Total Registrants: 526, Unique Viewers: 306**

## Question 1

What feedback do you have on the proposed allowable BHSA housing settings?

## Participant Responses

### Common Themes

- » **Funding and Financial Concerns:** Support is needed in understanding whether counties need to go through Managed Care Plans (MCPs) first, the potential for leveraging other funding sources, and concerns about supplantation. There is also interest in whether funds can be used for capital projects, including property purchase and renovations.
- » **Types of Housing Settings:** There is a strong interest in the variety of housing settings that can be funded, including apartments, homes, duplexes, mobile/manufactured homes, and shared housing, suggesting the inclusion of licensed and unlicensed board and care facilities, Adult Residential Facilities (ARFs), and Recovery Housing. Support in understanding the timelines for bringing new housing units online, the process for applying for funds, and whether there are incentives for quick implementation. There is also a call for clarity on the predevelopment costs and administrative expenses that can be covered.
- » **Operating and Rental Subsidies:** Support is needed in understanding the availability and guidelines for operating and rental subsidies. This includes questions about the duration of these subsidies, whether they can cover staff costs, and if they can be used for both new and existing projects. There is also a

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call for long-term commitments to ensure housing stability. There is also a call for how counties will ensure compliance with Housing First principles and other regulatory requirements.

- » **Communication and Engagement Strategies:** Designate points of contact within DHCS for stakeholders to contact with questions regarding funding sources. Organize events during which DHCS provides an overview of the funds before they are solicited, helping stakeholders understand available opportunities. Include members as stakeholders to provide insights based on their experiences, which could help tailor funding sources to better meet the needs of the community.

## Other Responses

- » **Target Populations:** Consider various target populations, including individuals with substance use disorders (SUD), chronic illnesses, and developmental disabilities. Focus on ensuring that housing solutions are suitable for larger families and those with specific needs.

## Question 2

Do you have feedback on the proposed guidance around operating subsidies, rental subsidies or community supports?

### Participant Responses

#### Common Themes

- » **Flexibility and Duration:** Participants prefer long-term operating subsidies, with the need for subsidies to extend beyond three years. Flexibility in rental assistance is emphasized, allowing for easy gap-filling in units or mobility with clients. Concerns are raised about subsidies ending prematurely, highlighting the need for sustained support.
- » **Funding and Costs:** Include funding for Homeless Management Information System in operating costs. Provide clear guidance on allowable uses of funds, including whether supplies like food, medicine, and hygiene products can be covered. Clarify whether transportation vouchers and staff time for coordinating housing interventions are allowable under operating subsidies.
- » **Integration and Coordination:** Highlight the importance of pairing housing with voluntary services and evidence-based practices like Assertive Community Treatment and Intensive Case Management Services. Provide close coordination between county departments and managed care plans to integrate community supports and transitional rent services. Feedback suggests that it should not be a requirement to exhaust community supports funds before utilizing Behavioral Health Services Act funds.
- » **Specific Populations and Housing Models:** Include the Transitional Age Youth population in the policy guidance along with the inclusion of Adult Residential Facilities in the Behavioral Health Continuum Infrastructure Program. Include the potential for multi-tenant subsidies, such as group homes transitioning into single-tenant subsidies. Shared housing should be at the choice of tenants, including the choice of whether to share and with whom. This underscores the importance of respecting tenant preferences and autonomy in housing arrangements.

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## Other Responses

- » **Policy Guidance Release:** Stakeholders await when the policy guidance will be released because this information is needed to proceed with their planning and implementation.

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## Question 3

What feedback do you have on the proposed other housing supports or permanent supportive housing?

### Participant Responses

#### Common Themes

- » **Access and Eligibility:** Concerns exist about the rigor of identifying access to behavioral health services and housing supports, especially for the very sickest individuals who may lose medications or go off their treatment plans. Update the definition of chronically homeless to be more inclusive for both chronically homeless and those homeless for less than 12 months.
- » **Behavioral Health Services and Operations:** Clarify whether the behavioral health services provided are voluntary or involuntary. Integrate behavioral health services with housing services for resident success and ensure that operating and rental subsidies are not pulled if participants decline services or graduate from programs. There are concerns about the shift in funding from existing behavioral health services to housing services and the impact on service delivery.
- » **Landlord Engagement:** Develop and manage centralized landlord engagement programs and provide incentives rather than just mitigation funds.

#### Other Responses

- » **Additional Supports:** There was positive feedback on the inclusion of pet care and support for covering vaccines and training for pets. Cover all family members and pets based on one participant, such as through motel vouchers.

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## Question 4

What feedback do you have on the proposed definitions and policy clarifications of experiencing homelessness or at-risk and chronically homeless?

### Participant Responses

#### Common Themes

- » **Definitions and Policy Clarifications:** Align the definition of "chronically homeless" with federal definitions to avoid confusion. Include people leaving foster care who are at high risk of homelessness. Remove the minimum length of stay requirement and the requirement for 4 episodes of homelessness to qualify as chronically homeless. Flexibility in documentation required to verify chronicity is encouraged. There are questions on how "at risk" is defined and what factors play into this definition. Consider connections to homeless youth identified via school districts.
- » **Capital Development Projects:** Maximize the cost per unit for Behavioral Health Services Act (BHSA) funding. Coordinate with the Business, Consumer Services and Housing Agency (BCSH) and Housing and Community Development (HCD) on maximum costs per unit. Review and consider matching federal HOME maximum subsidies per unit. Monitor the implementation, operation, and completion of projects, especially if they are no longer utilized as homeless housing after a certain period.
- » **Operational Flexibility - Homelessness Verification:** There is encouragement for Behavioral Health departments to leverage and accept Homeless Management Information System data as verifications of chronicity. Accept self-attestation for homelessness verification to reduce barriers. There are concerns about the requirement that 50% of funds be used for the chronically homeless population, with suggestions to remove or provide waivers for this requirement. Lift the exemption rule from populations of 200,000 to 300,000 to include medium-sized counties.

#### Other Responses

- » **Coordination and Communication:** Coordinate with BCSH and HCD on cost figures and policies. Department of Health Care Services (DHCS) should require counties to reach out to Permanent Supportive Housing providers and service

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providers for input into the County's Integrated Plan. Send mass mailers to inform people and their families about available resources once policies are finalized. DHCS should require counties to advertise opportunities for public input into their Integrated Plans.

## Question 5

Do you have any feedback on the proposed guidance on the capital infrastructure portion of Housing Interventions?

### Participant Responses

#### Common Themes

- » **Cost Per Unit Concerns:** The proposed maximum cost per unit of \$115,000 is insufficient, particularly in high-cost areas such as San Francisco and Los Angeles. This cap is seen as unrealistic given current market conditions and inflation. A uniform cost cap does not account for these regional differences, making it challenging for counties with higher real estate costs to comply.
- » **Flexibility and Exceptions:** Raise the maximum cost limit to better reflect actual costs and incentivize cost efficiency through a points system. This would allow for more realistic budgeting while still encouraging cost-effective practices. Consider grant exemptions for small counties, but with specific guardrails to prevent misuse. This acknowledges the unique challenges faced by smaller jurisdictions with limited resources. There is positive feedback on the concept of flex pools, with suggestions to structure them as long-term operating and service subsidies for up to 20 years. This would provide stability and support for ongoing housing needs.
- » **Partnerships and Funding:** Participants show interest in the state partnering with philanthropic organizations to seed flexible housing subsidy pools. This collaboration could provide additional funding sources and support for housing initiatives. Participants emphasize the importance of long-term commitments to leverage additional funding from both public and private sources for Permanent Supportive Housing. This would enhance the sustainability and impact of housing projects.
- » **Timeline and Administrative Burden:** Provide flexibility in the timeline for capital projects. Stakeholders acknowledge the difficulty of completing construction within a short timeframe and suggest that extended timelines would be more practical. Questions are raised about whether flexible funding increases the administrative burden and how it can be utilized for auditing

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purposes. This reflects concerns about the potential complexity and workload associated with managing flexible funds.

## Other Responses

- » **Examples and Best Practices:** Provide examples of jurisdictions that have implemented Flexible Housing Subsidy Pools. Refer to programs like the California Housing Accelerator for better cost per unit calculations and guidelines. These programs may offer more realistic and effective frameworks for housing development.

## Question 6

Do you have any feedback on the proposed guidance around Flex Pools?

### Participant Responses

#### Common Themes

- » **Funding and Incentives:** Prop 1 Bond funding should require evidence of services and operating funding, potentially from County Housing Intervention funds. Incentivize the flex pool model by having the Department of Health Care Services (DHCS) work directly to secure Managed Care Plans and Behavioral Health Services Act funding.
- » **Technical Assistance (TA) and Support:** Many counties, especially medium and smaller ones, express the need for technical assistance to start, seed fund, implement, and maintain flex pools. Create state-level flex pool program models to provide "off-the-shelf" options for jurisdictions. Establish collaborative workgroups with behavioral health agencies, county homelessness/housing departments, and Continuums of Care to align BHSA funded housing interventions.
- » **Administrative and Operational Challenges:** Flex pools are administratively difficult to create, require funding and technical assistance to establish and maintain. Consider backend administrative services as program costs, which facilitate the launch and maintenance of the infrastructure.
- » **Collaboration and Best Practices:** Explore the multi-jurisdictional flex pools and the creation of Joint Powers Authorities to manage them. Encourage DHCS to create a collaborative platform for counties to share best practices around flex pools.
- » **Centralized Housing and Landlord Engagement:** Vocalize the importance of centralized housing location and landlord engagement as key components of a successful flex pool. Highlight that BHSA can fund these centralized efforts.

#### Other Responses

- » **Feedback and Stakeholder Engagement:** Participants express support on proposed guidance on flex pools but also voiced concerns and confusion about

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implementation. They request to extend the comment period for the Transitional Rent concept paper to allow for more comprehensive feedback.

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