
CCJBH Full Council Meeting

Friday, July 30, 2021

2:00-4:30 PM

Zoom Meeting

I. Welcome & Introductions, Roll Call

Councilmembers Present: Diana Toche (on behalf of Secretary Kathleen Allison), Mack Jenkins, Stephen Manley, Danitza Pantoja, Tracey Whitney, Christina Edens (on behalf of Stephanie Clendenin), Anita Fisher

Council Members Absent: Tony Hobson and Will Lightbourne

Staff Members Present: Brenda Grealish, *Executive Officer*, Angela Kranz, Elizabeth Vice, Emily Grichuhin, Jessica Camacho, Monica Campos, Paige Hoffman, Catherine Hickenbotham, Daria Quintero

II. New Councilmember, Anita Fisher

Ms. Grealish introduced new Council Member, Anita Fisher, who was appointed on May, 26, 2021. Ms. Fisher is a member of the National Association for the Advancement of Colored People-Mental Health and Policy Committee, Psychiatric Emergency Response Team Advisory Board, San Diego County Probation Chief Advisory Board, and an ambassador for Parents for Addiction, Treatment and Healing (A New PATH), National Alliance on Mental Illness (NAMI) Director of Education in San Diego from 2007 to 2018, and is now Chief Executive Officer (CEO) and consultant at Fisher Mental Health Consulting. Ms. Fisher took the position that was vacated by Jessica Cruz, NAMI California CEO, in October 2020.

Ms. Fisher stated she is excited and honored to serve on this Council and is glad to bring her perspective and background. She stated that a lot of the work that she has done over the last sixteen years touches criminal justice behavior, health, and housing.

III. Council Vote to Adopt the April 2021 Full Council Meeting Minutes

Vote: Motion to adopt April 2021 Full Council meeting minutes

Motion to approve the vote: Judge Manley

Second: Chief Jenkins

No public comment on vote

Ayes: 6

Nays: 0

Abstentions: 1

The April 2021 Full Council meeting minutes were approved.

IV. Panel Discussion on Housing and Homelessness

Julie McQuitty, *Bureau Chief of Housing and Homelessness, California Department of Social Services (CDSS)*

Victor Duron, *Grants Director, Homeless Coordinating and Financing Council (HCFC)*

Geoffrey Ross, *Deputy Director of Federal Financial Assistance, California Department of Housing and Community Development (HCD)*

Joseph Billingsley, *Branch Chief - Program Policy and Operations Branch, Integrated System of Care Division, California Department of Health Care Services (DHCS)*

Ryan Youtsey, *Parole Administrator, Division of Adult Parole Operations (DAPO), California Department of Corrections and Rehabilitation (CDCR)*

Jessica Fernandez, *Staff Services Manager II, Division of Rehabilitative Programs (DRP), CDCR*

The panelists provided brief introductions on their individual background within the behavioral health and criminal justice systems and the unique perspectives they are able to provide. They displayed their dedication to solving homelessness through cross-system collaboration and leveraging federally funded programs to serve the justice-involved and behavioral health population.

Q: In your observation/experience, what impact(s) has the pandemic had on housing and homelessness as related to the population of those with behavioral health (BH) needs who are justice system-involved (JI); hereafter referred to as the BH/JI population?

A: Ms. Fernandez stated DRP has seen impacts such as stakeholders and entities working together and being generous and helpful. DRP has been focused on treating and providing services to those with a housing need and who have been assessed for substance use disorder (SUD) treatment. Focusing on SUD primarily, they were able to cover housing by expanding services to individuals that had an identified need for housing. They started to see that individuals who were unhoused were reluctant to receive treatment, but when housing needs were met, individuals were more open to addressing other assessment needs, such as SUD treatment, or the navigation of local resources.

A: Mr. Youtsey stated due to COVID-19 and the large number of individuals eligible for immediate release due to the pandemic, there was a lot of initial apprehension with engagement in programs due to social distancing and programs in the community not wanting to engage due to the COVID-19 threat. Regardless, it has always been difficult to find partners in the community willing to serve this population. The COVID-19 pandemic was a blessing in disguise for this population because we found an increase in community advocacy and coordination. In the summer of 2020, hundreds of agencies and community programs reached out to help this population upon release. Fortunately, there was additional funding and programs that were given to the State to assist this population. Initially it was difficult, but it has brought agencies to work closer together and the programs in the community have more knowledge on how to get this population connected to resources. Partnerships, such as state, federal, local, county, organizations, as well as

community program providers, such as Specialized Treatment for Optimized Programming (STOP) contractors, including the Amity Foundation and HealthRIGHT 360, worked together and stepped up to pull together as a team. Individuals were placed in housing who were in need upon early release, with the exception of a few with severe needs. It has had a largely positive impact on the system itself in terms of all the different agencies working and coming together.

- A:** Mr. Ross stated the pandemic forced a shock to the systems that was beneficial for individuals with behavioral health issues who had potential JI. Previously, congregate sheltering facilities were the backbone of California’s response to homelessness, although they aren’t the most conducive way to deal with the needs of individuals who need housing and service support to become stable. The silver lining in the pandemic is that it forced non-congregate sheltering solutions and addressed a housing shortage that existed before the pandemic. We have been working on financing shelters where we can build infrastructure and affordable housing necessary to get individuals off the streets and into permanent housing. The pandemic proved that we can do this quickly and more cost effectively than anyone thought possible.
- A:** Ms. McQuitty stated the perspective of CDSS. They saw better collaboration amongst local partners. State agencies and the Governor’s Task Force on Housing and Homelessness were put in a room together to strategize how the State could support local agencies in sheltering operations and developing initiatives put forward by the State in an emergency operations in response to the homeless and housing crisis. Non-congregate shelters need to be developed. It is also important to make sure that the unique needs of different populations continue to be addressed in policy decisions and continue to work together amongst a lot of the folks on this panel.
- A:** Mr. Billingsley stated that the silver lining of the pandemic was that it forced service delivery models to be re-examined, how to connect with individuals being served, and the flexibility afforded to providers in their provision of services. It forced us to take measures to identify where there were opportunities to institute new flexibilities and how we provide services, as well as allowing our population to be able to access services. Necessity drove a lot of innovation, and that has led to us being able to identify how to address this pandemic and ask: what can we continue to utilize moving forward?
- Q:** What are the new funding opportunities of which you are aware that currently or will soon be available to meet California’s demand for affordable housing, and to eradicate homelessness?
- A:** Mr. Duron stated that the Governor and the Legislature made historic investments in this year’s budget in services, investments, homelessness and housing. HCFC has a couple of programs on the horizon, including the Homeless Housing Assistance and Prevention (HHAP) Program which offers flexible funding intended to help cities, counties, and continuums of care (CoCs) coordinate across systems and fill in the gap to accelerate some of their innovative work. Upcoming for this year is a \$1 billion appropriation, referred to as HHAP 3, which is the third disbursement of the HHAP Program, and another \$1 billion appropriation in the following fiscal year, both of which have a five year life cycle. Those are

formula allocations that will go out to all of the counties, CoCs and the thirteen largest cities. These resources will be made available so we can braid and leverage the programs across the different systems, bring those programs together, figure out what is working but doesn't have funding, and what are some initiatives that will bring programs together that do not have a funding source to fill the gap. A couple of new things with HHAP 3 and HHAP 4 is that funding will be set aside for tribal entities. Additionally, there will be very specific performance measures tied to the funds with bonus funding for jurisdictions that meet their performance goals. Counties that are meeting those performance goals can look at what it is that they are doing that is helping them meet their goals to reduce and prevent homelessness. Also coming are competitive grants for encampment resolution to support innovative approaches to help individuals residing in encampments to transition to permanent housing. In the spring, there will be another competitive grant to end family homelessness.

A: Mr. Ross stated a key component of the State budget is housing. Affordable housing is made through tax credits, but we've been oversubscribed in tax credits. This last year, the Legislature and the Governor's Office were able to set aside \$1.75 billion for the backlog of tax credits. They are looking to deploy that to get through this backlog, which will unlock thousands of units that have been waiting for this funding to be able to start construction. Last year, Project Home Key was successful in bringing in 6,000 units online in less than six months and housing over 8,000 individuals. This year, the Governor's Office and the Legislature set aside \$2.75 billion over the next two years to expand Project Home Key much more substantially, hoping to get 12,000 - 14,000 additional units. It is focused on those who are homeless and at risk of homelessness, and reusing existing facilities, such as hotels, motels, commercial spaces, retail and office space, and vacant or unutilized sites. This can be done substantially throughout the State. Programs that had never participated in the programs before participated, and they were able to service subpopulations of homelessness in permanent ways. On the federal side, there are a number of things that are happening. There is an infrastructure package making its way through Congress with several hundred billion dollars' worth of housing funds for expanded tax credits for programs administered within the city. The National Housing Trust Fund and the Home Investment Partnership are two programs that could receive substantial amounts of funding if the packages is approved. The United States Department of Housing and Urban Development (HUD) budget proposal for the upcoming fiscal year has been increased several billions dollars compared to previous years allocations. Project Home Key has served as the conceptual basis for a \$5 billion national program as part of the American Rescue Plan (ARP). The goal is to find community partners that can show that housing for behavioral health and justice involved individuals can be an asset, for both the community and those individuals.

A: Ms. McQuitty stated CDSS is anticipating \$2 billion dollars for the expansion of current programs and the creation of a new program called Community Care Expansion. That will capitalize funding to preserve and expand residential care facilities and assisted living facilities for seniors and adults with disabilities. The funding will also support Project Room Key. CDSS released allocations totaling \$142 million for counties and tribes that are

operating non-congregate shelters. The Federal Emergency Management Agency continues to reimburse at 100 percent for eligible populations for non-congregate shelter which, along with the \$142 million, will help to persevere ongoing operations, rehousing strategies and Project Room Key placements. Local collaboration is key in making sure that justice involved populations are accessing low barrier shelters and rehousing services in the community. The State is working to coordinate and fill gaps to address those needs. The Housing and Disability Advocacy Program (HDAP) that is funded at \$25 million a year was expanded to an addition \$150 million this year, and continued through 2023-24. HDAP operated in 42 communities in California, including two tribes. It was previously focused on serving the chronically homeless and those who rely heavily on government programs, but CDSS is pushing to expand it to serve individuals who do not meet the HUD definition of homelessness and those who are at risk of homelessness.

- A:** Ms. Fernandez stated that DRP was able to secure \$20 million of funding through a federal grant administered through the Board of State and Community Corrections to provide supportive housing for individuals that were released from jail or prison after July 1, 2021. DRP hopes it will extend into the new fiscal year. DRP also received funding through the Returning Home Well initiative to provide housing and supportive services to vulnerable populations being released from jails and prisons. DRP is advocating to extend those dollars and make the funding permanent to provide housing and supportive services to the reentry population.
- A:** Mr. Billingsley stated that from DHCS and Medi-Cal programs, one new initiative that will be implemented in January 2022 is the California Advancing and Innovating Medi-Cal (CalAIM) initiative. This will be a multi-year initiative implemented by DHCS with the goal of improving the quality of life and health outcomes for the populations they serve by implementing broad delivery system program and payment reforms across Medi-Cal programs. The goals of CalAIM are to build upon successful outcomes of pilots, such as the Whole Person Care (WPC) and Health Homes Program, identify and manage risk through WPC approaches, and address social determinants of health. The implementation of Enhanced Care Management (ECM) and In Lieu Of Services (ILOS) are key components of CalAIM. With the implementation of ECM and ILOS, DHCS is working to establish performance incentives, support implementation of services, adjust rates in the WPC pilot counties, and implement incentive payments to drive the expansion of housing. At the federal level, the ARP Act, which passed earlier this year, contains funding available for states to draw down enhanced federal match for qualified home and community based services (HCBS) and to enhance existing services and structure for HCBS and Managed Long-Term Services and Supports. The State has submitted the HCBS Spending Plan to the Centers for Medicare and Medicaid Services (CMS), which informs CMS on how the State will utilize the \$3 billion budget in enhanced federal funding. There is a wide span of programs that will be impacted by that budget, one being Community Based Residential Continuum Pilots for vulnerable, aging, and disabled populations. These pilot programs will provide medical and supportive services in the home, dependent and independent living settings, and permanent supportive housing. Focus populations include individuals with mental illness, individuals in need of housing, and individuals being diverted or released

from prisons, jails, State hospitals or juvenile justice systems. Another program largely impacted by the \$3 billion budget is the Housing and Homelessness Incentive Program, where managed care plans earn incentive funds for making investments and progress in addressing homelessness and keeping individuals housed. DHCS is also continuing to use their increased funding available at the State and federal levels to expand HCBS programs, expand their Assisted Living Waiver, and renew HCBS alternative waivers.

- A:** Mr. Youtsey stated that additional State and federal funding they received has enabled DAPO to reduce waitlists for housing. It has enabled DAPO to get individuals with behavioral health needs into housing, residential treatment programs, and SUD programs at a quicker pace than before. Project Room Key, Project Hope, and a number of local programs all helped throughout the pandemic when it came to housing. Those funding opportunities had a huge impact and were able to help individuals being released to get housing.
- Q:** How do you think these funds may best be leveraged to meet the unique needs of the BH/JI population? What do you think are the “keys to success” to optimize use of these funds?
- A:** Mr. Duron stated that as a representative of the State’s Housing First agency, he wanted to highlight the Housing First approach is similar to Maslow’s Hierarchy of needs. Before other issues can be addressed, the basics and housing needs must be stable, secure and safe. Across all jurisdictions, programs that support housing without preconditions, or as few preconditions as possible, have demonstrated to have incredible success. For this population, in particular, there was a study in Denver that used randomized sampling to look at individuals who received services through traditional models and individuals who received services through Housing First approaches. The study demonstrated incredible reductions in interactions with the justice system, improvements in accessing behavioral health services, increased access to medications, and increased access to in-office health services. Housing First is a model that works and one that HCFC will continue to advocate for to support this community.
- A:** Ms. Fernandez stated that one of the things that needs to be taken into consideration is the huge role the community transition program within DAPO plays in identifying and placing those who have vulnerabilities or needs for SUD treatment. By having coordination in place when COVID-19 hit, DAPO was able to coordinate processes and placement for individuals who were going to probation. It is difficult to coordinate with various counties when each county provides different services. Focusing on the pre-parole programs is very important and would be a huge benefit to the department and to the individuals who are criminal justice involved.
- A:** Mr. Ross stated that the Denver study is a very important finding that supports what the State is trying to do. It is important to standardize and collect the same data for this population across the State to help inform on what we do not know about this population. There needs to be more information about what this population needs in order to better serve them. This is so that when individuals are housed, they will stay housed. With new funding, there is opportunity to build new pilots and show the possibilities of how this population can be helped.

- A:** Ms. McQuitty stated having dedicated case coordination staff, whose role is to help individuals navigate the health and behavioral health systems and housing, has been important. The funding is working to emphasize that care coordination is more successful when there is a low-ratio of clients to case workers, in order to work diligently helping one individual at a time access housing, receives wrap-around services and make sure they are connected to all social services needed for successful placement into housing.
- A:** Mr. Youtsey stated that State and local partnerships are vital in leveraging those funds. A continuous emphasis on coordination to help individuals with behavioral health needs into services is huge. The State needs to continue to focus on pre-release and post-release from an institution. The transfer into the community is difficult because CDCR does not have connections built with probation systems but currently there is a lot of work being done from the State level for parolees, as well as community partners.
- A:** Mr. Billingsley stated that it is vital to ensure we are working toward increasing coordination at the State and local levels. Pre-release options are something that DHCS is working on implementing in their pre-release application policy. He agrees that data exchange between local and State levels is important.
- Q:** Is there anything that counties and local entities can do to help the BH/JI population by leveraging existing resources?
- A:** Mr. Duron stated at HCFC, one of their requirements in their new funding is that all applicants demonstrate how they are going to build new partnerships, or strengthen existing partnerships, with behavioral health and the justice system. Working together is crucial in making sure that the individual who is receiving services is connected to the right program that meets their needs. Counties and local entities need to work together to make sure the client experience is seamlessly directed to the program resources that will meet their needs.
- A:** Ms. Fernandez stressed the importance of navigation with benefits. The STOP contract standardizes the different identified measurable outcomes and has a network of over 600 providers throughout the state. It allows resources to be brought to the table that address individualized needs. It's not just giving them a card and telling them to go next door, but actually bringing everything to them. The data is able to drive the measurable outcomes being provided and help to carry out the mission of providing public safety, reducing recidivism, and providing basic standards to individuals who are often underserved.
- A:** Mr. Ross stated this is one of the key populations who ask community leaders to provide services, but it's also the same population where community leaders are faced with opposition when trying to do projects to support and house them. There is a disconnect in the community that will require city, county, and local partners to engage in conversations about collecting and spreading the information that needs to be conveyed to creating housing opportunities for an incredibly vulnerable population, in concert with the community. This often comes down to a discussion in the public about who deserves what, but the argument needs to be about human dignity and the cost of not doing anything.

People often ask why we have a homeless problem and it's because we don't have enough housing. Homelessness could be solved easily by having houses and supports to keep people housed. Last year has shown that the concept of Project Home Key is powerful. 6,000 units were able to be produced in less than six months, at \$150,000 - \$200,000 less than any comparable unit in other State programs, and was able to house over 8,000 individuals. This shows when systems work together at the local and State level, coordinate resources, and have open conversations, they can actually solve the problem. Systems need to be tenacious, empathetic, and courageous. Services alone, without housing, are not going to change the outcome. Communities need to understand what it means to build housing to serve this population; this cannot be done alone at the State or federal level, it has to be done at a local level.

- A:** Mr. Youtsey stated in terms of pre-release, counties could have a dedicated point of contact and an access point for individuals prior to release. Some behavioral health needs are moderate to severe and there is a lack of resources in the community to address these needs. Counties could reallocate resources to address these folks prior to release so there is a place for them to go when they come back into the community. Often times these individuals end up having to go to a hospital to get services because they don't have access to other facilities. Systems also need to focus on WPC and not just addressing a person from a mental health perspective, but taking into consideration who they are. It is important to address WPC both before an individual is released, as well as when they have returned back to the community. DAPO is working with counties to help navigate individuals to the specific services they need. There are a plethora of services across the State, but it can be difficult to get into those services. We may need to reduce requirements, or the application process to get individuals in the door to access the resources.
- Q:** What is the best approach to ensure that the implementation of programs and services are used to address disparity gaps for the BH/JI population? What are some recommendations and strategies that can be used to help decision makers prioritize and/or designate the use of the funds to support dedicated housing resources for this vulnerable population to ensure they have an equal opportunity to benefit from this infusion of new funding?
- A:** Mr. Ross stated that HCD has been focused on equity in the homeless field. Systems can't solve homelessness until they address the racial disparities and the need to have the uncomfortable conversations. There are disproportionate impacts that negatively affect specific sub-populations. Their rates of incarceration, homelessness, access to employment, and access to education are disproportionate with their rate within the population. Systems have to begin to break down these barriers and obstacles that are part of the cultural history. If systems are serious about wanting solutions and solving the issue, they can't be afraid to have conversations about what leads people to fall into situations where they don't have the resources and services necessary. This then jeopardizes their housing and exacerbates behavioral health issues, which can lead to involvement with the justice system. In this situation, equity is all encompassing and bringing these groups to the table who have not traditionally been there needs to be the focus.

- A:** Ms. McQuitty stated that as a funder of programs, CDSS is looking at innovation and what communities could be doing differently to advance equity. CDSS wants to support this component with the expansion of funds this year so that communities can pilot different programs focused on advancing equity within housing and homelessness. Systems need to measure what is happening and provide technical assistance on how to create change.
- A:** Mr. Duron stated it's important to have good data and be transparent in the use of data to look at where disparities are and who is being left behind to measure progress. Systems need to invite the voices of those being left behind to the table and look at strategies like peer ambassadors. Committees within service providers need to be informed by individuals who have experience with homelessness, are justice involved, and have mental health disabilities so systems can elevate those voices and center them in the design of innovative services. One of the mandates of HCFC is to support the State Action Plan for ending and preventing homelessness. One of the committees that will be established through the plan is a committee to prevent homelessness among people transitioning back into communities from correctional settings. This includes stakeholders and staff members, and HCFC hopes it will be one of the ways to elevate the voices of those who represent the various communities they serve and reduce disparities.
- Q:** Some estimate that our State needs two million additional housing units to ameliorate the current shortage, and that building housing in California is an expensive and time-consuming process as compared to other states. Are either or both of these assertions accurate? If so, what are the short-, medium- and long-range plans to solve this problem?
- A:** Mr. Ross confirmed we are two million units behind. Any given year we have 100,000 units in production to try to close that gap. The reason we have an affordability crisis is because the State doesn't have enough units, so there is a supply and demand issue. The State has been behind for several decades now, but now there are resources to try to help with this problem. California is expensive and it is time consuming to build housing with strict standards designed to help with health outcomes, but has slowed down the process. There is an opportunity to get the outcomes wanted and the production needed with different policies. Last year the Legislature granted land use conformance for Project Home Key, which means that discretionary decisions at the local level were minimized in terms of receiving funds to create housing out of existing units. This allowed the environmental review process and permit process to be streamlined and got units online within 90 to 180 days. It is a balancing act in terms of what protections are needed to make sure housing is being built in the appropriate place that is high quality. Time and quality equal cost. Efforts are in place to not cut out quality and to make sure the living environment has permanent running water, electricity, and insulation. There needs to be a process to identify where housing should go and minimize opposition. These improvements are being made and will reduce cost and time, but they need to move more quickly. This can be done by having conversations in the community about what needs to be happening.
- Q:** Ms. Campos thanked the panelist for their thoughtful discussion and invited them to share any additional thoughts before completing the panel discussion.

A: Mr. Billingsley referred back to question four and spoke about the implementation of CalAIM, specifically the ECM and ILOS benefits. It's important that counties and local entities work collaboratively with Medi-Cal Managed Care Plans in their county to assist with the transition from WPC Pilots to ECM and ILOS benefits. Under the ECM benefit, DHCS established specific populations of focus and criteria for Medi-Cal managed care members, which includes individuals with serious mental illness, SUD, or transitioning from incarceration. CalAIM also includes additional services that will provide a whole person approach at a high intensity level. Services specifically focus on covering all physical, behavioral, developmental, oral, and long-term service support, as well as other non-traditional ILOS that can include housing support and services to address social determinants of health needs. DHCS wants to ensure counties and local entities are working with the Medi-Cal Managed Care Plans in the counties and sharing the unique experience they have with serving these population. DHCS is requiring Medi-Cal Managed Care Plans to contract with WPC lead entities to provide ECM and ILOS. They are also recommending county central points to work collaboratively with Medi-Cal Managed Care Plans to be service providers for ECM and ILOS.

Q&A with Councilmember Advisors:

Q: Judge Manley stated that he sees hundreds of homeless individuals in his court programs and stated that the panelists are in a position to control the flow of funding down to the local level. There are many barriers at the local level, such as how an individual is considered housed after being in jail for 90 days or how a homeless individual without a cell phone isn't able to be found when a spot has opened for them on the housing list. Santa Clara County is using screening instruments, such as the Vulnerability Index – Service Prioritization Decision Assistance Prescreen Tool (VI-SPDAPT), but the score can change dramatically depending on who is administering the instrument. The same individual, with the same needs, can have different scores from one week to two months later. He stated there is no leverage to try to get local partners to cooperate and collaborate. He stated there needs to be an equitable system because there are terrible racial and ethnic disparities in housing and there needs to be leverage to make change take place.

A: Mr. Ross stated that, as someone who administered a CoC, the VI-SPDAPT is a common measuring tool among communities. It's not only the training of administering and filling it out, but can also be dependent on the day someone is evaluated. CoCs could reach a person several times and they may not be ready to receive services, but the hope is that the CoC can reach them on the day they are ready. That can impact the score, or the way someone is able to come into the system. It is not a perfect system, and CoCs do struggle to find people when trying to get them into housing or shelters in that moment they want to come. Data is critically important to HCD right now, especially while they have resources that need to be put in the appropriate place and build out a system to be more robust and responsive. HCD has leverage in how they ask potential grantees to apply for funds, the way funds are dispersed, and the expectations and outcomes wanted. CoCs should be able to collect data to be fair across the board and overcome capacity gaps at the local level.

- Q:** Judge Manley asked how we can accomplish the issue of standardized data in California. Does it take legislation? It seems to be a struggle when people don't have standardized data to see where the issues are and to make informed decisions on how to use funding streams.
- A:** Mr. Ross stated that HCFC just launched the Homeless Data Information System (HDIS) which takes information around the State from 40 CoCs and is aggregating it universally and uniformly. It will help inform our investments as a State and a funder. It builds off the Homeless Management Information System that is part of HUD's CoC system in the provision of funds at the federal level. We don't have those same systems to support the overall CoCs and that becomes a challenge because HCFC doesn't always have the ability for one system to talk to another. There are privacy protections that HCFC has to figure out how to navigate, which is not insurmountable, but it does take a tremendous amount of time. Resources aren't evenly distributed in all systems to create the same level of data collection that would allow a more uniform system.
- A:** Mr. Duron added the HDIS is a critical first step that addresses the point of having everyone use the same data, start from the same place, and measure the same thing. The data is also a piece of accountability because it's a problem if folks have to measure something and show outcomes without the same data sets. The HDIS is focused only on CoC data, and integrated data from the behavioral health system or justice system is a bit more complicated, but first steps have been taken. The next step is building partnerships and figuring out what the data represent before determining out how to use it. There are fantastic new accountability measures built into the historic investments being made in the homeless services budget this year. The Homeless Assistance Program is going to require specific quantifiable data based on performance metrics that include data around disparities and will hold the grantees accountable. It will reward grantees that meet the performance goals based on the data that will be measured out of HDIS with additional funds to accelerate their success. It will put restrictions in place for those grantees that don't meet their performance goals, either by requiring them to receive technical assistance or restricting the way they can use their funds.
- Q:** Chief Jenkins noted the general consensus around the panelist's answers for each question and the importance of that to the Council while making decisions. The solutions to the problems are not particularly novel, but the problem has never been greater and we have never had the availability of resources to address the problem, so we need to take advantage of that now. He asked Ms. Fernandez if the Community Transition Program and the coordination phase was located within CDCR.
- A:** Ms. Fernandez answered that the Community Transition Team is a part of DAPO and they do pre-parole planning in the institution and coordination assessments prior to release. Once the assessments are conducted, those with specific needs get routed into a community contract for services via a direct placement process. Transportation can be coordinated for those being released to parole and going directly into the programs. The pandemic uncovered the disparity that, in the 58 counties, those being released to

probation don't have that direct placement and coordination. It would be a huge advancement for all individuals released from prison to have these services.

Q: Chief Jenkins stated that the Council will take a deeper look at solutions to the disparity of State supervised parolees versus probation supervision. How many parolees are currently in the community, is it between 35,000 and 40,000?

A: Mr. Youtsey stated it is between 45,000 and 48,000.

Q: Chief Jenkins asked if DAPO's current data collection tools can say what percentage of those parolees are currently housed?

A: Mr. Youtsey stated the average rate of homelessness among the parole population is 10 to 12 percent, but DAPO has been working on the definition of homelessness and looking at the federal definition. Is being housed having a place to put your head at night under shelter? Is a transitional six month program housing? The Housing Council has also been working on this definition. DAPO knows that 10 to 12 percent is the normal homelessness rate, but it fluctuates, so it's hard to pinpoint the exact number. This is a signification issue for DAPO, and many solutions are temporary solutions, such as temporary transitional housing for six months to a year. There are long term issues, such as how to prevent an individual from returning to homelessness after completing a program or being discharged from parole supervision.

Q: Chief Jenkins asked if parole knows whether a parolee, or person on post release community supervision (PRCS), has a place to stay or if they are moving into homelessness. Is there a reentry assessment that asks if the parolee has a job or a place to stay at the time of release? To what degree does CDCR know about its releases and if this person is at risk of homelessness at release? Is this a data metric that is collected as part of an assessment process with the Community Transition Program efforts?

A: Mr. Youtsey stated that a Correctional Offender Management Profiling for Alternative Sanctions Assessment (COMPAS) is done prior to release. DAPO staff are in every institution and interview each individual being released into the community, whether they're returning to parole or PRCS. If a need for housing is identified, DAPO staff looks at the major criminogenic needs and can directly place them into housing with a STOP contractor using the Returning Home Well funds. Before housing was connected to a treatment component, but the extra funding opened it up to anyone who is release to parole or PRCS. DAPO conveys that information directly to the programs and they review it prior to release so they can accept the person subject to need and availability. During the pandemic, everyone who asked for housing got it, with few expectations such as high medical needs. Over 90 percent of people were able to get housing upon release, but it is more difficult to find placement for people who ask for housing post release.

Q: Chief Jenkins emphasized the importance of wraparound services and the need for housing. He asked Mr. Duron about the requirement for grantees and their response to this requirement.

- A:** Mr. Duron stated the requirement for demonstrated partnerships with behavioral health systems is for new funding potential grantees will be applying for this year, so there hasn't been a lot of stakeholder feedback yet. The requirement is that potential grantees develop a detailed local action plan for ending and preventing homelessness that will include how they plan to partner with those systems. HCFC will be having intensive conversations with all grantees, which include counties, CoCs, and large cities.
- Q:** Chief Jenkins stated that he was a reviewer of 50 reentry grants that were written by community programs. Some of them talked in detail about how they were going to build partnerships with CDCR and parole, and others wanted nothing to do with CDCR and parole, but still wanted to address the housing issue. He suggested that is problematic. He emphasized the need for dedicated points of contact at each county level. He also showed support for Judge Manley's question of how to improve data collection and believes the Council needs to take a deeper dive into that. Lastly, he hopes to get a copy of the Denver study.
- A:** Ms. Grealish stated CCJBH staff will get Chief Jenkins a copy of the study.¹
- Q:** Ms. McQuitty stated that in relation to the definition of homelessness, if someone is coming out of institution and has been there for 90 days, they are not considered homeless. CDSS does recognize this is a barrier and they will be addressing it through the HDAP. CDSS will be stressing in-reach efforts and collaboration with CDCR and other organizations to work on coordinating release points. HDAP is a program that provides housing assistance, rental assistance, and wraparound services. Benefit advocacy will be available for those eligible for Supplemental Security Income, Social Security Disability Insurance, or other disability benefits to have a dedicated advocate to demonstrate status and collect medical records. There has been success in programs accessing medical records when someone has been in an institution and the program was able to collect that data. In terms of being able to find someone, through Project Room Key CDSS saw low barrier shelters, which were also talked about in Housing First. CDSS needs to continue to emphasize that people don't always want help, but sometimes it's more about providing a service that someone does want. Multiple communities share that the low barrier non-congregate sheltering model allowed for more people to be engaged. It did require communities to strategize and think through placement and the mixing of sub-populations, but that's something that can be done. With this model, caseworkers were able to find someone when their name came up on a list because it eliminated issues such as cell phones being disconnected. As a State, and in coordination with community based organization (CBO) and local grantees, systems are going to have to help build an infrastructure where communities can use the money to best serve people. It will take training on best practices, retraining, and a lot of continuous quality improvement. It will also take a workforce development component because with the \$12 billion in State funds that are coming down to address homelessness, communities are struggling with capacity issues in being able to find people to do the work necessary. CDSS

¹ The following are the links to Denver studies: [Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative | Urban Institute](#) and [Housing First Breaks the Homelessness-Jail Cycle | Urban Institute](#)

will be looking at how to find the people to do the work and getting people with lived experience to help design programs that work.

A: Ms. Fernandez referred back to Judge Manley's question and stated CDCR has tried to address this with those who have SUD, and could mimic that plan or add it as an additional modality piece given there is sufficient funding. There needs to be a preferred network of providers established that are passionate about serving this population. For those with SUD, the provider must know the continuum of treatment, either through lived experience or through a good understanding of the barriers that parolees and probation populations face. DAPO is developing different standardized measurements to streamline services using identified measuring tools. DAPO wants to measure at the beginning of treatment and the end. CBOs are providing services to make the rates incentive based and increasing the rate over the period of the contract to provide evidence based services to those with critical needs.

****PUBLIC COMMENT****

Q: A representative from NAMI Sacramento stated he has been in peer support for 12 years and is very passionate about reentry. A lot of these problems, both in the community and within partners, can be solved with peer support. When he was released from prison in 2010 he navigated the services himself and has now come back to the same institutions to navigate the services for over 1,000 formerly incarcerated individuals. He has shared lived experience in homelessness, mental health, and previous incarceration. He also worked for Microsoft for 15 years, so he is able to speak on a variety of topics. He raised concern regarding the low barrier shelter. He has seen the changes AB 109 had on the counties and state, and how low barrier shelters collect data in a similar manner to Denver, Colorado. There wasn't a place to house and feed him that allowed drug and alcohol use during his addiction. He thinks the low barrier model is a Band-Aid. Housing and wraparound services are important and communities need a strategy to look at this barrier with peer support. Programs need to bring people in stages so they understand how to navigate services like he did and still continues to do. This experience has exposed him to different variables and situations. Wraparound services need to be person-centered, not data driven. The outcome shouldn't be about who is housed, the outcome should be who becomes successful. They won't reoffend if you allow them to do drugs in certain places, but if you take that away you will see what they would do to get those drugs. He believes programs need to identify the problem and understand the tough situation these individuals have been through. Certain entities are keeping people in housing to get the numbers for incentives. They aren't thinking about getting them out, they are only concerned with making it look good. It is a problem if the provider isn't willing to help the person go through a DMV application, or navigate other services, because the person is in a low barrier shelter. This is a problem for both homelessness and reentry. The ultimate goal is to have someone come in and share their experience to both the general public and specifically for individuals who have just gotten out of prison and are hopeless. If someone can speak to them and help them navigate the services and things like Judge Brown's Reentry Court or the Mental Health Diversion Courts that Judge Manley advocates for, then they may regain

hope. Peers are crucial to sustaining individuals from not recommitting crimes and giving them their hope back.

Q: A participant congratulated Anita Fisher on her appointment to the Council. He stated that Ms. Fisher and he served on the CDCR Pre-Release and Discharge Planning Committee, as well as a family connection workgroup. Ms. Fisher has lived experience and is very knowledgeable. He stated he heard a lot of discussion about housing, but didn't hear anything about board and care. The board and care system is crashing because they only receive \$35 a day rather than the \$100 a day they need. In addition, many licensed board and care system won't take reentry clients. When he listens to people from Sacramento who run departments and agencies, and are the people directing funding to the top, there is a complacency that Housing First works. When you talk to people on the ground who work in downtown Los Angeles and are helping clients, there is a lot more reticence about Housing First. There is a lot of dissatisfaction around the lack of accountability and that it doesn't lead to the kind of outcomes hoped for. He directs participants to a white paper written by Teresa Pasquini and Lauren Rettagliata titled "[Housing That Heals](#)," which discussed the right level of service for the mental health client and that it's not just four walls and a roof. When an Enhanced Outpatient Program (EOP) CDCR inmate is paroled or discharged, they will need a higher level of care than someone who came out of the Correctional Clinical Case Management System (CCCMS). An EOP inmate is going to need a higher level of mental health care, and possibly SUD care. The redevelopment agencies discontinued seven years ago were a source for building affordable housing in California and there needs to be a system to replace that. Although there were problems with the paradigm and abuses within the system, those problems could have been solved. Communities need to look at building extensive permanent supportive housing, as well as affordable housing so that people dealing with reentry can find a place to live.

Q: A Cal Voices representative inquired about the statewide lived experience project and plans for funding in the future. Cal Voices represents public mental health consumers across the State, including those with lived experience in the criminal justice system. Cal Voices learned from their stakeholders that there is a real and pressing need for peer support services for returning citizens. They've also found that while the regional lived experience projects are an effective way to engage with issues related to the intersection of behavioral health and criminal justice, the absence of a statewide oversight and coordination body prevents collaborators from evaluating emerging patterns and themes, as well as working together in a cohesive way. Cal Voices looks forward to hearing updates from the Council on the statewide lived experience project.

V. CCJBH Business Meeting

Project updates can be found in the CCJBH Bi-Monthly Newsletter posted on the [CCJBH website](#).

VI. January 2021 Vote Correction

Vote: The correction to vote #4 in the January 2021 Full Council meeting reads, “Request for a Council motion to delegate the Executive Officer the authority to make any administrative decisions necessary to carry out the State contracting processes for the Request for Proposal and Service Agreements agreed upon in Votes #2 and 3.”

Motion to approve the vote: Judge Manley

Second: Chief Jenkins

No public comment on vote

Ayes: 6

Nays: 0

Abstentions:

The January 2021 vote correction was approved.

VII. Announcements

Ms. Grealish stated that the Juvenile Justice Evidence-Based Practices and Programs Compendium and Toolkit Request for Proposal, which will cost \$420,291 over a period of two years. The contract will be funded using a portion of the annual \$670,000 MHSAs funds allocated to CCJBH for stakeholder advocacy contracts to support mental health outreach and services for criminal justice-involved populations. Specifically, this project will assist counties as they implement activities related to Senate Bill 823 Juvenile Justice Realignment, providing a compilation of information related to best practices and evidence-based programs that have been shown to be effective in serving justice-involved youth who have behavioral health needs. CCJBH plans to award this contract by the end of 2021. In addition, the Mental Health Diversion: Consultation, Technical Assistance & Policy Recommendations contract, which was awarded to the Council on State Governments Justice Center, is being funded with the final \$150,000 allocated to CCJBH in Fiscal Year 2018-19 to provide on-going subject matter expert specialty consultation and technical assistance throughout FY 2021-22 to support county diversion planning and implementation.

Jessica Cruz, the Chief Executive Officer of NAMI California, resigned from the Council in October 2020. CCJBH recognized and thanked Ms. Cruz for her dedicated service on the Council with a certificate of appreciation. Ms. Cruz served on the Council from 2015-2020 and made invaluable contributions during that time.

Effective July 20, 2021, retired police officer Matt Garcia resigned from the Council. CCJBH thanked retired Officer Garcia for his five years (2016-2021) of dedication to the Council and the population we serve, wishing him happiness, health, and success in his future as he moves into his retired life. CCJBH will be recognizing him with a certificate at a future Council meeting.

CCJBH is in the midst of writing the annual Legislative Report, and will be sending it to Councilmembers for feedback/comments. CCJBH staff appreciate the Councilmembers who have sent ideas for Legislative Report recommendations, and would like to receive additional

recommendations in the next two weeks. CCJBH estimates that the Legislative Report will be circulated in the beginning of September.

CCJBH will be calling a special Council meeting for Councilmembers to approve for the SB 369 Veto Message Report. The report will be released for a two week public comment period around August 9, 2021, and will be sent out via the CCJBH listserv.

Q&A with Councilmembers:

Q: Chief Jenkins asked if another law enforcement perspective will be added to the Council to replace retired Officer Garcia.

A: Ms. Grealish stated that his position is appointed by the Legislature, so it is outside of our purview. We were able to appoint Ms. Fisher because it was an Administration-appointed position. All the additional vacancies on the Council are Legislative appointees.

VIII. Upcoming Meetings

[Rescheduled Housing Report Launch Event](#): Wednesday, August 18, 2021, 2:00-3:30 PM

[Juvenile Justice Workgroup](#): Friday, September 10, 2021 1:00-3:00 PM

[Diversion/Reentry Workgroup](#): Friday, September 17, 2021 1:00-3:00PM

[Full Council Meeting](#): Friday, October 29, 2021 2:00-4:30PM

IX. Adjourn

Ms. Grealish thanked participants for the great conversation and ideas. She stated we look forward to hearing public comments as they come in and will see everyone at future meetings.