California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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MS 2706

September 20, 2024

Michelle Baass
Director
California Department of Health Care Services
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

RE: CBHPC Feedback on Transitional Rent Concept Paper

Dear Director Baass:

The California Behavioral Health Planning Council (CBHPC) is a 40-member advisory body with the authority to review, evaluate, and advocate for persons with serious mental illness (SMI) and youth with severe emotional disturbances (SED) as outlined in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with CBHPC's Policy Platform and our vision of a behavioral health system that makes it possible for individuals with lived experience of a mental health condition or substance use disorder (SUD) to lead fulfilling and purposeful lives.

CBHPC applauds the California Department of Health Care Services (DHCS) for recognizing the critical need for Transitional Rent support. We appreciate the opportunity to provide input on the Transitional Rent Concept Paper released on August 30th, 2024, and offer the following comments:

Definition Discrepancies — Homelessness & At-Risk of Homelessness

We express significant concern regarding the restrictive nature of the definitions for homelessness and at-risk of homelessness. These definitions, as outlined in the concept paper, present potential barriers to accessing vital housing services for vulnerable populations. Specifically, on page 15 under the second eligibility criteria — *Experiencing Homelessness or At-Risk of Homelessness* — DHCS stipulates that a member must conform to the HUD definitions as defined in Section 91.5 of Title 24 of the Code of Federal Regulations,[1] with two California-specific modifications:

1) If exiting an institution or a state prison, county jail, or youth correctional facility, individuals are considered homeless **if they were homeless immediately** prior to entering that institutional or carceral stay, regardless of the length of the institutionalization or incarceration.

[1] Code of Federal Regulations: 24 CFR 91.5 -- Definitions.
https://www.ecfr.gov/current/title-24/subtitle-A/part-91/subpart-A/section-91.5

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2) The timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless and twenty-one (21) days for individuals considered at risk of homelessness under the current HUD definition to thirty (30) days for both groups of individuals.

While DHCS states these modifications align with existing Enhanced Care Management (ECM) and Community Supports service definitions authorized through the California Advancing and Innovating Medi-Cal (CalAIM), we have identified a significant discrepancy that could impact eligibility for services. Unlike the new modifications, the ECM definitions[2] do not require individuals exiting an institution or residential treatment program to provide evidence of their homeless status on the day immediately before entry. Instead, ECM defines homelessness as having at least one complex physical, behavioral, or developmental need and meeting one or more of the following conditions:

- *Lacking a fixed, regular, and adequate nighttime residence;*
- *Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;*
- *Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);*
- ***Exiting an institution into homelessness (regardless of length of stay in the institution);***
- *Will imminently lose housing in next 30 days;*
- *Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence.*

This discrepancy also extends to the federal HUD definition of 'at-risk of homelessness' that DHCS is using. Like the ECM definitions, the federal regulation does not mandate proof of homelessness prior to an individual entering an institution.

This distinction is of paramount importance, and we strongly urge DHCS to carefully consider our feedback and reevaluate the current definitions. We believe that a more inclusive and flexible approach to defining homelessness and

[2] CalAIM Enhanced Care Management Policy Guide (August 2024) https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf

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at-risk status would better serve the diverse needs of vulnerable populations, streamline the process of providing essential services and result in more individuals receiving transitional rent services.

Transitioning out of the Child Welfare System

We support the adjustments made to the eligibility criteria for Transition Age Youth (TAY) extending up to age 26. These changes represent a significant step forward in providing enhanced support for young adults with behavioral health needs as they navigate the complex transition from foster care to adulthood. We also support the inclusion of individuals who left the foster care system prior to reaching the age of 18. This change allows these young adults to qualify for crucial assistance up until the age of 26, effectively addressing a long-standing and significant gap in support services.

Presumptive Eligibility for Counties and Behavioral Health Providers

We strongly support the presumptive eligibility policy for behavioral health providers and counties. This would significantly benefit mobile teams and other county-managed populations, including individuals grappling with substance use disorders (SUDs), serious mental illness (SMI), and homelessness. By granting these groups expediated access to services, we can ensure timely intervention, particularly in crisis situations and for those experiencing homelessness.

We caution against the implementation of excessive eligibility requirements for authorization purposes. Such hurdles could potentially create unnecessary delays in service delivery, ultimately compromising the effectiveness of interventions. Instead, we propose a shift in focus towards providing immediate access to needed services to individuals in need. By prioritizing swift access to services, we can create a more responsive and effective system that truly serves the needs of vulnerable populations.

Addressing Potential Gaps Between Two Service Delivery Systems

While we support the presumptive eligibility policy, it is imperative that DHCS and Medi-Cal Managed Care (MCMC) address potential gaps that may arise between Managed Care Plans (MCPs) and the specific needs of behavioral health clients. This is particularly important given that Transitional Rent will be exclusively provided statewide through the MCMC delivery system. In light of this, we recommend that MCMC and DHCS establish policies and procedures designed to facilitate smooth navigation for individuals between the Medi-Cal Managed Care and the county behavioral health delivery systems.

Additionally, we recommend the implementation of regular monitoring and evaluation mechanisms to identify and address any emerging gaps or challenges in real-time. This approach will help ensure that the intended benefits of

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presumptive eligibility are fully realized, and that individuals receive timely and appropriate care across both systems without encountering administrative hurdles or service disruptions.

Covered Settings

On page 30, we recommend maintaining an expansive and inclusive list of qualifying settings, especially since individual needs can fluctuate in behavioral health context. The availability of specific housing options remains limited and is still very much a work in progress. This scarcity underscores the importance of maintaining a broad range of qualifying settings, as it allows for greater adaptability in meeting diverse needs.

While we recognize that this approach may need to be revisited as housing supply develops over the next five years, we firmly believe that it is essential to uphold the principle of “no wrong door” approaches in the interim. This would ensure that individuals seeking support are not turned away due to rigid eligibility criteria, but rather are guided towards appropriate resources.

Thank you again for the opportunity to provide comments. We eagerly anticipate continued collaboration on this critical issue and remain committed to working alongside DHCS and our partners. Your commitment to addressing the complex challenges of homelessness and enhancing health outcomes for all Californians through this Transitional Rent initiative is commendable, and we look forward to contributing to this important work.

If you have any questions regarding this letter, please contact our Executive Officer, Jenny Bayardo, at (916) 750-3778 or Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Deborah Starkey
Chairperson