

**SUMMARY FOR THE CALIFORNIA INTERAGENCY COUNCIL ON HOMELESSNESS
QUARTERLY COUNCIL MEETING**

March 4, 2026

1:00pm – 4:00pm

I. Call to Order, Tribal Land Acknowledgment, and Roll Call

Cal ICH Executive Officer, Meghan Marshall, called the meeting to order at 1:09 PM.

Council Members Present:

- **Tomiquia Moss (Co-Chair)** – Secretary, Business, Consumer Services and Housing Agency (BCSH)
- **Kim Johnson (Co-Chair)** – Secretary, California Health and Human Services Agency (CalHHS)
- **Michelle Baass** – Director, California Department of Health Care Services (DHCS)
- **Stephanie Clendenin** – Director, California Department of State Hospitals (DSH)
- **Ricki Hammett, designee for Christina Curry** – Acting Director, California Governor’s Office of Emergency Services (CalOES)
- **Susan DeMarois** – Director, California Department of Aging (CDA)
- **Godson Okereke designee for Dina El-Tawansy** – Director, California Department of Transportation (Caltrans)
- **Margot Kushel** – Director, UCSF Benioff Homelessness and Housing Initiative
- **Veronica Lewis** – Managing Director, ChangeMaker Consulting
- **Jeff Macomber** – Secretary, California Department of Corrections and Rehabilitation (CDCR)
- **Stephanie Weldon designee for Erica Pan** – Director and State Public Health Officer, California Department of Public Health (CDPH)
- **Kaina Pereira** – Executive Director, California Workforce Development Board (CWDB)
- **Kim Rutledge** – Director, California Department of Rehabilitation (DOR)
- **Tony Sertich** – Executive Director, California Housing Finance Agency (CalHFA)
- **Roberto Herrera designee for Lindsey Sin** – Secretary, California Department of Veterans Affairs (CalVet)
- **Christina Snider-Ashtari** – Secretary, Governor’s Office of Tribal Affairs
- **Stacey Shear designee for Rowena Tomaneng** – Deputy Chancellor, California Community Colleges Chancellors Office (CCCCO)
- **Jennifer Troia** – Director, California Department Social Services (CDSS)
- **Gustavo Velasquez** – Director, California Department of Housing and Community Development (HCD)
- **Marina Wiant** – Executive Director, California Tax Credit Allocation Committee (CTCAC) and California Debt Limit Allocation Committee (CDLAC)

Council Members Absent:

- Vacant, California Department of Education (CDE).

II. Consent Calendar

Two items on the Consent Calendar: Adoption of the Meeting Summary from the [December 3rd, 2025, Council Meeting](#) and the [September 3rd, 2025, Council Meeting](#).

Vote: The Council voted to approve both Consent Calendars with 13 members voting yes and 6 members abstaining.

No Council Member or public comments on this item.

III. Council Co-Chair Opening Remarks

Co-Chair Tomiquia Moss: Highlighted ongoing cross-agency collaboration and recent engagement efforts, including site visits and partnerships supporting housing and homelessness initiatives. Noted federal developments, including multi-state litigation related to the Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO) and the mixed-status rule, with a focus on protecting housing stability and the rights of Californians at risk of homelessness. Homeless Housing, Assistance and Prevention (HHAP) Round 6 awarded funding to over 20 regions, with more than 330,000 individuals served and over 90,000 housed through the program. Highlighted continued progress on Homeless Data Integration System (HDIS) data efforts and shared updates on the Homekey+ program, which resulted in 45 awards creating 2,260 affordable homes, including 545 homes for veterans. Outlined the Governor's reorganization plan, effective July 1, 2026, which will split the Business, Consumer Services and Housing Agency (BCSH) into two agencies, including the new California Housing and Homelessness Agency (CHHA), with a focus on streamlining housing processes and accelerating development.

Co-Chair Kim Johnson: Reported a nine percent reduction in unsheltered homelessness statewide and emphasized the importance of continuing to scale effective strategies through cross-agency coordination. Highlighted the state's focus on addressing complex needs, including implementation of the Coronavirus Aid, Relief, and Economic Security Act (CARES) to support individuals with schizophrenia and other mental health disorders. Underscored the role of integrated investments in housing and services, noting both visible progress in new developments and ongoing challenges individuals face transitioning into housing. Referenced the importance of documenting and communicating successful outcomes to counter misconceptions about homelessness interventions.

IV. Executive Officer Updates

Cal ICH Executive Officer Meghan Marshall: Outlined Cal ICH's cross-system coordination work and progress on HDIS, which integrates data from 44 CoCs and noted work with CalHHS on a data-sharing agreement to link data from DHCS and CDSS. Noted active legislative engagement on homelessness data and confirmed that AB 799 implementation remains on track. Introduced the new [Statewide Homelessness Funding Navigator](#), which replaces the previous Strategic Funding Guide and helps users identify funding opportunities by administering department, applicant type, eligible uses, and target populations. Highlighted cross-agency collaboration through the State Action for Facilitation on Encampments (SAFE) Task Force and ongoing recruitment for the Lived Experience and Tribal Advisory Boards.

V. Advisory Committee (AC) Updates

Advisory Committee Co-Chair Roxanne Wilson: Emphasized the need for accountability grounded in accurate data and proper context, citing discrepancies in state-reported data for Monterey County. Discrepancies included overstated increases in unsheltered homelessness due to combined CoC reporting. Misrepresented data can negatively impact public perception and trust. Local homelessness systems are increasingly taking on expanded roles such as housing development, healthcare, and behavioral health support due to gaps in other systems, while remaining underfunded and reliant on inconsistent funding. Raised concerns about policy and funding misalignment, including challenges tied to compliance requirements, limited system capacity, and funding stream constraints. Called for stronger state-local partnership, emphasizing the need for accurate data, realistic expectations, and policies reflecting on-the-ground conditions to ensure effective use of resources and improved outcomes.

Advisory Committee Co-Chair Alex Visotzky: Provided comment from the NAEH conference, sharing a strong sense of collaboration and unity among state partners and providers present, but unresolved federal funding risks create serious strain. Despite helpful process improvements from the Department of Housing and Community Development (HCD) and the HHAP program, local jurisdictions are facing mounting pressures, including permanent supportive housing eviction notices and operators withdrawing due to financial uncertainty. With federal CoC funding frozen and HUD not releasing renewal funds, the Council was urged to take the message of what's working to legislators and the community. Major progress achieved through HHAP was highlighted, including hundreds of thousands of individuals served and more than 90,000 housed. Expressed concern that the January budget proposal does not maintain the investment needed to sustain these gains. Advisory committee discussions on sustaining progress and recent updates on the new housing agency and Medi-Cal interventions were also referenced.

VI. Lived Experience Advisory Board (LEAB) Updates

LEAB Representative Mary Maldonado: Shared her current lived experience of homelessness, highlighting the challenge in achieving stability and sobriety while homeless and lacking adequate support. Identified the critical gap in the system between emergency shelter and permanent housing, particularly the lack of sober living environments. While many individuals are willing to pursue sobriety, there are insufficient beds and supportive facilities to meet the need, often due to zoning and funding barriers. Stability is foundational to recovery and increased investment in sober living options is needed to better support individuals transitioning out of homelessness.

LEAB Representative Alex Sanchez: Underscored the statewide need for increased access to sober living and substance use disorder (SUD) resources, noting limited availability, high costs, transportation barriers, and lack of proximity particularly in rural and Central Valley regions. Highlighted the need for targeted funding and incentives to expand these facilities and improve accessibility for individuals experiencing homelessness. Raised concerns about the accuracy of Point-in-Time (PIT) counts. Cited reports of increased encampment sweeps during the designated counting period, which may lead to undercounting and misrepresentation of needs. Emphasized the importance of minimizing disruptions during this period to ensure accurate data collection and support evidence-based strategies. Without adequate shelter or housing options, encampment

sweeps primarily displace individuals rather than resolve homelessness. This limits the state's ability to effectively address and respond to system needs.

Mary Maldonado: Discussed the impact of encampment displacements, noting that sweeps disrupt communities, hinder accurate counts, and affect resource allocation by underrepresenting need. Asked how state and local systems ensure decisions are based on evidence rather than myths or unfounded assumptions about homelessness. Noted homelessness is not a lifestyle choice or due to laziness, but instead often reflects systemic failures and survival under extreme instability. Many individuals experiencing homelessness are working, and daily survival is a full-time effort. Addressed the myth that people prefer homelessness, explaining that prolonged exposure can lead to trauma responses. Safe and secure housing is foundational to recovery and well-being.

Alex Sanchez: Identified persistent myths about homelessness, including assumptions that people are homeless by choice, due to substance use, or because they were brought in from other states. Clarified that most people experiencing homelessness in California previously living and housed here. Stressed the importance of addressing root causes with evidence-based strategies, collaborating with Cal ICH and the state to create factual narratives, and ensuring housing stability to prevent repeated episodes of homelessness.

Meghan Marshall: Many myths and harmful narratives about homelessness were also highlighted and debunked in the *Beyond the Bridge* film. Invited Dr. Kushel to share insights connecting the discussion from LEAB members to themes presented in the documentary.

Council Member Dr. Margot Kushel: Myths about homelessness such as links to behavioral health, unwillingness to be housed, or being from other states persist nationwide and impede action. To avoid the perpetuation of these myths: center lived experiences, address root causes, and maintain focus on evidence-based solutions to end homelessness.

Meghan Marshall: Pointed out that not all state departments are fully aware of their intersections in homelessness work or Council representation. Emphasized opportunities for deeper engagement to inform staff about state investments, promote culture shifts, and increase understanding of ongoing work that may not make headlines.

Council Member Veronica Lewis: Noted ongoing harm caused by myths about people experiencing homelessness, including invisibility, violence, and stigma. There is a need for intentional narrative shifts at the state level through coordinated messaging, person-centered language, and media. Urged state agencies to provide flexibility, reduce administrative burdens, and support jurisdictions and service providers amid federal policy uncertainty to maintain sector capacity and community impact.

Tomiquia Moss: Emphasized the importance of hearing directly from people experiencing homelessness to understand their actual experiences.

Meghan Marshall: Highlighted the value of the SAFE task force in enabling state leaders to engage directly with communities and assess how policies are implemented in practice to better understand effectiveness and community impact.

VII. Council Member Department Updates

The full presentation can be found in the [meeting materials](#).

Kim Johnson: Explained the implementation of Proposition 1, including the Behavioral Health Services Act (BHSA), and partnerships across departments to expand housing and services. Underscored strategies that prioritize individuals with the highest needs, advance prevention, strengthen the behavioral health continuum, and integrate housing as a key component of health. Emphasized the role of Health and Human Services in reducing disparities, and identified BHSA priority populations: people experiencing homelessness, individuals involved in the justice system, those leaving institutional settings, and children and youth. Focused on supporting these four priority and other high-need populations by expanding community-based care and measuring progress through improved access.

Council Member Michelle Baass: Highlighted key initiatives including California Advancing and Innovating Medi-Cal (CalAIM), Behavioral Health (BH) Connect, workforce investments, infrastructure expansion, and youth behavioral health efforts. Outlined Behavioral Health Services Act (BHSA) initiatives, including expanded substance use disorder services, prioritization of high-need populations, and funding allocations for housing, full-service partnerships, and broader services. Emphasized increased accountability, integrated local planning across systems, bond infrastructure investments, and statewide goals with performance tracking to improve outcomes and system coordination. Outlined the Behavioral Health Continuum Infrastructure Program (BCHIP) which has leveraged approximately five billion dollars to establish over two thousand residential and inpatient beds and has served over 280,000 individuals in outpatient settings since 2021. A final one billion dollars will be awarded through BCHIP to increase behavioral health care capacity statewide, with award announcements anticipated in Spring of 2026.

Glenn Tsang, Policy Advisor for Homelessness and Housing, DHCS: Presented the “housing for health” approach, illustrating how lack of housing worsens health outcomes and can lead to substance use. Outlined the BHSA Housing Interventions, launching July 2026, as a key strategy to reduce homelessness among individuals with behavioral health needs. Thirty percent of BHSA funding supports housing interventions, prioritizing chronically homeless populations, with flexible uses including rental subsidies, operating costs, landlord incentives, and participant assistance. Emphasized alignment with local strategies, county flexibility, and a focus on permanent supportive housing while allowing interim options, capital development, and innovative housing models to address system gaps.

Kim Johnson: Asked that additional information be shared on the newly implemented Transitional Rent program launched in January.

Glenn Tsang: Stated Transitional Rent is a new Medi-Cal benefit delivered through managed care plans that provides up to six months of rental assistance, launched in January 2026, for populations with behavioral health needs. It is designed to align with BHSA housing interventions, enabling coordination between health plans and counties to transition individuals to longer-term housing support. Transitional Rent is a mandatory statewide benefit and a key tool for improving care coordination and reducing service gaps.

Veronica Lewis: Highlighted the importance of integrating behavioral health and housing supports. Identified varying local capacity to effectively coordinate and maximize funding. Asked

about supports provided to help jurisdictions align resources, avoid duplication, and build comprehensive, integrated systems of care.

Michelle Baass: Counties are now required to develop integrated behavioral health plans, with Continuums of Care and other partners engaged through a defined local planning process. These plans, launching in July 2026, are intended to improve coordination over time, supported by technical assistance, guidance, and ongoing annual updates to strengthen system alignment.

Veronica Lewis: Asked about the availability of technical assistance for counties, including access to direct support resources and opportunities for cross-regional collaboration to share best practices and strengthen integrated planning efforts.

Michelle Baass: Technical assistance is being provided through contractors via written guidance materials and webinars. The state has not formally convened regions but expects lessons learned and best practices to emerge over time to inform future improvements.

Glenn Tsang: The state gathers feedback and provides support through initiatives like flexible housing subsidy pools across participating counties, representing diverse regions. There is ongoing engagement through local cohorts, office hours, and direct feedback loops to inform implementation and ensure coordination across programs like transitional rent and BHSA, with policies shaped by field input.

Veronica Lewis: Asked how BHSA housing intervention funds are distributed to counties, including whether allocations are based on a formula such as population.

Michelle Baass: Noted that 90 percent of BHSA funding is allocated to counties using a formula based on behavioral health needs.

Veronica Lewis: Asked how the state is addressing underspending by local jurisdictions as result of the pace of funding distribution.

Michelle Baass: Different funding streams have distinct rules: bond funds are awarded through rounds and reallocated if projects relinquish funds, while BHSA housing intervention funds provided to counties must be spent within set timeframes or may revert to reserves or be reclaimed based on established guidelines.

Council Member Gustavo Velasquez: Slides from the presentation suggest counties might have discretion to shift portions of the 30 percent allocation to other funding areas. There may be potential challenges given current threats to rental subsidies and emergency vouchers, emphasizing that counties should retain the ability to ensure they can meet at least the 30 percent allocation. Asked if the framework allows counties to make these shifts.

Michelle Baass: Under SB 326, counties are legally permitted to shift up to seven percent of housing intervention dollars between funding pots. Counties must submit a request to the department as part of their integrated plan. The process is transparent, and all allocations will be publicly posted.

Glenn Tsang: Exemptions are being considered for smaller counties that may not be able to spend the full 30 percent on housing interventions. In these cases, funds could be

shifted to other components, such as services, to reflect local community capacity and needs.

Michelle Baass: Clarified that counties may shift up to seven percent from another funding pot into housing, allowing the total allocation for housing interventions to reach up to 37 percent if approved.

Glenn Tsang: HMIS entry is a required component of the housing interventions under state law. Technical assistance is being provided to guide counties on how to build out these project entries to ensure proper data capture.

Dr. Margot Kushel: Inquired about guidance on the proportion of housing dollars allocated for interim versus permanent housing, as well as guidance on funding for tiny homes or other non-traditional housing types. Asked if a behavioral health need is required for residents to qualify, noting that not all people experiencing homelessness meet that definition. Asked if the funding can be used to supplant existing funding for ongoing projects, such as operational costs or rent, and at what point it could replace locally funded initiatives.

Glenn Tsang: There is no prescribed funding limit for tiny homes or other non-traditional housing types. For interim housing, there is a time limit of 12 months, as the priority is to move behavioral health members toward permanent housing. For example, if a person receives six months of transitional rent, they could also receive six months under BHSA housing interventions, or a combination, however the total time in an interim setting cannot exceed 12 months.

Dr. Margot Kushel: Asked if counties could allocate all 30 percent of housing intervention funds to interim housing needs.

Glenn Tsang: Counties are guided by their community planning process in deciding how to invest 30 percent of housing intervention dollars. Funds are not meant to prioritize interim settings specifically. Counties can split funding between interim and permanent housing, but there is no prescribed share; the allocation must be clearly described in the integrated plan for transparency to the community. The intention is not to replace existing resources, but can fill gaps. BHSA housing intervention funds cannot supplant Medi-Cal dollars, which are prioritized first under statute. Managed Care Plans (MCPs) are at the forefront of funding deployment.

Dr. Margot Kushel: Asked if counties are required to use the 30 percent housing intervention dollars only for people with behavioral health disabilities, or if the funds can also be used for individuals who are homeless but do not have a behavioral health disability.

Michelle Baass: The 30 percent housing intervention funds are only for individuals with behavioral health needs, such as those with Serious Mental Illness (SMI), Substance Use Disorder (SUD), and Serious Emotional Disturbance (SED).

Roberto Herrera, designee for Council Member Lindsey Sin: Echoed a strong need for coordination with counties regarding their integrated plans. Many of these questions depend on how counties structure their plans, as eligible services are determined through the integrated plan

process. Clarified a key difference between funding streams: under the Homekey program, operational subsidies can fund supportive services, whereas under BHSA housing interventions, operational subsidies for supportive services are not allowed.

Michelle Baass: The 30 percent allocation for BHSA housing interventions is strictly for housing and does not include services, as there is separate funding streams designated for supportive services.

Roberto Herrera: Noted the importance of ensuring that counties developing their integrated plans are fully informed and supported with applicable technical assistance. Lessons learned from annual reviews should be used to improve the process, as this is a common area of questions from counties.

Glenn Tsang: The community planning process is guided by statute, requiring counties to engage clients, families, social services, education, veterans, law enforcement, and CoCs to inform their integrated plans. Counties are expected to conduct landscape assessments to direct investments appropriately and avoid siloed funding. BHSA has a separate spending bucket for services, and many supportive services are also available under Medi-Cal, particularly in Permanent Supportive Housing (PSH) units. When funding for PSH services is threatened, CalAIM can step in to support those services. BHSA is intended to complement these efforts.

Meghan Marshall: HHAP follows a similar community planning process as BHSA, requiring regional homeless action plans that engage big cities, counties, and CoCs. While the eligible HHAP recipient is not often the behavioral health department or provider in a county, the expectation is that counties coordinate across departments to align funds and jointly serve people in the community.

Veronica Lewis: Asked if integration plans include both capital development and service funding or primarily focus on capital. Expressed preference for service dollars to align with capital projects and noted that mismatches are creating challenges.

Michelle Baass: The 30 percent housing intervention funds are specifically for county behavioral health departments and not broader housing investments. Counties plan how to use these funds alongside other funding sources.

Veronica Lewis: Asked if the state provides guidance or encouragement for local jurisdictions to align service dollars with capital projects. Highlighted the gap in coordinating funding for services alongside capital development.

Michelle Baass: Within the BHSA framework, services are typically covered by Medi-Cal funding if a capital project is a BHSA-funded residential or treatment facility. For permanent supportive housing projects outside the BHSA scope, aligning capital and service funding involves a larger conversation beyond what is governed in the county integrated plan.

Veronica Lewis: Suggested discussions at the state level to coordinate all projects aimed at getting people off the streets, especially programs serving individuals with behavioral health

needs to bridge gaps between capital and service funding. Emphasized the need for guidance or requirements to prevent projects from stalling due to missing support.

Michelle Baass: The goal of having CoCs at the table is to ensure these conversations happen collaboratively.

Veronica Lewis: Emphasized the importance of state-level conversation to address gaps in funding coordination across projects. Challenges are not unique to any single jurisdiction. Advocated for a balance of local discretion with guidance to prevent unintended outcomes from unevenly funded project components. Inquired about the maximum number of months for permanent housing rental assistance and the timeline for HMIS data entry following the July launch.

Glenn Tsang: The HMIS timeline is still to be determined, as the department is currently working with consultants and partners to develop project instructions starting this year. There is no specified time limit for permanent housing settings, leaving counties to determine the appropriate duration while encouraging maximization alongside other resources. DHCS is making efforts to integrate services and funding across projects through learning communities, including collaborations with UC Berkeley, to provide guidance on embedding services across BHSA, HHAP, and other departmental funding. The community planning process ensures counties engage with these resources to use funds effectively within their communities.

Meghan Marshall: In terms of state coordination that sometimes occurs behind the scenes, Cal ICH has shared HHAP and Encampment Resolution Funding (ERF) dashboards with council member departments and other interested state entities. In serving on the Behavioral Health Task Force overseen by Cal HHS, participated in conversations to address situations where counties report insufficient behavioral health funds but still have remaining HHAP dollars. Discussions often focus on aligning resources across departments to better serve the whole person from a community perspective.

Tomiquia Moss: Emphasized the need to clarify and expand guidance for stakeholders serving people with behavioral health needs in housing. Partners need to know how to connect services to capital investments in permanent supportive housing. Highlighted the importance of using tools to map available resources across the BHSA spectrum, so agencies and community members can be directed to the appropriate funding and service opportunities.

Michelle Baass: BHSA governs how BHSA-specific dollars are used, while Medi-Cal is an entitlement where eligible individuals are guaranteed services. Explained the distinction between project-based funding (like BHSA housing interventions) and individual-based eligibility for services through Medi-Cal. Individuals who qualify should receive needed services regardless of project-level financing.

Tomiquia Moss: Individuals coming through CalAIM or Medi-Cal should be connected to those systems to receive services they are entitled to. Highlighted the importance of ensuring project sponsors help enroll individuals in Medi-Cal so they can access supports and identify additional funding sources for needs that are not covered on an individual basis but apply at the project level.

Michelle Baass: Reiterated the distinction between project-based funding and individual-based funding, emphasizing that individuals who are eligible for Medi-Cal are entitled to receive those services regardless of project-level funding.

Meghan Marshall: Entitlement programs, like Medi-Cal or CalFresh, guarantee individuals' access to services regardless of whether a county has a designated local provider. Programs like Homekey are not dependent on individual entitlement eligibility. Clear distinctions between these funding types can help stakeholders better understand and compare programs. There are ongoing challenges in coordination across county departments, particularly in non-integrated systems where behavioral health, human services, and other agencies operate separately, making alignment of funding and services more complex.

Stephanie Weldon, Designee for Council Member Erica Pan: Underscored the need to better support individuals at the local level in understanding and accessing their full range of entitlements. Highlighted ongoing coordination gaps, particularly for specific populations such as Tribal communities and in rural areas where key partners may still be left out of planning processes. It called for stronger expectations around inclusive coordination and suggested leveraging successful models and learning communities to demonstrate how counties can effectively braid funding streams. Individuals do not navigate systems based on funding categories. The goal should be to better connect services in a seamless way to avoid unintentional gaps in care.

Meghan Marshall: Introduced CalVet Deputy Secretary Herrera and RAND Policy Researcher, Maya Buenaventura to present on the upcoming CalVet–RAND briefing. Full presentation can be found in the [meeting materials](#).

Roberto Herrera: Emphasized the growing housing and service needs of aging veterans as well as those from recent conflicts and introduced the Veterans Support to Self-Reliance (VSSR) Pilot program designed to support long-term stability.

Director of Policy at Source of Plowshares, Amy Farweather: Aging, high-acuity veterans face growing barriers to maintaining housing due to complex health needs and limited supportive service funding. This led Swords to Plowshares to launch a three-year CalVet-supported pilot providing enhanced on-site services in permanent supportive housing.

RAND Policy Researcher, Maya Buenaventura: The program serves 515 high-acuity veterans and shows strong housing stability with significant improvements in health, daily functioning, reduced ER use, and increased social connection, with full evaluation results expected by the end of 2026.

Meghan Marshall: Asked about the differences in program access across military branches, referring to a 20 percent disparity between the Army, Navy, and other branches. Asked if there was any insight on why these differences exist.

Amy Farweather: The branch percentages reflect the composition of their clients; some branches, like the Army, are much larger than others. It's not connected to program access.

Maya Buenaventura: To date, only overall demographics have been reported, without subgroup analysis. With more data in the next round, examination of differences across branches is anticipated.

Veronica Lewis: Asked if the detailed report examines outcome indicators by demographic to identify differences.

Maya Buenaventura: RAND plans to analyze outcomes by demographic with a larger sample. The current sample size did not allow for statistically significant subgroup analysis.

VIII. General Public Comment

Ruby Tuola, Advocate for families in Kings County: Raised concerns about accountability and oversight in behavioral health services and homelessness initiatives. While advisory committees and boards exist across California, families still face fragmented systems with unclear points of responsibility. Cited a March 2025 Kings County resolution on mental health performance contracts and a DHCS audit of CalViva Health, which revealed gaps in notifying members of ECM benefit changes and inconsistent delivery of required services. Emphasized the need for state enforcement of accountability mechanisms in county contracts and Medi-Cal managed care and urged the Council to ensure counties receive proper guidance, training, and support to prevent service failures and potential federal funding losses.

Gregory Furon, Sonoma County Behavioral Health Board Member: Identified as a 78-year-old veteran and member of the Sonoma County Behavioral Health Board, formerly with Swords to Plowshares and Vietnam Veterans of California. Addressed previous comments on VASH vouchers, noting his role with the Santa Rosa Housing Authority in managing vouchers in partnership with VA. Highlighted communication issues that affected full utilization of VASH vouchers and expressed intention to work on improving distribution. Commended the presenters on their work while acknowledging that more efforts are needed to support veterans who still require housing.

IX. Final Remarks and Adjournment

The next Council meeting will be held on June 3, 2026, at 1:00pm. The meeting was adjourned at 3:58 p.m.