Data Explainer Series

Week 2: Homelessness

August 5, 2025

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California Mental Health Services Authority

Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	**8/8/2025**	**Homelessness** ⬅ *You Are Here*
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	9/30/2025	Collaborating with Local Planning Processes

BHT Data Explainer Series

Impact:

Empowers you to interpret data, understand expectations, and engage in data-informed planning to produce your BHSA Integrated Plans

Housekeeping

- Each week we have a new webinar topic and corresponding office hours
- The aim of office hours is to dive a bit deeper and respond to questions
- All webinars will be recorded and placed on our website *(office hours will not be recorded)*

Agenda

- Welcome
- Brief Recap: Statewide Goals and Measures
- Priority Goal: Homelessness
- What? (Goal/Measure)
- Why? (What Does this Mean?)
- Hunches (What Do I Do?)

Statewide Behavioral Health Goals and Associated Measures

Behavioral Health Transformation (BHT)

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.

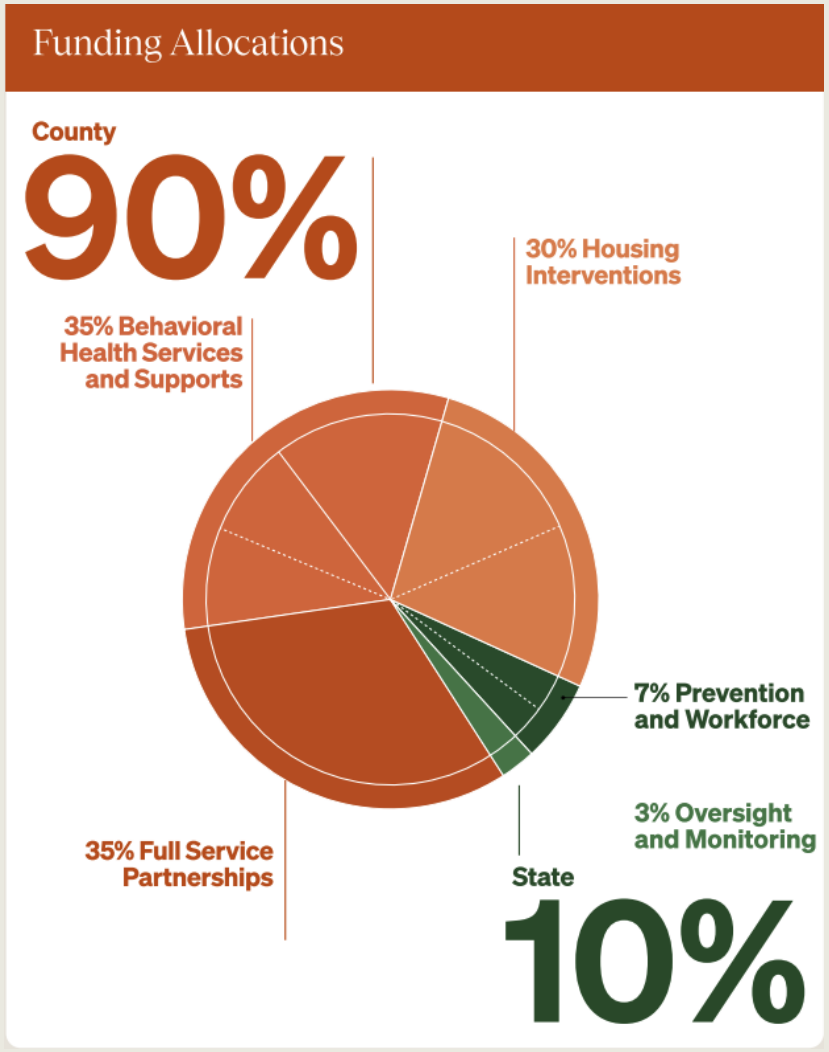
Behavioral Health Services Act

MHSA Modernization = BHSA

- Increased focus on most vulnerable populations
- Broadening of county behavioral health plan responsibilities to include housing interventions
- Expands eligibility to Substance Use Disorder only populations
- Redirecting administration of funding for population-based prevention and workforce programming

Introduces Behavioral Health Services Act Integrated Plan

Introduces Statewide Behavioral Health Goals and Measures



BHT Goal Phases

PHASE 1 ⬅ *You Are Here*

Use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Identify interventions to improve areas of low performance relative to statewide rate.

PHASE 2

Use *individual client-level data* to measure performance and identify Plan accountability for BH goals.

In Progress – further guidance forthcoming.

Phase 1 Goal & Measure Structure

- Goals - "Priority" and "Additional"
  - Six "Priority Goals" that BHPs must address.
  - BHPs select one "Additional Goal" (from eight options) based upon county performance and local needs.
- Measures - "Primary" and "Supplemental"
  - Each goal has one or more associated measures.
  - "Primary Measures" reflect the community's status relative to the goal.
  - "Supplemental Measures" provide additional context.

BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.

Choose at least one

Priority Goals

1. Access to Care ⬆
2. Homelessness ⬇
3. Institutionalization ⬇
4. Justice-Involvement ⬇
5. Removal of Children from Home ⬇
6. Untreated Behavioral Health Conditions ⬇

Additional Goals

1. Care Experience ⬆
2. Engagement in School ⬆
3. Engagement in Work ⬆
4. Overdoses ⬇
5. Prevention/Treatment of Co-occurring PH Conditions ⬆
6. Quality of Life ⬆
7. Social Connection ⬆
8. Suicides ⬇

Homelessness

Priority Goal

What?

Homelessness

- **Statewide Goal:** Addressing the increase in statewide homelessness is crucial to ensuring that unhoused individuals living with significant behavioral health needs have regular access to behavioral health treatment and have safe and stable housing where they can recover.

Source: BHSA County Policy Manual 2.C.2

Homelessness

For the purposes of the BHSA, DHCS defines "experiencing homelessness or at risk of homelessness" consistent with CalAIM Community Supports.

This definition mirrors 24 CFR section 91.5 with the following modifications:

- Individuals exiting an institution or carceral setting are considered homeless if they were homeless immediately prior to entering that institutional or carceral stay or become homeless during that stay, regardless of the length of the institutionalization or incarceration.
- The timeframe for an individual or family who will imminently lose housing is extended from 14 days for individuals considered homeless and 21 days for individuals considered at-risk of homelessness to 30 days.
- An individual or family is not required to have an annual income below 30 percent of median family income for the area.

Additionally, anyone who was homeless or at risk of homelessness prior to the receipt of Transitional Rent (as covered by a Medi-Cal managed care plan) or prior to the receipt of housing funded by MHSA is considered homeless for BHSA purposes.

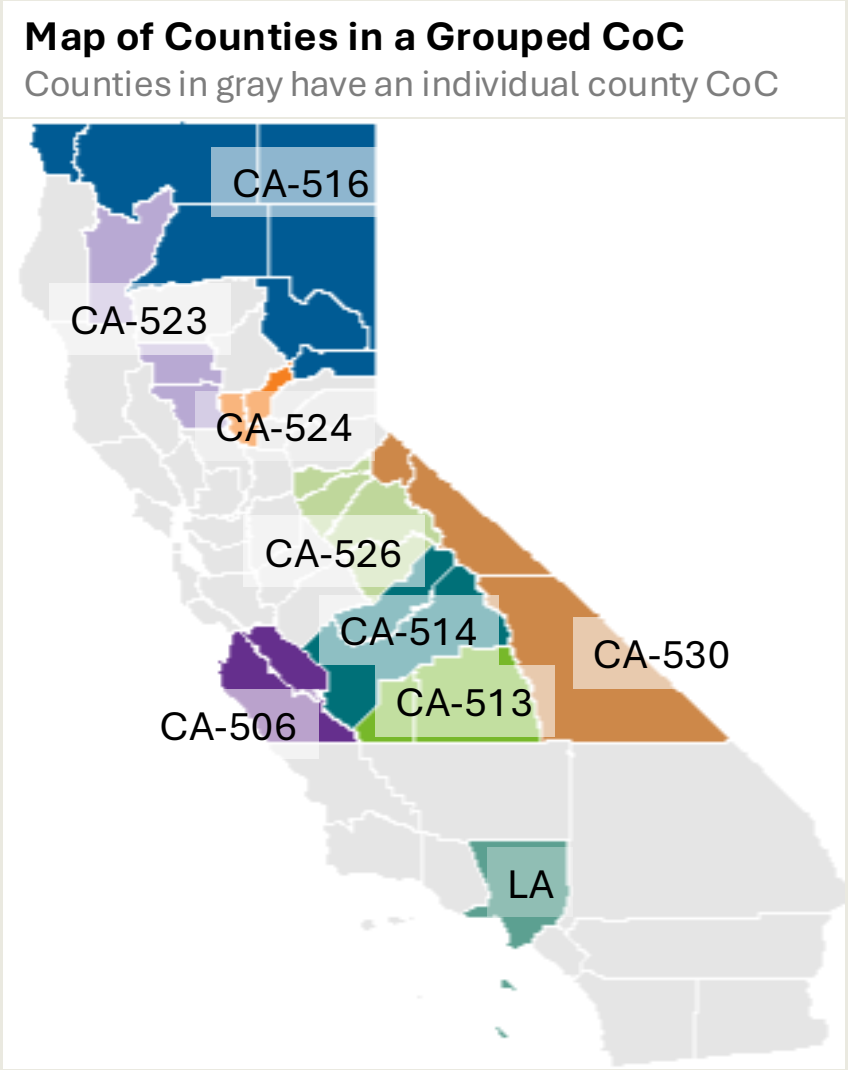
Source: BHSA County Policy Manual 7.C.4.1.1

Measuring Homelessness

- Quantifying homelessness has unique challenges compared to other population health measures:
  - Varying definitions of homelessness
  - Individual housing status changes frequently
  - Location of unhoused communities change over time
  - Service providers only a see a portion of the total homeless population at any one time
  - Incomplete and fragmented data sources
- What does this mean for the measures used to quantify Priority 2) Homelessness?
  - Each measure captures a piece of the overall picture, but no one measure captures the full story

California Continuums of Care (CoCs)

- The housing Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for families and individuals experiencing homelessness.
- There are a total of 44 CoCs in California
- 33 counties operate as individual CoCs (Gray)
- LA County contains 4 CoCs (Teal)
- The other 25 counties are grouped into 8 cross-county CoCs
  - CA-516: Shasta, Siskiyou, Lassen, Plumas, Del Norte, Modoc, Sierra
  - CA-523: Colusa, Glenn, Trinity
  - CA-524: Sutter, Yuba
  - CA-526: Tuolumne, Amador, Calaveras, Mariposa
  - CA-530: Alpine, Inyo, Mono
  - CA-514: Fresno, Madera
  - CA-506: Monterey, San Benito
  - CA-513: Kings, Tulare



Homelessness Measures

Measure	*Type of Measure*
1) Point-in-Time (PIT) Count Rate of People Experiencing Homelessness	Primary
2) Point-in-Time (PIT) Count Rate of People Experiencing Homelessness with Severe Mental Illness (SMI)	Supplemental
3) Point-in-Time (PIT) Count Rate of People Experiencing Homelessness with Substance Use Disorder (SUD)	Supplemental
4) Percentage of K-12 Public School Students Experiencing Homelessness	Primary
5) Rate of People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC)	Supplemental

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Point-in-Time (PIT) Count: Rate of People Experiencing Homelessness by Continuum of Care Region, 2024

Primary Measure

What is the rate of people experiencing homelessness (sheltered and unsheltered) per 10,000 residents in a Continuum of Care region?

Numerator: A count of people experiencing homelessness on a specific night

X 10,000

Denominator: People living in a Continuum of Care (Coc) Region

Data Source: Dept of Housing & Urban Development (HUD) PIT Count

2 Point-in-Time (PIT) Count: Rate of People Experiencing Homelessness with Serious Mental Illness (SMI)

Supplemental Measure

What is the rate of people experiencing homelessness who self-reported SMI out of every 10,000 people in a Continuum of Care region?

Numerator: People experiencing homelessness who self-reported SMI

X 10,000

Denominator: People living in a Continuum of Care (Coc) Region

Data Source: Dept of Housing & Urban Development (HUD) PIT Count

3 Point-in-Time (PIT) Count: Rate of People Experiencing Homelessness with Substance Use Disorder (SUD)

Supplemental Measure

What is the rate of people experiencing homelessness who self-reported substance use disorder out of every 10,000 people in a Continuum of Care region?

Numerator: People experiencing homelessness who self-reported having a substance use disorder (SUD)

X 10,000

Denominator: People living in a Continuum of Care (Coc) Region

Data Source: Dept of Housing & Urban Development (HUD) PIT Count

HUD PIT Count Measures

10,000 X

1

Count of People Experiencing Homelessness in 1 night

Population of CoC

2

Count of People Experiencing Homelessness in 1 night with SMI

Population of CoC

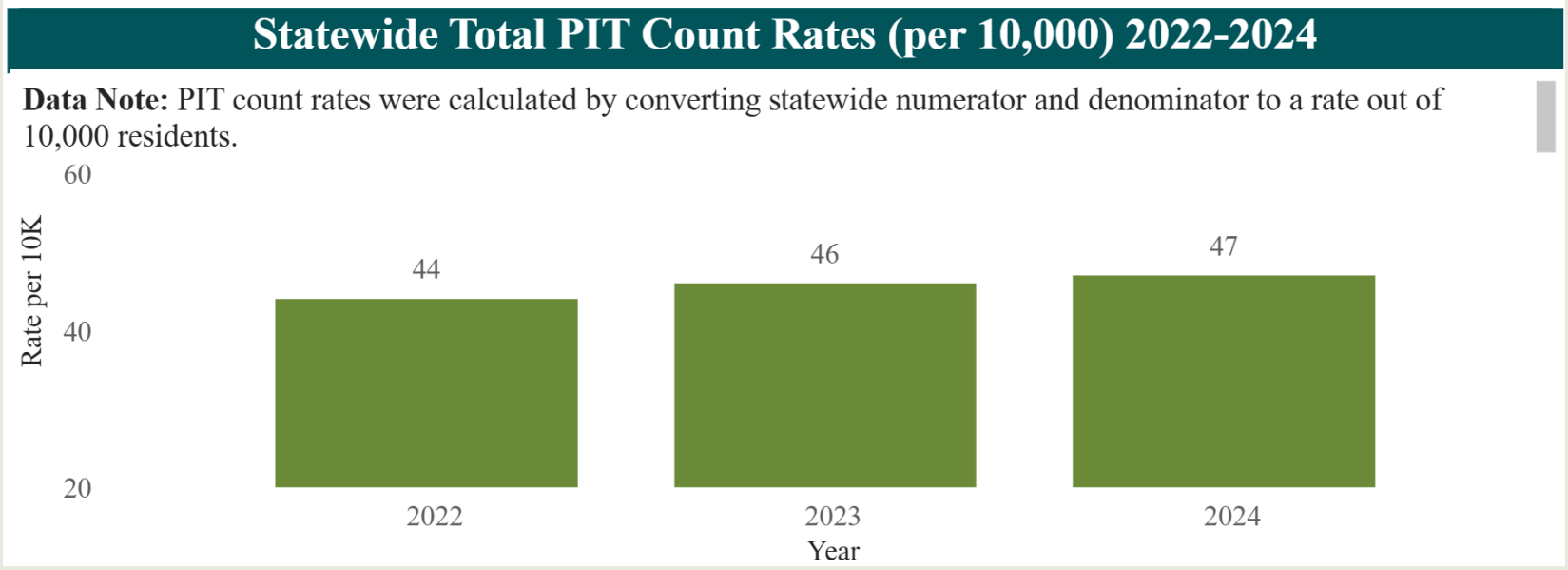
3

Count of People Experiencing Homelessness in 1 night with SUD

Population of CoC

HUD PIT Count Methodology

- Conducted statewide on a single night each January.
- Led by local CoCs using volunteers, outreach teams, surveys, and observation.
- Combines field data, interviews, and administrative records to estimate homelessness.
- Results de-duplicated and reported regionally and statewide to guide policy and resource allocation.
- Most comprehensive existing count of homelessness, despite challenges



HUD PIT SMI & SUD Questions

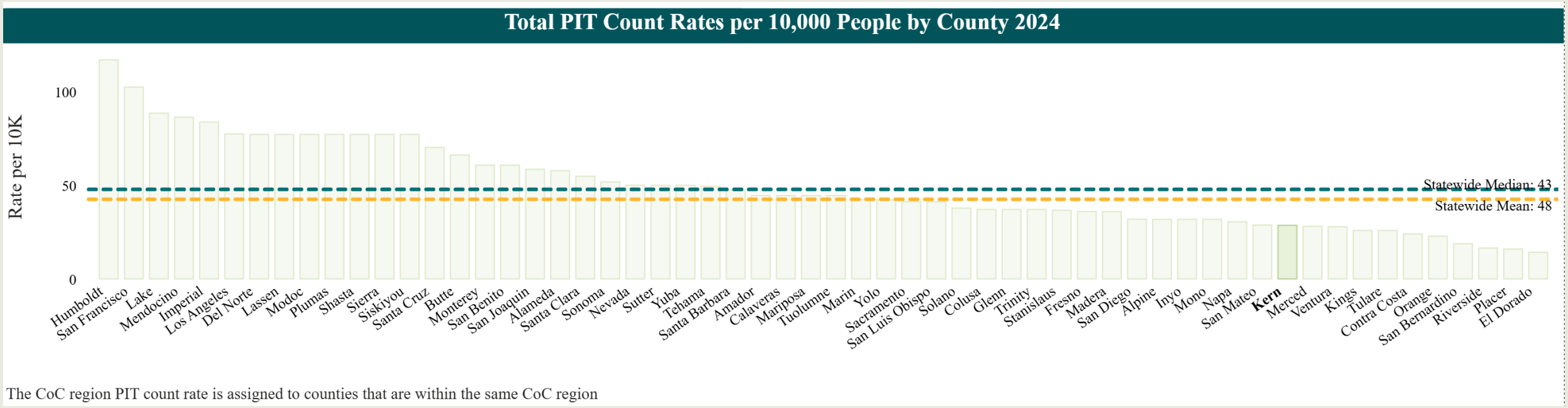
There is some variation in how questions regarding SMI and SUD are phrased and structured across CoCs and survey years. The questions typically follow the following pattern and rely on self-report of the individuals being interviewed:

SMI: Do you have a mental health condition or emotional impairment that seriously limits your ability to live independently (e.g., affecting daily living tasks)?

SUD: Do you have a problem with alcohol, drugs, or both? Has this problem been long-continuing or indefinite in duration, and substantially impedes your ability to live independently?

HUD PIT Count Dashboard

Total PIT Count Rate per 10k (2024)	Total PIT Count (2024)	County CoC
29	2669	CA-604 Bakersfield/Kern County CoC



The CoC region PIT count rate is assigned to counties that are within the same CoC region

4 Percentage of K-12 Public School Students Experiencing Homelessness, 2023 – 2024

Primary Measure

What percentage of K-12 public school students experienced homelessness at any point in time during the academic year (July 1 to June 30)?

Numerator: Students enrolled during the academic year who were reported as being homeless

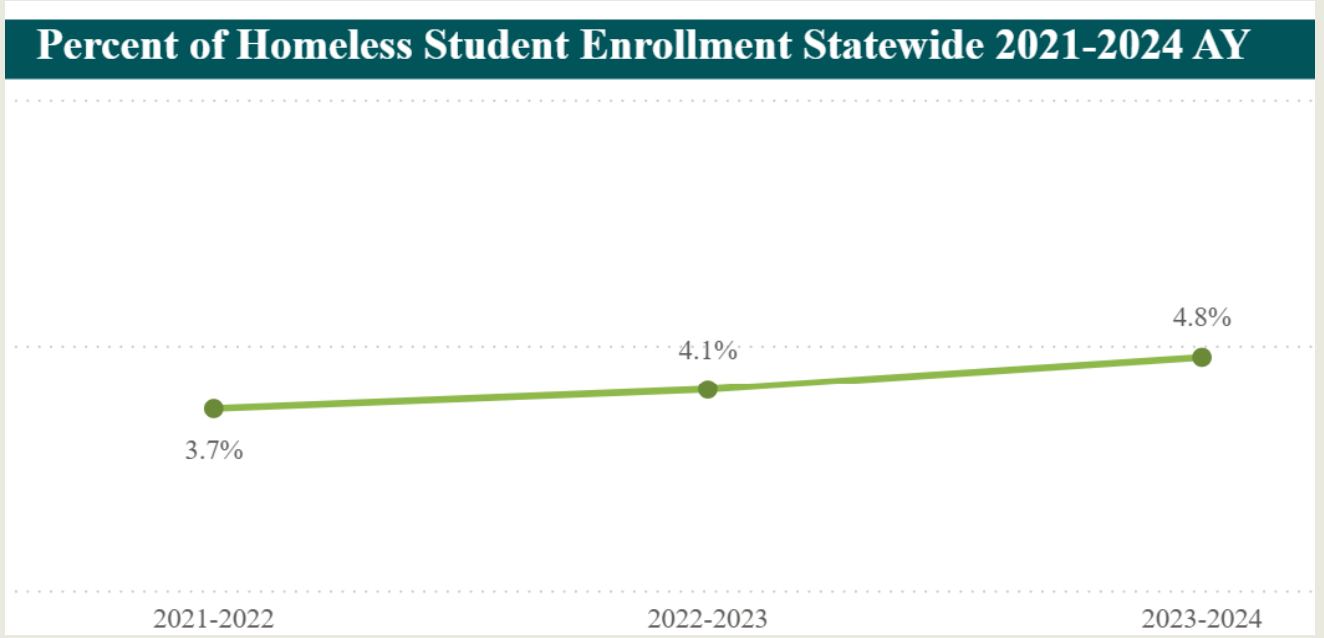
Denominator: Cumulative K-12 public school enrollment for the academic year

Data Source: California Department of Education (CDE)

Student Homelessness (CDE) Methodology

Methodology:

- Data collected annually from all K-12 public schools statewide by CA Dept of Education (CDE)
- Identifies students experiencing homelessness and what their living situation looks like: temporarily doubled-up, living in shelters, hotel/motels, or temporarily unsheltered.
- School staff record information during enrollment, school year updates, and reporting cycles based on self-disclosure, family reports, and observations by educators or liaisons.



Public School Students K-12 experiencing homelessness

Name	Cumulative Enrollment	Homeless Student Enrollment	Temporarily Doubled-Up	Temporary Shelters	Hotels/Motels	Temporarily Unsheltered	Missing/Unknown Dwelling Type
Statewide	6,023,851	286,853	83.3%	7.0%	5.9%	3.9%	0.0%

5

Rate of People Experiencing Homelessness Who Accessed Services from a Continuum of Care (CoC)

Supplemental Measure

What is the rate of people who accessed homeless services per 10,000 people in a Continuum of Care (CoC) region?

Numerator: People that accessed at least one service as measured in the Homeless Data Integration System

X 10,000

Denominator: People living in a Continuum of Care (Coc) Region

Data Source: HMIS

Homeless Service Access (HMIS) Methodology

Methodology:

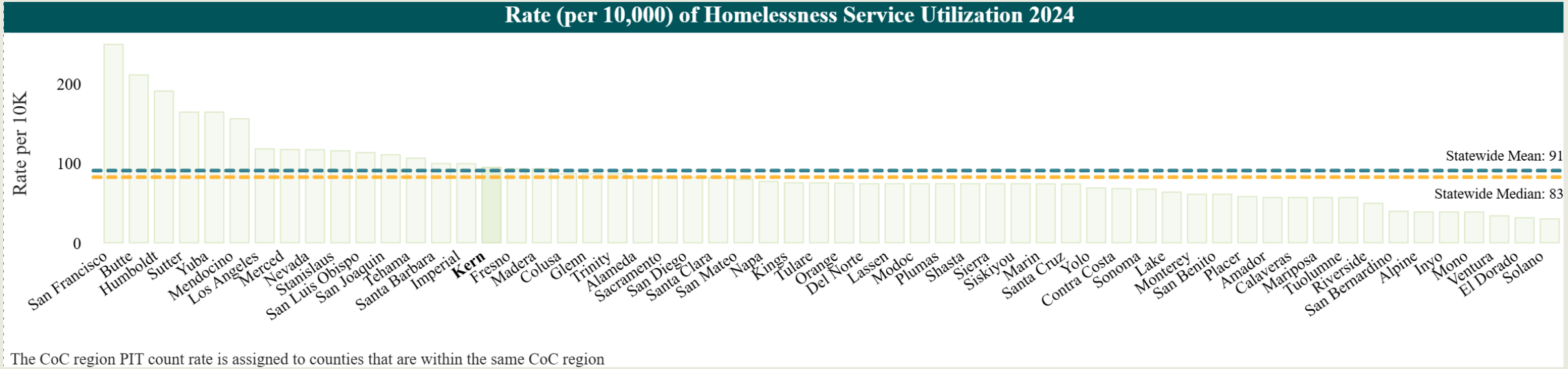
- Every CoC collects data through their own Homelessness Management Information System (HMIS). This is where service providers funded by many federal and state programs are required to record client information.
- Data from each CoC's HMIS is sent to a central Homeless Data Integration System (HDIS) (aggregated & deduplicated)
- Only captures individuals accessing services from providers who use HMIS

Note: The numerator can be a combination of both the population of people needing homeless services growing and/or increasing the percent of people served.

$$10{,}000 \times \frac{\text{Count of People Accessing Homeless Services through HMIS}}{\text{Population of CoC}}$$

HMIS Dashboard

Utilization Rate per 10k (2024)	Total Count of People who Accessed Services	County CoC
96	7,653	CA-604 Bakersfield/Kern County CoC



The CoC region PIT count rate is assigned to counties that are within the same CoC region

Why?

Many Things Can Impact Homelessness

- **Funding Availability** – Counties vary in the amount of federal, state and local funding available to support the development of market-rate and affordable housing.
- **Community Resistance** – “Not In My Backyard” (NIMBY) opposition can lead to the blocking of supportive housing or relocation of unhoused individuals.
- **Local Economic Conditions** – Unemployment and underemployment can contribute to housing instability and increased risk of homelessness.
- **Disproportionate Impact on Marginalized Groups**– Black Californians, LGBTQ+ individuals, survivors of domestic violence, and older adults are overrepresented in the unhoused population.
- **Local Policies and Ordinances** – Anti-camping laws, encampment removals, and restrictions on outreach or services can limit support for unhoused individuals.

Questions to Ask Yourself

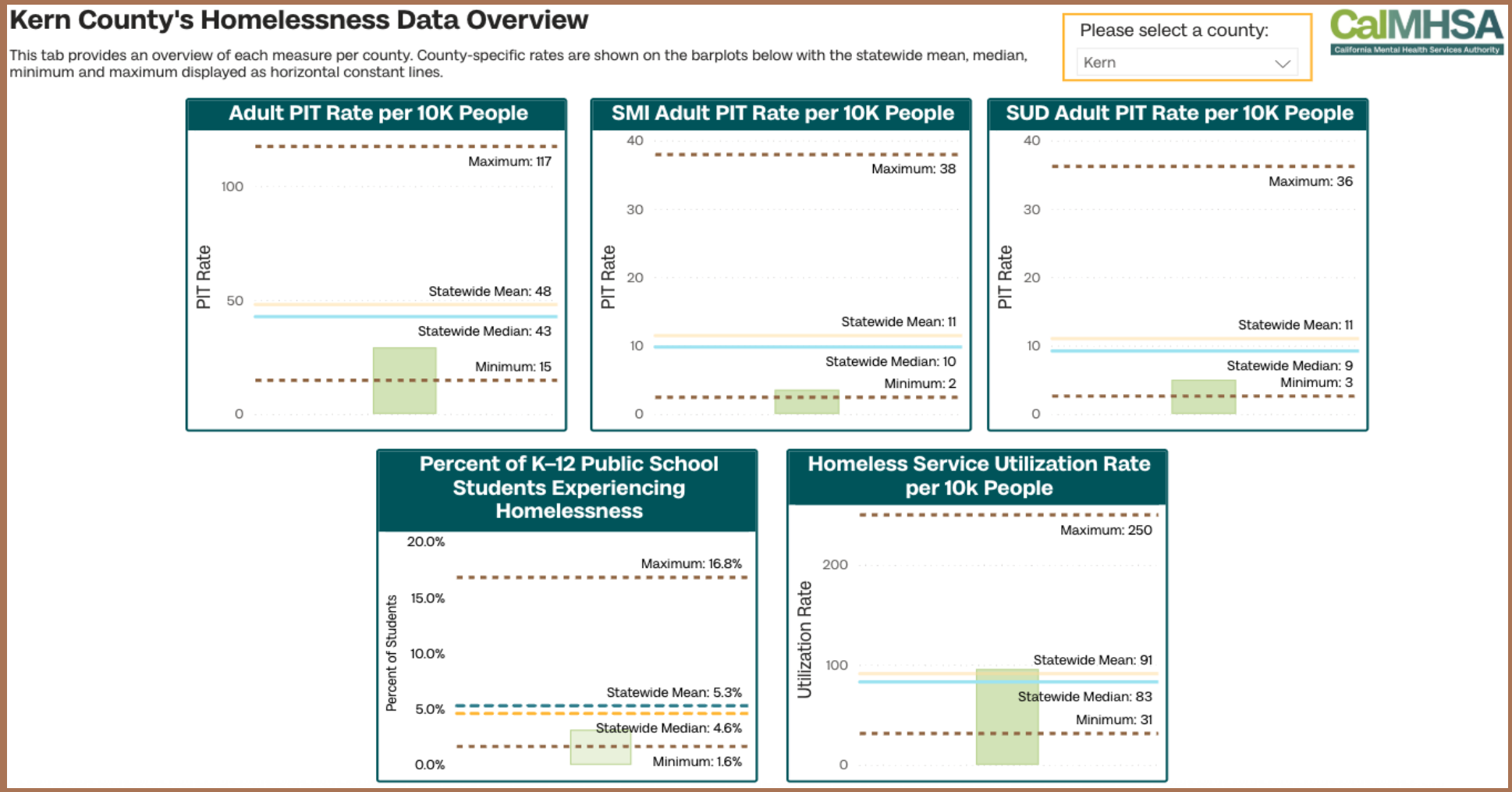
- How well does my agency coordinate with our local CoC?
- How familiar are we with our CoC's Coordinated Entry System (CES)?
- Do we attend CoC or CES's meetings?
- Do we have any MOUs or agreements with the CoC for cross-collaboration, funding, or referrals? Are there CoC grants or initiatives we could participate in?
- Does our intake or case review process include housing services or navigation?
- Is there a feedback loop to track referrals or requests to CES?
- Have we met with our Medi-Cal Managed Care Plans, and do they have a system to coordinate with Behavioral Health on Community Supports and Transitional Rent?
- Do we need to learn more about how the housing system works?

BHSA: Housing Interventions (30%)

- Beginning July 1, 2026, counties will be required to allocate 30% of their BHSA funds to Housing Interventions.
- Some counties' current spending on housing may be greater than or equal to the projected 30% of BHSA funding they are required to spend on housing interventions.
- Others are still assessing how much they need increase spending on Housing Interventions.
- **Has your county determined its current baseline for Housing Intervention spending?**
- The County Behavioral Health Directors Association (CBHDA) has provided a spreadsheet to help counties calculate how much they are currently allocating to Housing Interventions.

Hunches

Kern County Example



Your Integrated Plan: Homelessness

Measure	State Rate	Kern County Rate	Equity-Stratified Data
PIT Rate of People Experiencing Homelessness	47	29	Native Hawaiian or Pacific Islander (143); American Indian or Alaska Native (100); Black (88)
PIT Rate with SMI	11	4	
PIT Rate with SUD	11	5	
Percentage of K-12 Public School Students Experiencing Homelessness	4.8%	3.1%	African American (6.1%); American Indian or Alaska Native (4.3%); Two or More Races (3.5%); Pacific Islander (3.3%)
Homeless Services Utilization Rate	95	96	Black (328); Native Hawaiian or Pacific Islander (232); American Indian or Alaska Native (219)

Measuring Equity

What is the intended impact? Identify determinants associated with the measure.

Which populations are most affected? Compare sub-groups to county average and to each another.

Why might you be seeing this result? Examine potential causes of the result you're seeing.

How do you want to make an impact? Set specific goals based on inequities identified and locus of control.

Are you meeting your goals? Monitor progress and adjust when needed, including discussions and feedback from affected communities.

Example: Kern County's PIT Count Rate is Low, but Racial Disparities Persist

Observation: Kern's overall PIT count rate is 29 per 10,000—well below the statewide median (43) and mean (48). However, PIT count rates are significantly higher among Native Hawaiian/Pacific Islander (143), Alaska Native/American Indian (100), and Black residents (88).

Hunches:

- What if we partnered with culturally specific organizations to co-design housing stabilization supports–not just outreach?
- What if we focused on reducing chronic homelessness and returns to homelessness among groups already engaged in services?
- What if we created feedback loops so that people with lived experience helped shape how services are delivered and measured?
- What if we worked with the MCP to identify shared goals–and determine whether Community Supports or other tools could help improve outcomes for these groups?
- And if not, what's getting in the way? Could it be addressed through policy, partnerships, or contract design?

WHAT / SO WHAT

CLARITY

• HUNCHES

Example BHSA Integrated Plan: Addressing Racial Disparities in Homelessness

Priority Area: Homelessness

Problem Statement: Despite a low overall PIT rate, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, and Black residents continue to experience homelessness at significantly higher rates in Kern County.

Goal: Reduce racial disparities in homelessness and improve long-term outcomes for overrepresented populations.

Strategies:

- Co-design culturally responsive housing retention and stabilization supports with trusted partners.
- Collaborate with the CoC to analyze and address racial disparities in long-term housing outcomes.
- Support community leadership and feedback loops to shape service improvement and evaluation.
- Engage the MCP(s) to explore shared priorities and opportunities to leverage Community Supports to advance housing stability for these populations.

Target Populations: Black, Native Hawaiian/Pacific Islander, and Alaska Native/American Indian residents experiencing homelessness.

Key Outcomes:

- Decrease in homelessness and returns to homelessness.
- Improved housing retention and stability among target populations.
- Stronger integration of community voice into BHSA planning.
- Clearer MCP role definition and aligned efforts across systems to reduce disparities.

Example 2: High CoC Service Utilization Among People Experiencing Homelessness in Kern

Observation: Kern's CoC service access rate is 96 per 10,000–above the statewide average. Utilization is particularly high among Black (328), Native Hawaiian/Pacific Islander (232), and Alaska Native/American Indian residents (219).

Hunches:

- What if we built on this strong service engagement by embedding behavioral health supports in high-volume CoC sites?
- What if we strengthened referral and handoff pathways from CoC services to permanent supportive housing and treatment?
- What if we co-developed a shared outcomes framework with the CoC focused on stability, recovery, and housing retention?

Example BHSA Integrated Plan: Building on High CoC Utilization to Improve Outcomes

Priority Area: Homelessness

Problem Statement: Kern has high CoC service utilization among certain populations, presenting an opportunity to improve cross-system coordination and long-term outcomes for those already engaged in services.

Goal: Leverage existing service engagement to improve permanent housing, recovery, and behavioral health outcomes among high-utilizing populations.

Strategies:

- Embed behavioral health supports within CoC access points to meet people where they are.
- Strengthen warm handoffs to permanent supportive housing and behavioral health services.
- Partner with the CoC to co-develop shared outcomes frameworks that prioritize housing retention, recovery, and re-entry prevention–stratified by race and ethnicity.

Target Populations: Black, Native Hawaiian/Pacific Islander, and American Indian/Alaska Native residents engaged in CoC services

Key Outcomes:

- Higher rates of successful transitions to permanent supportive housing and behavioral health care.
- More robust behavioral health presence in CoC settings.
- Improved tracking of outcomes like housing retention, recovery, and returns to homelessness.

What's Next?

Please fill out the survey in the chat!

Homelessness Office Hours:
Friday 8/8, 12-1 p.m.
Continued Discussion on Homelessness Data and Hunches

Questions:

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Thank You!

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CalMHSA
California Mental Health Services Authority