

Nowhere to Go

ADDRESSING the CRISIS in SUPPORTIVE
HOUSING for OLDER CALIFORNIANS



THURS JUNE 11 | Sacramento + Virtual

“Older adults are the fastest-growing population experiencing homelessness — and the largest share encountering it for the first time in their lives.”

(California Budget & Policy Center)

**SCAN FOR
AGENDA**



**CALIFORNIA
COMMISSION
on Aging** 

PANEL₁

Why Homeless Older Adults Can't Find a Place to Land



Steve Gaskill

Community Member
with Lived Experience



Genelle Cazares, LCSW

Chief Executive Officer
El Hogar Community Services, Inc.



California Commission on Aging

Alameda County Older Adults Exiting Homelessness June 11, 2026

Lucy Kasdin, LCSW

Deputy Director, Alameda County Housing
and Homeless Services



Alameda County Health

Landscape of Older Adult Homelessness: Alameda County

- Older adults are the fastest growing segment of Alameda County's population
- More than 44% of unhoused older adults experienced their very first episode of homelessness after the age of 55, often following late-life job loss, medical emergency, or rising rent
- In 2024, 25.3% of the county's total homeless population was over the age of 55. In Oakland specifically, over half of the unhoused population was over age 50



Health of Older Adult Experiencing Homelessness: Alameda County

Compared to their housed counterparts, older adults experiencing homelessness:



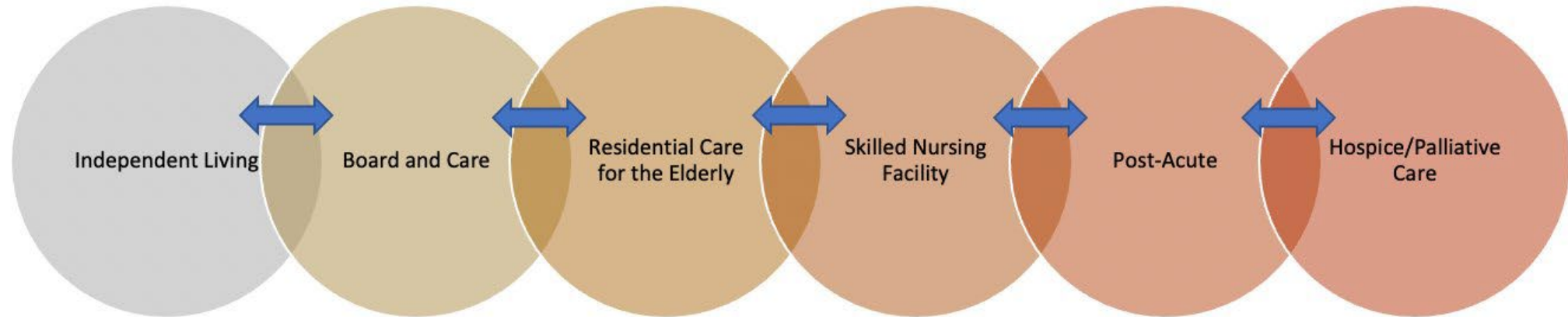
- Die at nearly 5 to 6 times the rate, the average age of death for PEH in Alameda County is 52
- Face critical end-of-life health crises decades before their housed peers
- Have higher prevalence and severity of physical and mental health conditions with over 70% of unhoused older adults living with at least one disabling condition

Housing Needs: Background

- Older adults with chronic care needs, but not institutional-level care needs, require long term support to reside stably in the community
- Service programs designed for individuals with chronic medical and personal care needs are difficult for PEH to access
- As a result, older adults, who commonly have chronic care needs, often are unable to exit homelessness; instead, cycling through hospital, nursing homes, and the streets



Housing and Traditional Care Model



What doesn't work about this system for people who have experienced homelessness?

- People are forced to move through different systems of care as their needs change
- Many of these settings are functionally inaccessible to people who have experienced homelessness
- This cycling is deeply destabilizing and commonly precipitates homelessness
- Individuals with behavioral health issues and substance use disorder often struggle in institutional settings
- Care is difficult to access and coverage may be limited

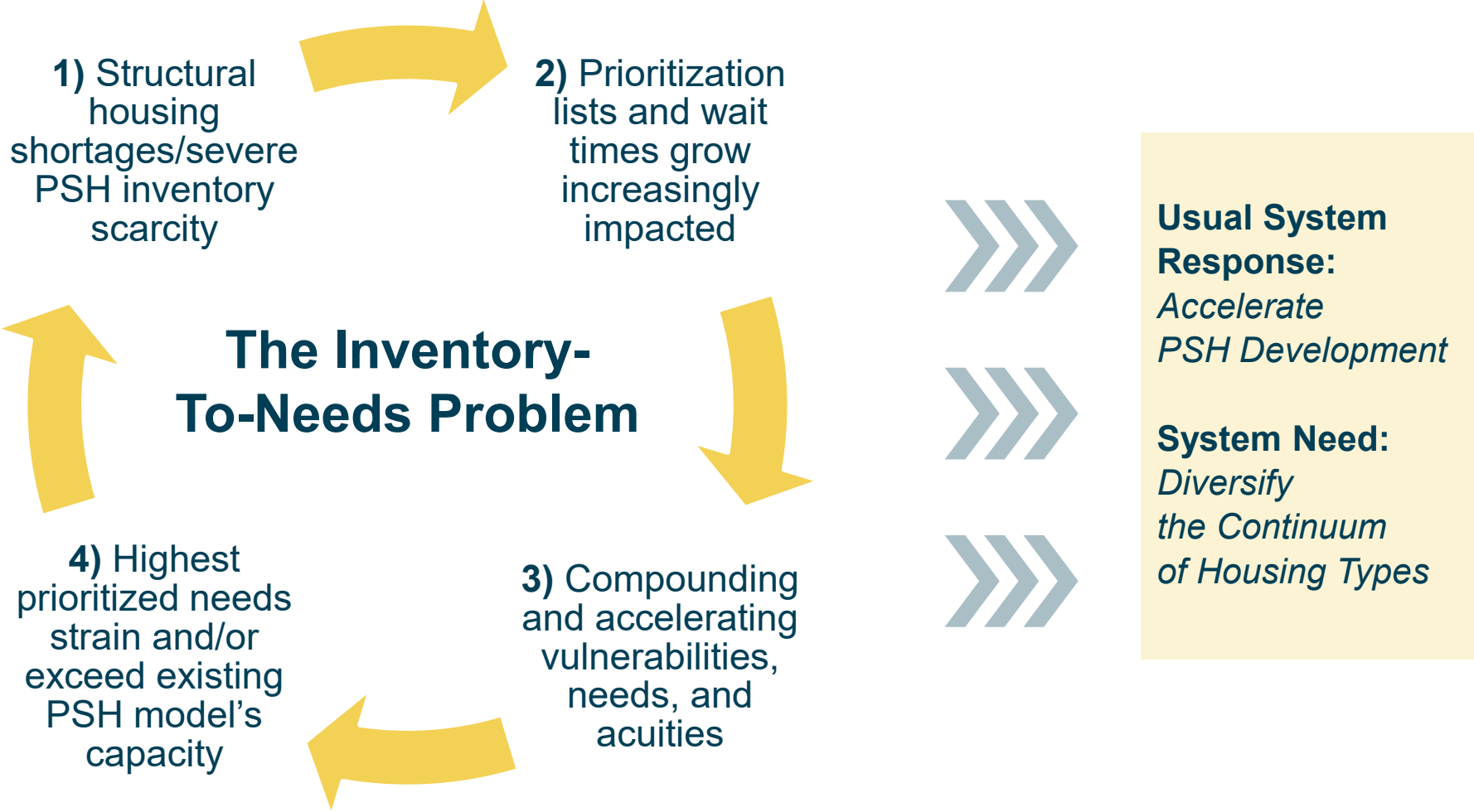
System Capacity Barriers and Challenges: Permanent Supportive Housing (PSH)

Those with longer stays in homelessness, and more complex needs:

- 60% of individuals of all ages reported one or more disabling condition
- 59% of individuals of all ages reported their current episode of homelessness being 36 months or more
- Housing Queue Snapshot:



Structural Drivers of Compounding Needs in PSH



System Capacity Barriers and Challenges: Residential Care Facilities for the Elderly (RCFEs)

- 325 beds collectively county funded (includes Adult Residential Facilities (ARFs) and RCFEs); representation of older adults in both
- 20 county-funded sites:
 - 9 Adult Residential Facilities
 - 11 Residential Care Facilities for the Elderly (RCFE) with 208 beds

Challenges:

- System capacity and variable cultural competence and willingness to serve PEH
- Assisted Living Waiver Medi-Cal enrollment is restricted, which limits a key funding stream for RCFE subsidy payments
- County patch rate support, in some cases, result in residents foregoing a significant portion of their income, which limits residents willingness to pursue RCFE placement

Optimal RCFE role

- RCFEs can and should play a key role in the continuum of care, particularly for clients with cognitive impairment who may not be able to reside successfully in an interim or PSH setting

System Capacity Barriers and Challenges: Shelter/Interim Settings

- Interim housing settings generally do not have capacity to provide the level of support required for older adults (medication management, transportation, coordination of medical care, dressing, bathing, etc.)
- In 2025 Alameda County launched Medically Enriched (ME) interim housing, adding 150 units to provide nursing and caregiving services to high needs individuals to address the gap
- Even where ME interim housing settings (like medical respite) can provide the needed level of care, interim settings are reluctant to accept high-needs clients unless there are adequately supported permanent housing units for clients to discharge to.

Additional gaps include
Dementia Care



Expanding Our Care: Innovations in Alameda County

- Alameda County and Cardea Health pioneered use of intensive home-based Medi-Cal waiver services to support very high-needs older adults in permanent supportive housing.
- Described as Medically Frail Permanent Supportive Housing (PSH+)
- Medically Frail PSH housing has demonstrated important successes including:
 - >95% housing retention among clients who in many cases had cycled through hospital, nursing home, and homelessness for years
 - ~80% reduction in use of emergency rooms, hospitals, and nursing homes
 - Improved quality of life and health outcomes
 - Improved access to hospice and end-of-life care
 - Allows interim housing programs to support high-needs individuals, because there is an appropriate discharge option

Expanding Our Care: Potential Solutions

- Current waitlist for the Home and Community-Based Alternative (HCBA) Medi-Cal waiver enrollment is >3 years
- Expansion of Medically Frail PSH is limited by caps on state level enrollment in Medi-Cal programs such as HCBA and Assisted Living Waiver (ASW)
- Absent this barrier, there could be state level expansion of integrated health/housing models to provide 'Medically Frail PSH' and Medical Enriched interim housing at the scale needed among older adults who have experienced homelessness
- Current state-level policy efforts to increase access to home-based Medi-Cal waiver services include:
 - AB2081
 - Senate 'Be Home Soon' proposal



Questions?

Housing and Homelessness Services | Alameda County Health

PANEL 2

Beyond Beds — Planning for Supportive Housing Capacity in California



Supportive Housing Capacity for Older Adults

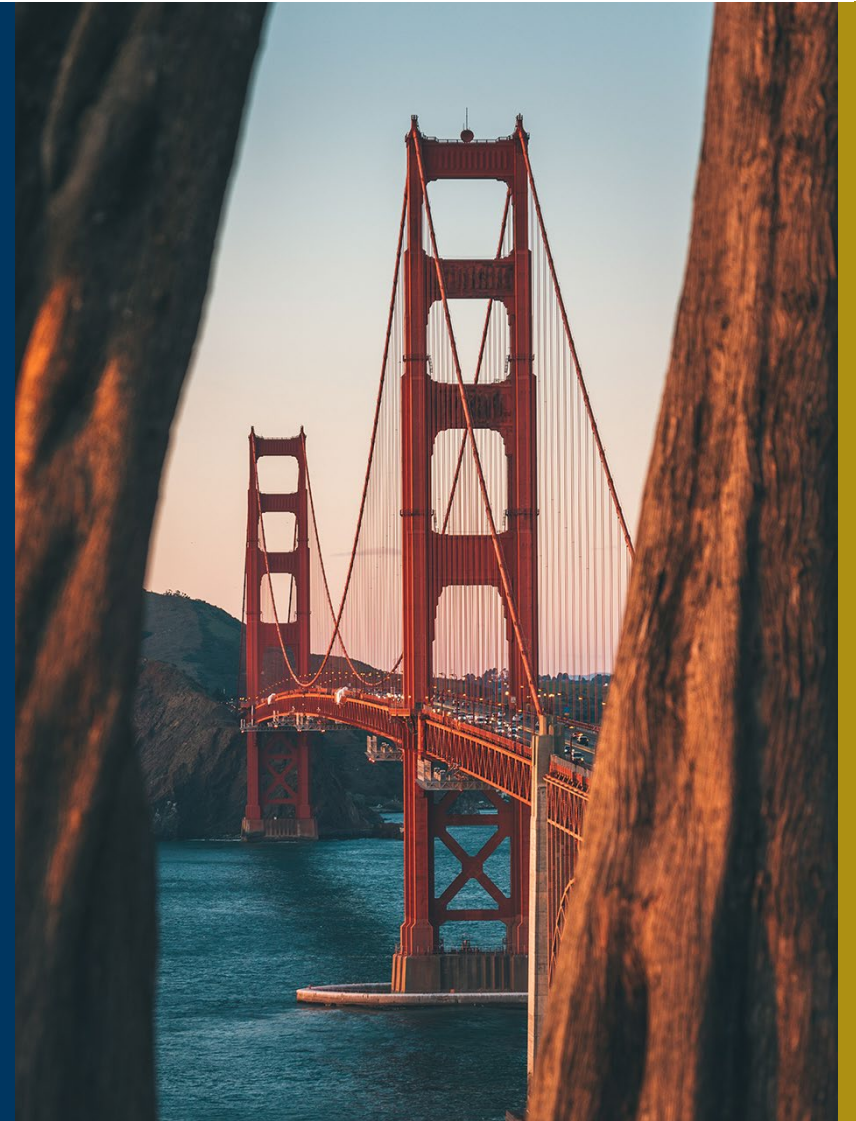
Lilit Tovmasian, Branch Chief
CDSS

Mission

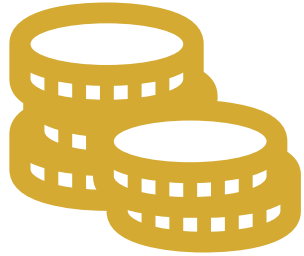
The mission of the California Department of Social Services is to serve, protect, and support the people of California experiencing need in ways that empower wellbeing and disrupt systemic inequities.

Vision

The vision of the California Department of Social Services is to provide quality services with a commitment to an inclusive, diverse, and equitable California where all people can thrive.



CDSS | Department Snapshot 2026



\$66.9 billion

in local assistance programs and services



8.4 million

people receiving benefits and services



5,800 employees

supporting our programs
throughout the state

2026

Adult and Senior Care Program Overview

Adult & Senior Care Program (ASCP)



- Optimizes health, safety, and quality of life of adults in community care facilities.
- Provides preventive and protective services



- 15,664 Facilities
 - ❖ ~313,000 capacity
- Inspections Conducted: 95%
- Complaints: 8,511 resolved
- Applications: 2,052 processed

Residential Care Facilities for the Elderly (RCFE)

RCFE Capacity Trends

Period	Facilities	Capacity (Beds)
End of FY 2023-24	7,688	211,746
End of FY 2024-25	7,998 (+4.0%)	209,325 (-1.1%)
Current (April 2026)	8,399 (+5.0%)	212,473 (+1.5%)

The Myth of Facility Closures (Small vs. Large)

Small Facilities (1-6 beds)

- Account for nearly all RCFE growth statewide
- FY 2024/25: +27 small facilities/month
- Increased to 40 small facilities/month through April 2026

Large Facilities (7+ Beds)

- Minimal to no change

The Challenge of Tracking “Affordable” Beds

- No formal definition of “affordable”
- SSI/SSP rate used as a proxy

Quarter	Facilities	SSI/SSP Recipients
Q4 2023	1,721	14,408
Q4 2024	1,942 (+12.8%)	15,539 (+7.8%)
Q4 2025	2,059 (+6.0%)	16,026 (+3.1%)

- 4 consecutive years of growth

Appreciation & Partnerships



Housing Planning for All

Melinda Coy
Housing Accountability Unit Chief
6/11/26





Housing Element Law

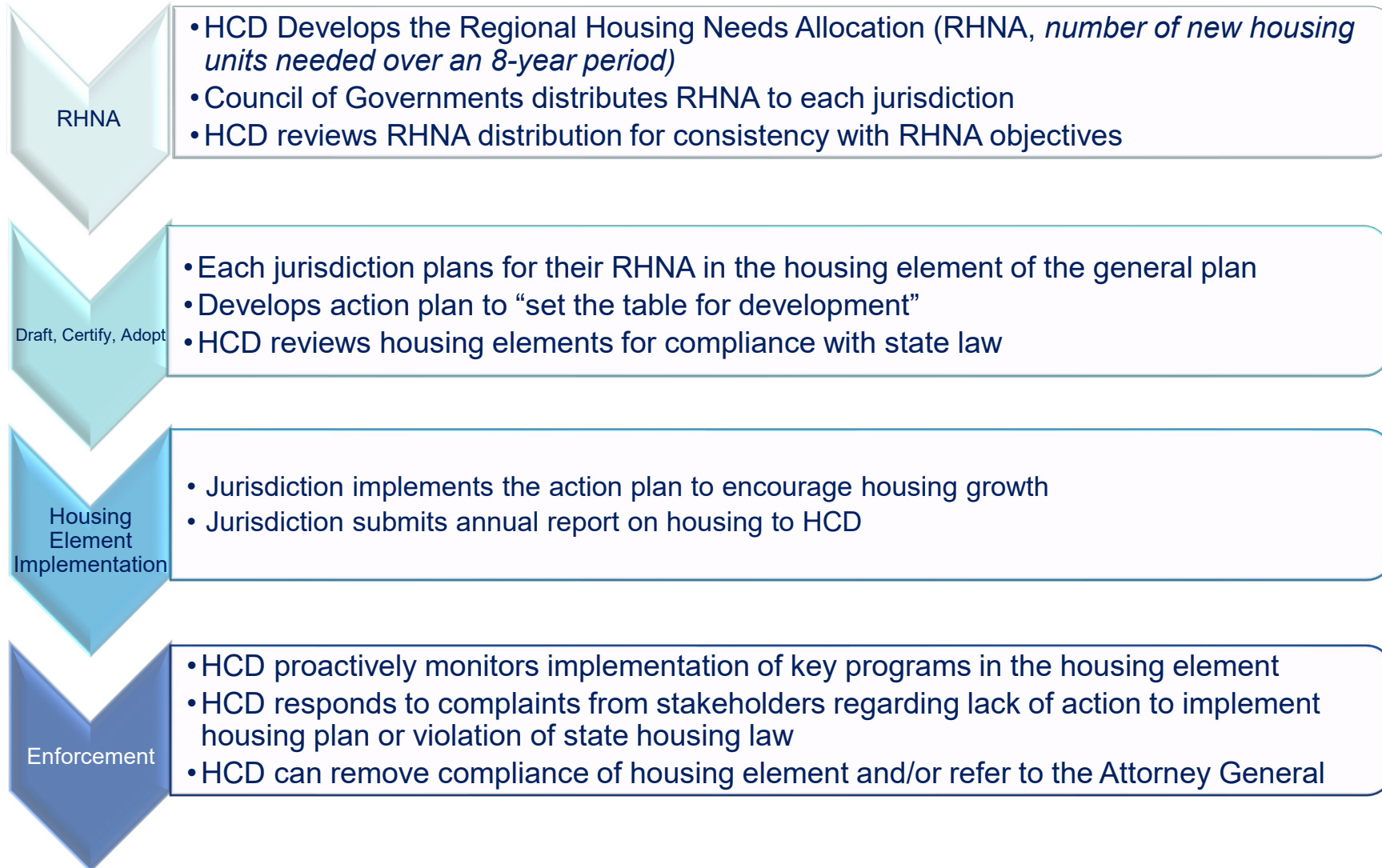
“The availability of housing is of vital statewide importance, and the early attainment of decent housing and a suitable living environment for every Californian is a priority of the highest order.” –GC 65580

- Housing element law enables the State to influence housing supply and affordability by HCD reviewing each locality’s housing element.
- It lays the foundation for all our other housing activities such as planning grants, accountability and enforcement, preservation, ADUs, and just getting housing built

Most fundamental decisions about housing supply & affordability are made at local level.



Housing Element Planning Process



What is RHNA?

The RHNA process refers to the creation of the big housing need number for each region (Determination), and how that big number is distributed to cities and counties (Allocation)

RHNA is . . .

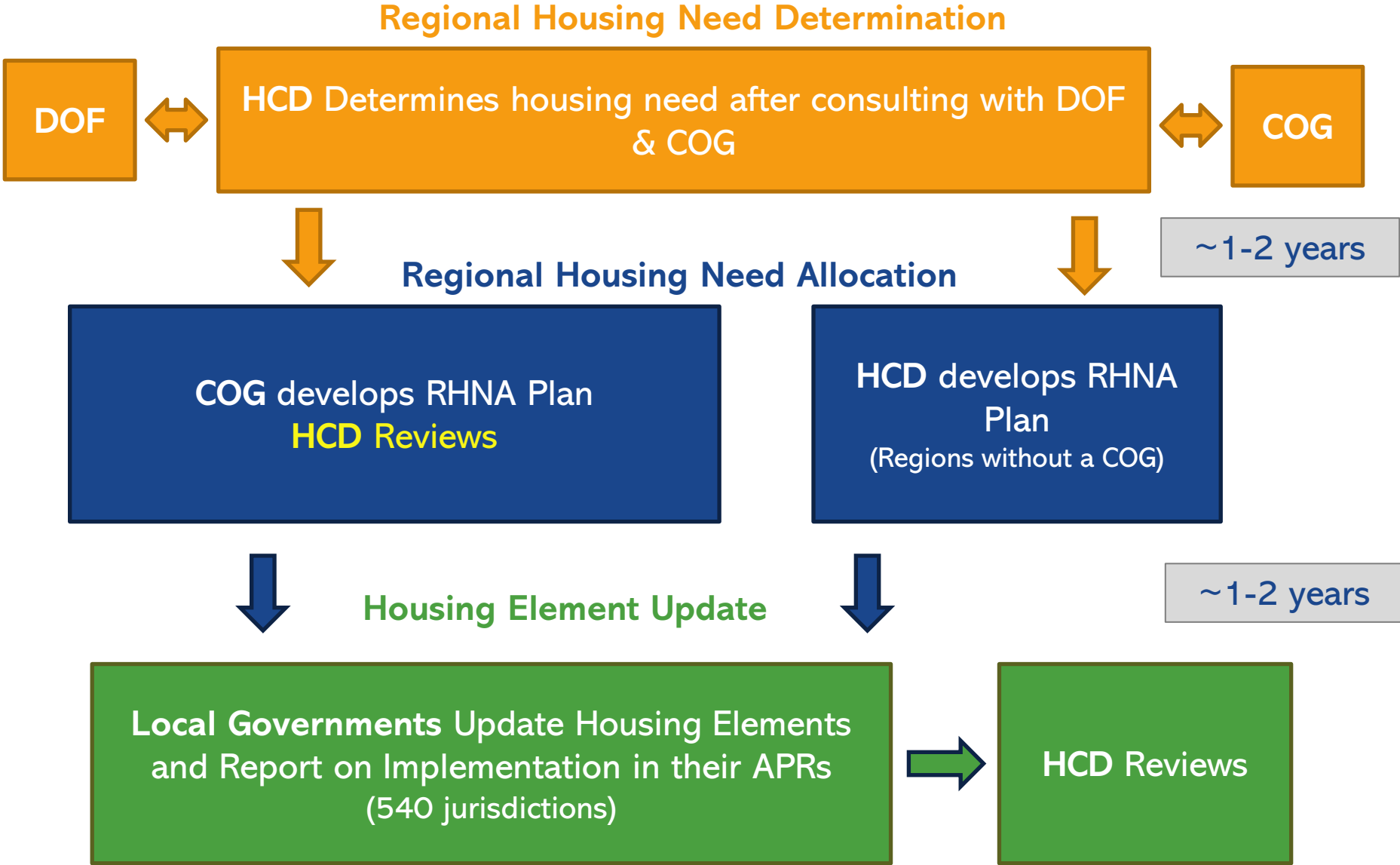
- ✓ A quantification of housing needs for a region at all income levels, based on population growth projections and other factors
- ✓ A planning requirement implemented by updating the housing element

RHNA is not . . .

- × A prediction of building permit, construction, or housing activity
- × A ceiling of potential housing market demand or production
- × Limited due to existing land use capacity or growth control (rezoning often necessary to accommodate RHNA)

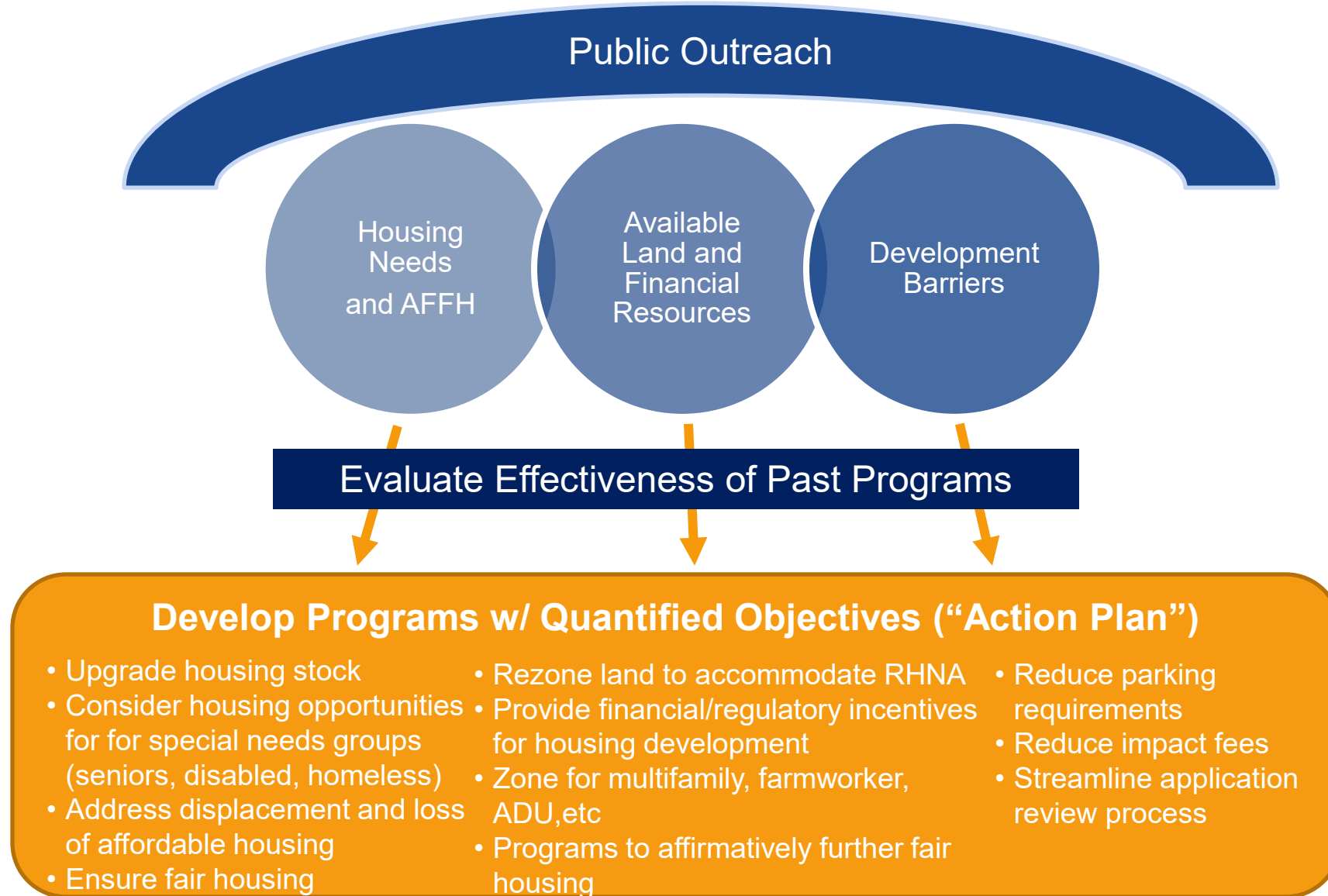


Regional Housing Need Process





Housing Element's Result is an Action Plan to Address Housing Needs





Specific Areas in Housing Element Law Related Senior Populations

- Analysis of Special Needs
 - Quantification of population, discussing of housing needs, identification of resources
- AFFH – Segregation and Integration
 - Trends and patterns, local data, other relevant factors
- Constraints
 - Reasonable Accommodations, Group Home
- Programs – Not specific but as a result of the analysis



Types of Housing Element Programs

- “Age-in-place” assistance – Are you ok program, safety checks, ADU and JADU development to “over housed:
- Reduced Parking standards
- Stakeholder engagement and strategic planning efforts
- Grants and funding for senior affordable housing
- Rehabilitation programs
- ADA compliance updates
- Lower minimum unit sizes
- Preservation of existing affordable housing to prevent displacement (e.g. Anderson)
- Emergency Fund for low income senior residents

	Easier & Faster	More Places	Higher Density	Lower Incomes
ADU Law & SB 9 (Duplex, lot split)	X	X	X	
Affirmatively Furthering Fair Housing		X		X
By-Right Navigation Centers	X	X		X
By-Right Supportive Housing	X	X		X
Commercial Corridors (AB 2011 & SB 6)	X	X	X	X
Density Bonus Law	X		X	X
Five Hearings Rule	X			
Housing Accountability Act	X			X
Housing Crisis Act		X	X	X
Housing Element Law	X	X	X	X
Land Use Discrimination		X		X
Parking Minimums (AB 2097)	X			
Permit Streamlining Act	X			X
Preservation Notice Law				X
Starter Homes (SB 684)	X	X	X	
Streamlined Ministerial Approval (SB 35)	X			X
Surplus Land Act		X		X

Upstream solutions

- **Housing Accountability: Unlocked** more than 8,600 units, including more than 3,100 affordable units
- **Housing Elements:** Ensuring local jurisdictions plan for, and create and implement programs that facilitate a variety of housing types housing at all income levels. Preparing for the 7th cycle.
- **Guidance documents** on Affordable Housing Preservation Law, Surplus Land Act, SB 35, ADU Handbook



Upstream solutions (cont.)

- Local public land:
 - **Unlocked** more than 33,700 units, including more than 21,800 affordable units.
 - **Moreno Valley and Roseville:** Settlement agreements regarding compliance with the Surplus Land Act, ensuring development on public land includes affordable homes.
- Affordable housing preservation:
 - More than **170 letters** to owners of affordable housing developments set to expire.
- Coordinated Efforts:
 - HCD and BCSH coordinate with the California Department of Aging in the Master Plan for Aging. The number 1 goal: Housing for all ages and stages.
 - HCD and BCSH coordinate with HHS, DHCS and other departments to connect housing and health.



30 Minute
Lunch Break



PANEL 3

What's Holding Us Back? The Financial and Regulatory Barriers Blocking Supportive Housing





FINANCIAL VIABILITY OF OLDER ADULT SUPPORTIVE HOUSING

Challenges in Capital, Funding, and Workforce

Harrison Linder | Assistant Director of Housing Policy | LeadingAge California

California Commission on Aging | 2026

The Landscape: Why This Matters

- California's 65+ population is projected to reach 8.6 million by 2030 — nearly double the 2010 count ¹
- 1 in 5 older Californians lives at or below the Federal Poverty Level ²
- Seniors are the fastest-growing segment of California's unhoused population ³
- Assisted living and PSH are the critical safety net — yet both face existential financial pressure

SCALE OF NEED

3.2M

CA seniors cost-burdened by housing ⁴

47%

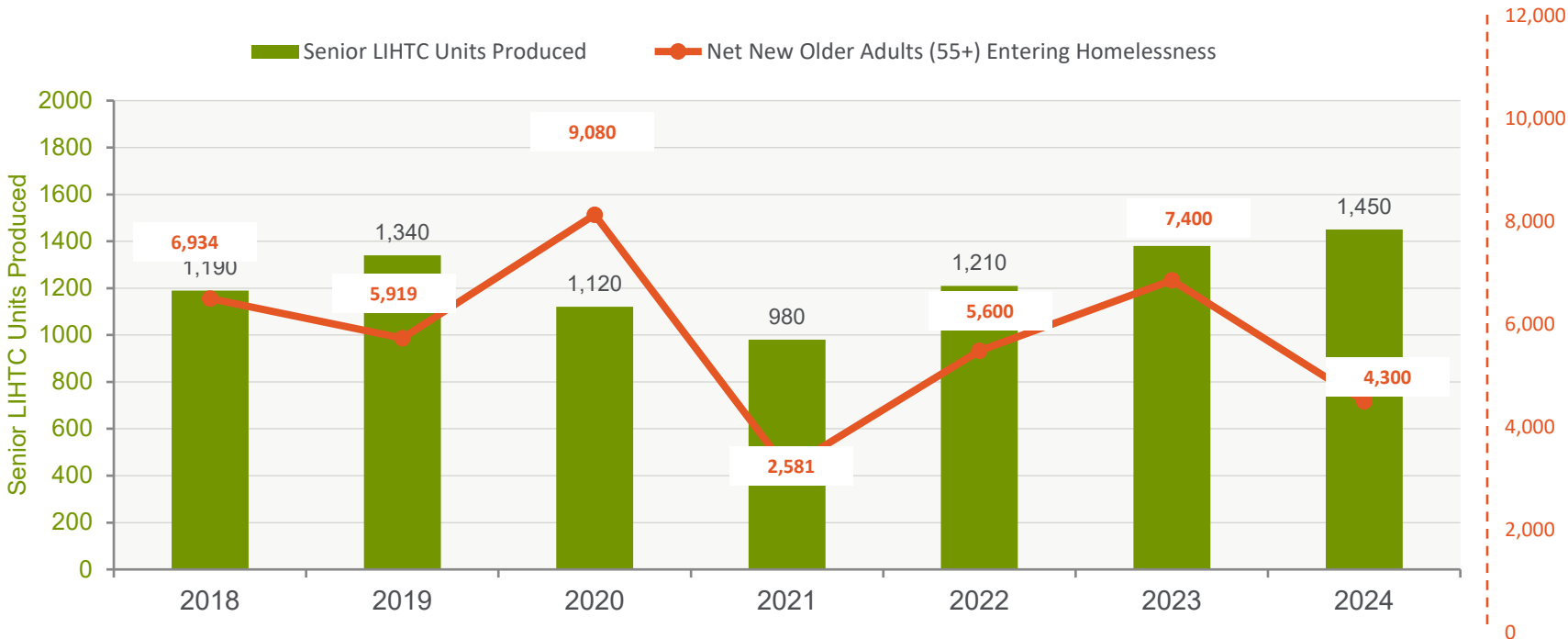
of homeless adults in CA are age 50+ ⁵

41%

of older homeless adults first homeless after 50 ⁶

Housing Supply vs. Growing Need

Senior LIHTC units produced (bars, left axis) vs. net new older adults (55+) entering homelessness per year (line, right axis) — CA Statewide, 2018–2024



Gap: In every year, net new older adults entering homelessness outnumbered new senior LIHTC units by 3x–8x. In 2020, ~9,080 new older adults became homeless

Sources: Homelessness data — CA Interagency Council on Homelessness, Open Data Portal (2017–2024) | LIHTC production — HUD LIHTC Database & CA TCAC (est. ~15% senior housing share of annual CA LIHTC production)

Funding Sources & Braided Fund Challenges

Multiple funding streams = more resources, more complexity

KEY FUNDING SOURCES

- Low Income Housing Tax Credits (LIHTC / 4% & 9%)
- HUD Section 202 (Supportive Housing for the Elderly)
- HOME Investment Partnerships Program
- CA Multifamily Housing Program (MHP)
- No Place Like Home (NPLH)
- CA Community Development Block Grants (CDBG)
- Local Affordable Housing Trust Funds
- Medi-Cal HCBS & Assisted Living Waiver (ALW)

BRAIDING BARRIERS

Incompatible Compliance Timelines

Each funder has unique reporting, auditing, and expenditure deadlines that rarely align.⁸

Conflicting Affordability Covenants

LIHTC, HOME, and local funds may each impose different income targeting restrictions.

Layering Restrictions

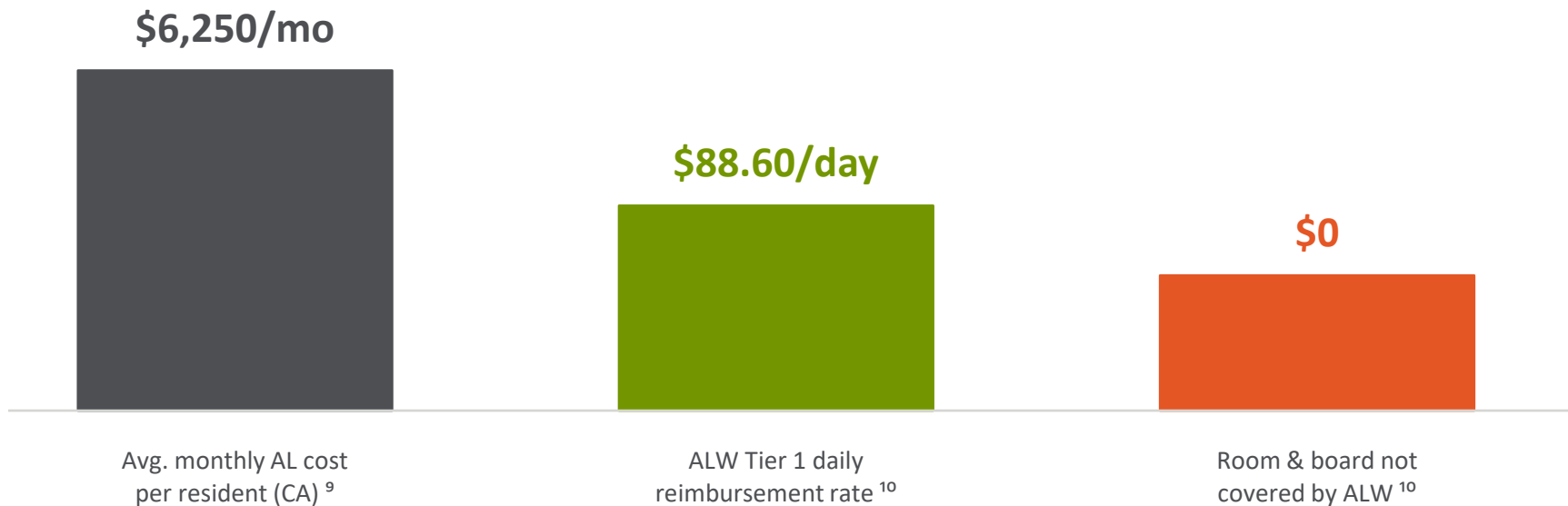
Some federal programs prohibit or limit stacking with state/local funds — reducing flexibility.

Administrative Burden

Small nonprofits lack capacity to manage 5–7 simultaneous funding relationships.⁸

Keeping Supportive Housing & Assisted Living Financially Viable

Structural mismatches between costs and reimbursement rates



- Medi-Cal RCFE/ALW rates have not kept pace with inflation — many facilities operate at a loss on Medi-Cal residents
- The ALW covers services only — room & board must be funded separately through SSI/SSP, leaving a significant gap¹⁰
- Nonprofit providers often cross-subsidize low-income units with market-rate revenue — a model under strain

Workforce Shortages & Financial Viability

The workforce crisis is a housing crisis

600K–3.2M

Direct care workers
needed in CA by 2030 ¹¹

31%

Projected growth in AL
jobs by 2030 ¹²

43%

Avg. annual turnover rate
for direct care workers ¹³

Wage Competition

Supportive Housing and AL providers cannot compete with hospital and retail wages — minimum wage increases hit nonprofit budgets hardest.

Staffing Ratios & Compliance

Failing to meet state staffing minimums risks license sanctions, census reductions, and lost revenue — a compounding spiral.

Agency & Overtime Costs

Reliance on agency staff can cost 2–3× regular wages, erasing thin operating margins.

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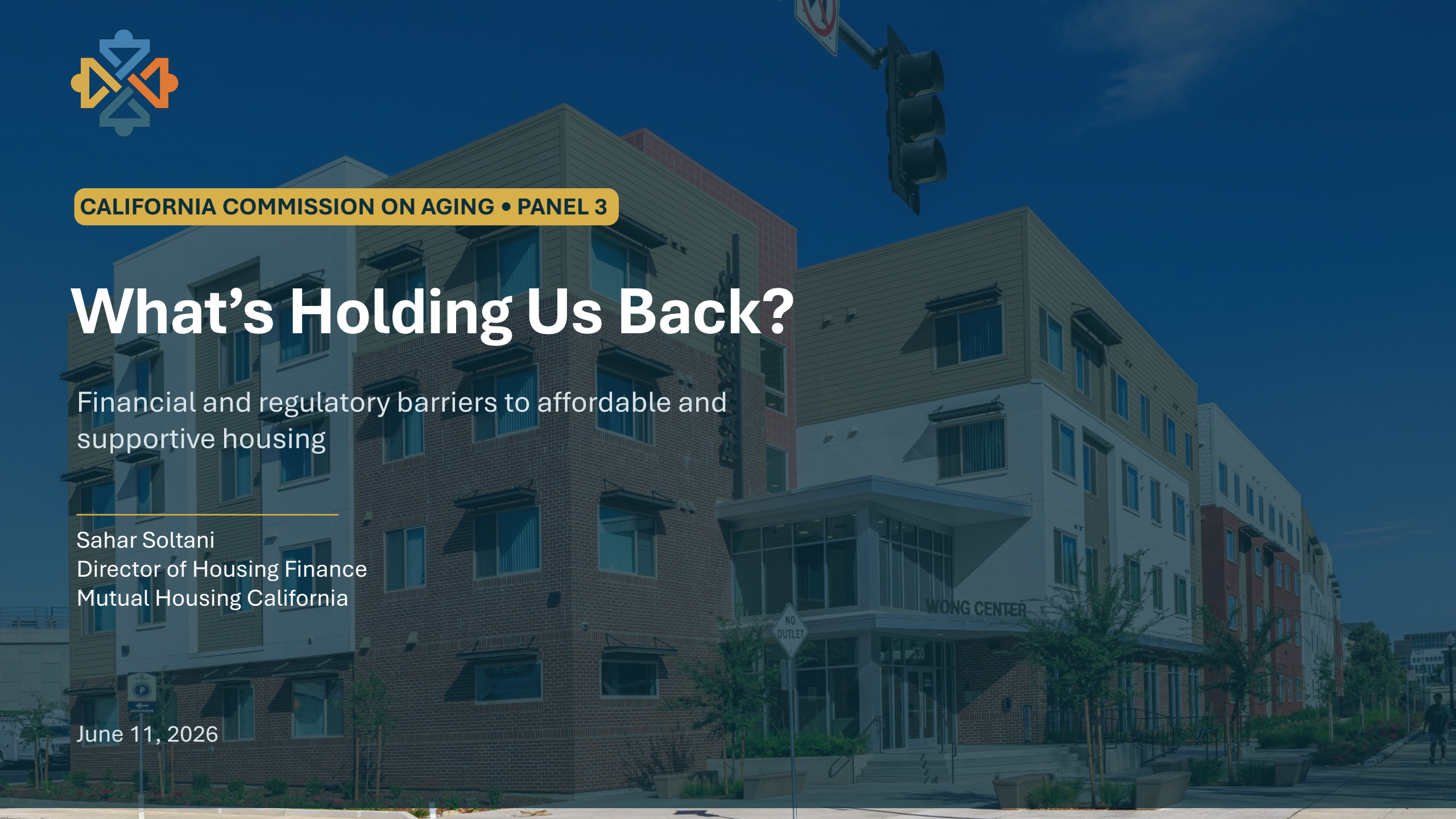
CALIFORNIA COMMISSION ON AGING • PANEL 3

What's Holding Us Back?

Financial and regulatory barriers to affordable and supportive housing

Sahar Soltani
Director of Housing Finance
Mutual Housing California

June 11, 2026



Who is Mutual Housing California?



The mission of Mutual Housing California is to develop, manage, and support sustainable affordable housing where residents are partners in advancing equitable communities.

DEVELOP

Affordable homes that move from concept through design, financing, construction, and delivery.

MANAGE

Long-term stewardship through property operations and asset management.

EMPOWER

Resident services, community development, and resident leadership.

Developer perspective: what it actually takes to finance, build, lease, and operate affordable and supportive senior housing.



What differentiates Supportive Housing?

MARKET-RATE HOUSING

Rents driven by market demand. No income limits. No long-term affordability restrictions.

RENT + INCOME RESTRICTED (Affordable)

Affordable rents tied to income limits, regulatory agreements, compliance, and public accountability.

SUBSIDIZED / SUPPORTIVE (PSH)

Affordable housing plus rental assistance, services, operations, and long-term operational subsidy commitments.

Each layer adds complexity and cost

Supportive housing is not simply subsidized housing. It requires financing, staffing, service partnerships, and operating subsidies that last.



The need is growing...

48%

of single homeless adults in
CA were age 50+

41%

became homeless for the first
time after age 50

25 mo.

median current homelessness
episode for older adults

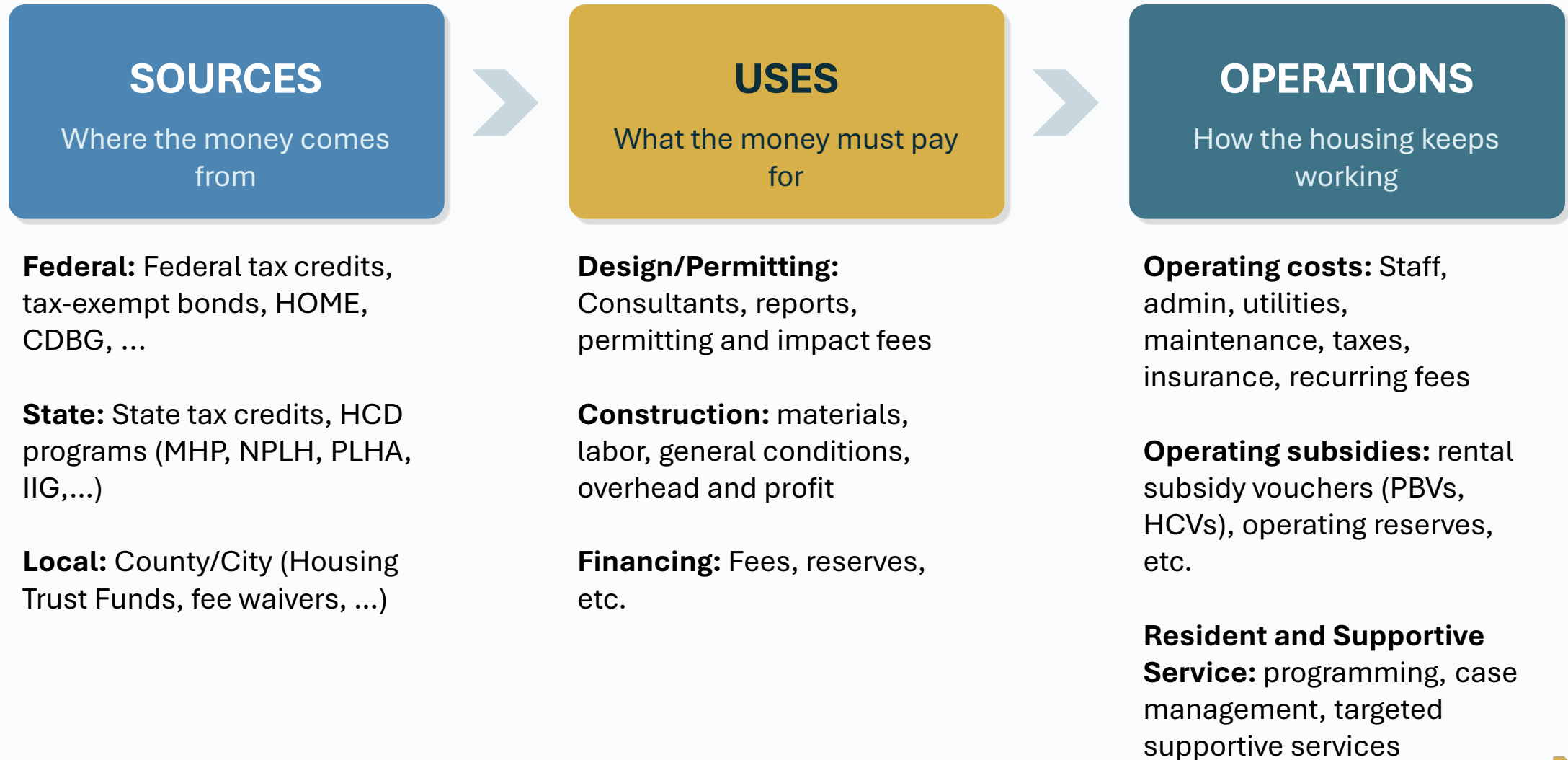
DOCUMENTARY CLIP

Blueprint for Belonging: Wong Center

<https://www.youtube.com/watch?v=dMzSyOJcPAc>



The financing challenge in one framework



Sources are heavily oversubscribed

141

competitive 9% applications received

39

projects recommended for awards

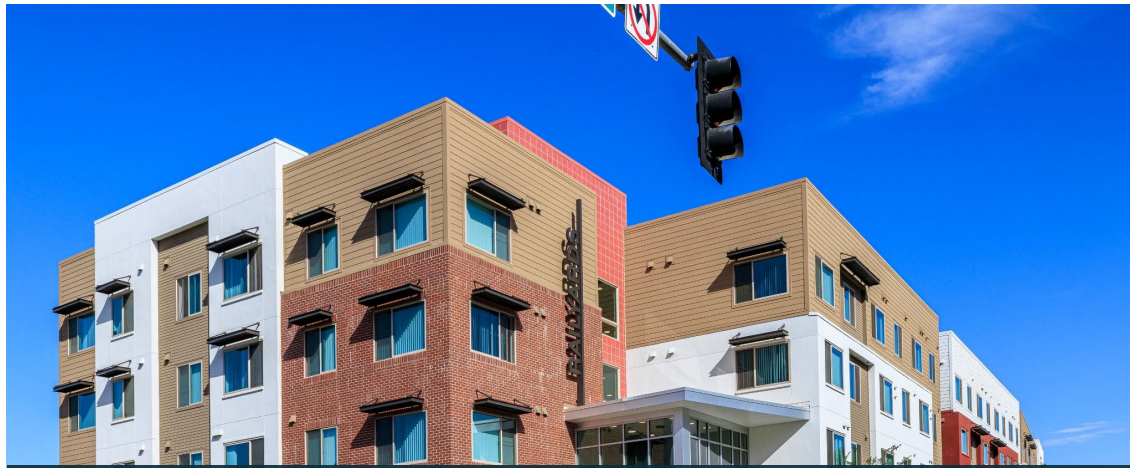
~28% funded

Shovel-Ready Projects are stalled for years.

Projects can be ready, compliant, and needed — and still not receive the capital required to move forward.



When traditional sources are not enough



WONG CENTER – 150 Senior Units

\$12.8M philanthropic contribution helped close the financing gap



LAVENDER COURTYARD – 53 Senior Units

\$2.5M foundation capital supported LGBTQ+ affirming senior housing

200+ senior units completed since 2020. What works?

- Public-Private Partnerships
- New private partnerships
- Unconventional, philanthropic sources
- State and local support
- Experienced, community-rooted developers

Wong Center: the demand is immediate



150

55+ affordable
senior homes

3 mo.

to fully lease

\$12.8M

23% gap-closing
philanthropy

The issue is not whether older adults need housing. The issue is how quickly project can close on financing and move to construction.

Wong Center leased quickly because the demand was already there. The extraordinary contribution from the Wong family helped make the project feasible where traditional sources alone would not have been enough.

Lavender Courtyard: deeper affordability takes more than construction financing



55+ LGBTQ+ AFFIRMING SENIOR SUPPORTIVE HOUSING

\$27.4M total



MHP loan • 41%

LIHTC equity • 38%

Weinberg Foundation • 9%

Other sources • 12%

53
Units

24
Project-Based
Vouchers

\$2.5M
Weinberg Foundation
Capital



San Juan II: 55+ Senior Supportive Housing Community



\$38.0M total

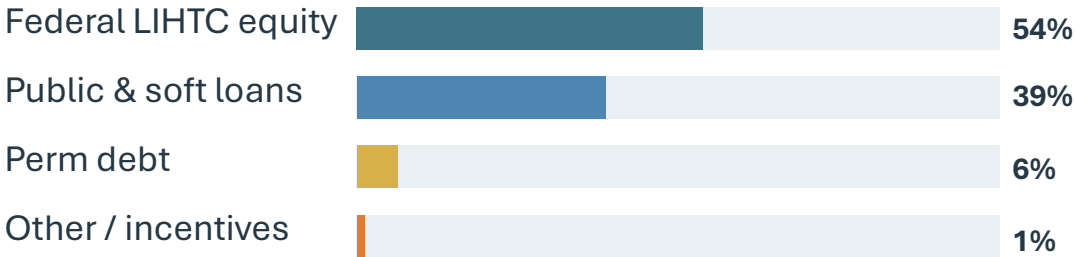
69
55+ affordable
senior homes

Shovel-Ready

39
Permanent
Supportive Housing
Units

**Factory-Built
(Modular)
Construction**

**Lowering the federal credit ask can
make a project more competitive —
but less financeable.**



What's special about senior supportive housing?

Amenities

Elevators, roll-in showers

Supportive Services

Critical for resident & operational success

Wider circulation

mobility devices + safety

Community space

programming + social connection

Life-safety systems

emergency planning, adaptable units

Durable finishes

turnover + long-term operations

THESE ARE INVESTMENTS THAT ALLOW OLDER ADULTS TO AGE IN PLACE

Higher construction costs



Sustainable and stable operations

The right building design and supportive services can reduce isolation, premature institutionalization, and turnover pressure and leads to upward mobility.

How do operational subsidies help build communities?

Project-Based Vouchers (PBVs)



Federal uncertainty around rental assistance creates uncertainty in the entire capital stack.

Capitalized Operating Subsidy Reserve (COSR)

Operating Reserves and Operating Deficit Guarantees



Who helps operate these communities?

 **Property
Manager**

 **Maintenance
Technician**

 **Resident Services
Coordinator**

 **Case
Manager**

 **Healthcare
Partner**

 **Desk / Security
Staff**

The resident population may have more acute needs, but the issue is infrastructure: stable staffing, service partnerships, and operating dollars.

What are we actually funding?

We are not just financing buildings. We are financing the conditions that let older adults age with dignity.



HOUSING

safe, affordable homes



CRITICAL SERVICES

Support stability, promote upward mobility



COMMUNITY

belonging + resident leadership

How can California scale what works?

Establish permanent funding source (statewide and local bond measures, State tax credits, etc.)

Advocate for PBVs at Federal level

Establish long-term (15-20 years) operating subsidies

Support workforce development for critical roles needed to operate supportive housing

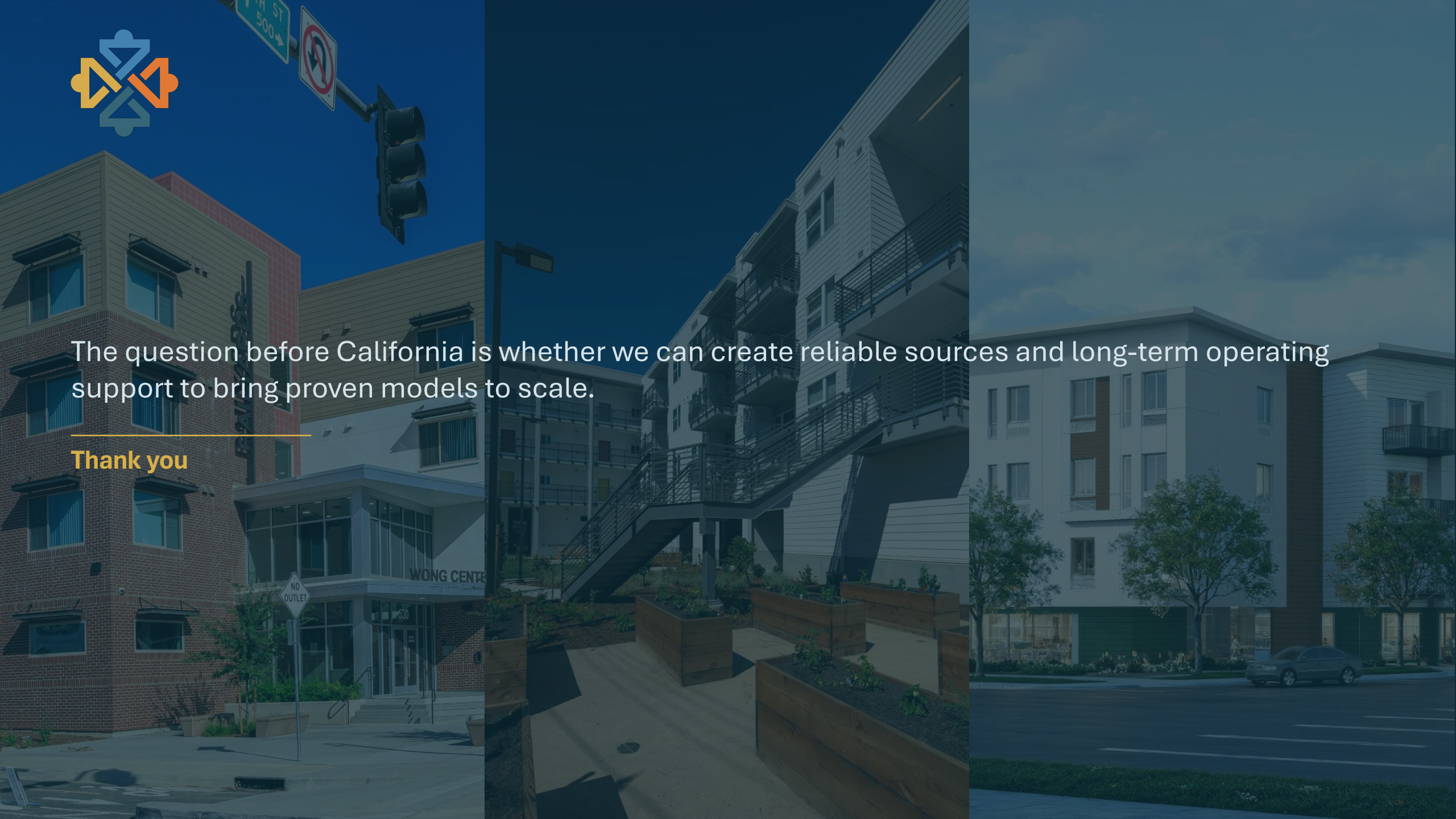
Support innovative construction methods that decrease time and cost of production (Factory-Built Housing)

The challenge is not identifying the problem. The challenge is aligning and replicating what works at scale.



The question before California is whether we can create reliable sources and long-term operating support to bring proven models to scale.

Thank you



PANEL 4

Opening Doors — How Emerging Programs Are Growing Housing Options for Older Adults



Brenda Grealish

Executive Director
Commission for Behavioral Health



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES



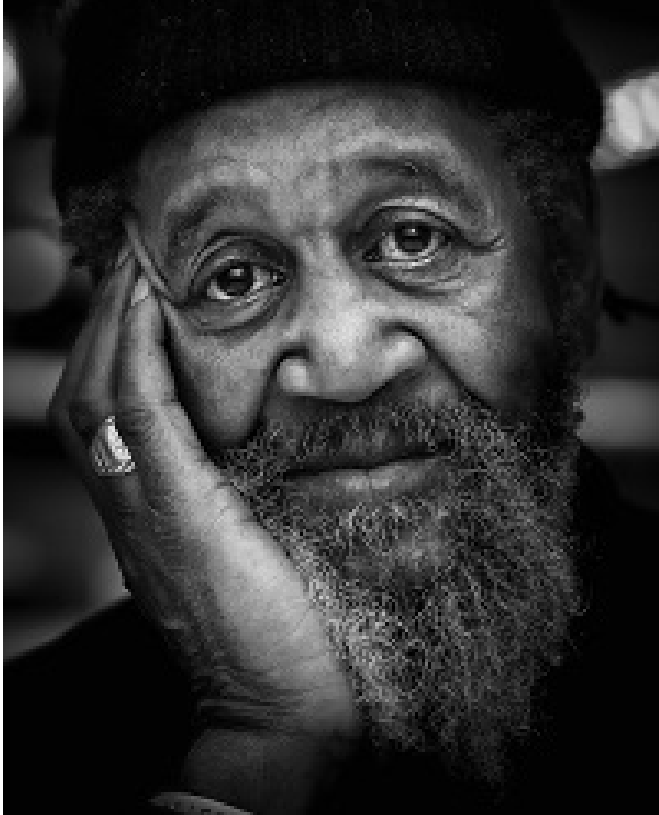
HOUSING &
HOMELESSNESS
DIVISION

Community Care Expansion (CCE)

June 11, 2026

Presented by Casey Mills

CDSS Housing and Homelessness Division



- HHD designs, oversees, and delivers technical assistance to support grantees – including counties and tribes – for six high impact housing and homelessness programs
- Programs are each tailored to the unique needs of families, older adults, and people with disabilities who are at risk of or experiencing homelessness
- Programs are integrated with social services to reach populations who are already served by or could benefit from being served by the social safety net in a fast, targeted, and streamlined way.

Unique Challenges for Unhoused Older Adults and People with Disabilities

51% of People Receiving Services from CA Homelessness Response System Have a Disabling Condition

20% of People Receiving Services from CA Homelessness Response System are 55+

- Lack of affordable housing with care and supportive services
 - In 2025, average Fair Market Rent (FMR) for a 1-bedroom apartment in CA is \$1,581
- Reliance on fixed incomes, which can be insufficient for covering the cost of housing and basic needs
 - In 2025, SSI/SSP amounts are \$1,206.94/individual (\$967 SSI/\$239.94 SSP) and \$2,057.83/couple (\$1,450 SSI/\$607.83 SSP).
- Difficulty navigating bureaucratic systems to attain appropriate housing and supports

Data Sources: CY 2025 [HDIS data](#), CY 2025 [HUD Data](#), CY 2025 [LAO SSA Data](#)

Community Care Expansion (CCE)

- The [Community Care Expansion \(CCE\)](#) program funds the preservation, acquisition, construction, and rehabilitation of housing with care and supportive services that serve applicants and recipients of Social Security Income (SSI), State Supplementary Payments (SSP), or Cash Assistance Program for Immigrants (CAPI) who are at risk of or experiencing homelessness.
- Established in 2021 by [AB 172](#) (Committee on Budget, Chapter 669, Statutes of 2021), CCE is a part of California's interagency approach to strengthening the State's long-term care and housing continuum.

Goal of
7,000+
Statewide Beds/Units
Preserved and Created
**Achieved & On Track to
be Exceeded**

CCE Overview

The CCE program includes **two distinct programs**:

- **CCE Capital Expansion** - \$570 million awarded in infrastructure grants for capital expansion projects including licensed adult and senior care facilities, Permanent Supportive Housing, and recuperative care.
- **CCE Preservation** - \$247 million awarded in non-competitive grants available to counties to preserve licensed adult and senior care facilities.

Our Goal: Deliver housing with care within communities by providing funding and the technical assistance needed for projects and facilities to succeed.

CCE grant funding is comprised of one-time funding appropriations with different expenditure periods. Funding sources include State General Funds appropriated through the, Budget Act of 2022 (SB 152), Budget Act of 2021 (SB 170) and California's Home and Community Based Services (HCBS) Spending Plan.

Flexibility & Agility: Technical Assistance



**Application
&
Compliance**



**Title
&
Closing**

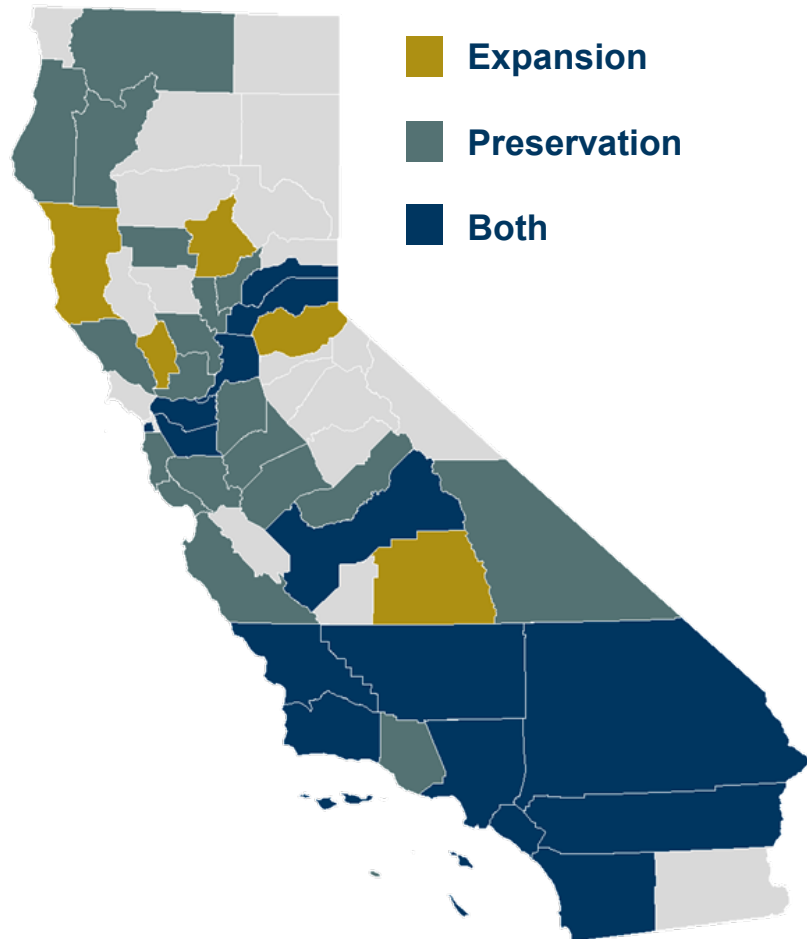


**Budget
&
Payments**



**Operations
&
Legal Counsel**

CCE Program Status



39

Total Counties
With Expansion Projects and
Preservation Programs



8,385

Total Statewide
Beds/Units Created or
Committed to be Preserved

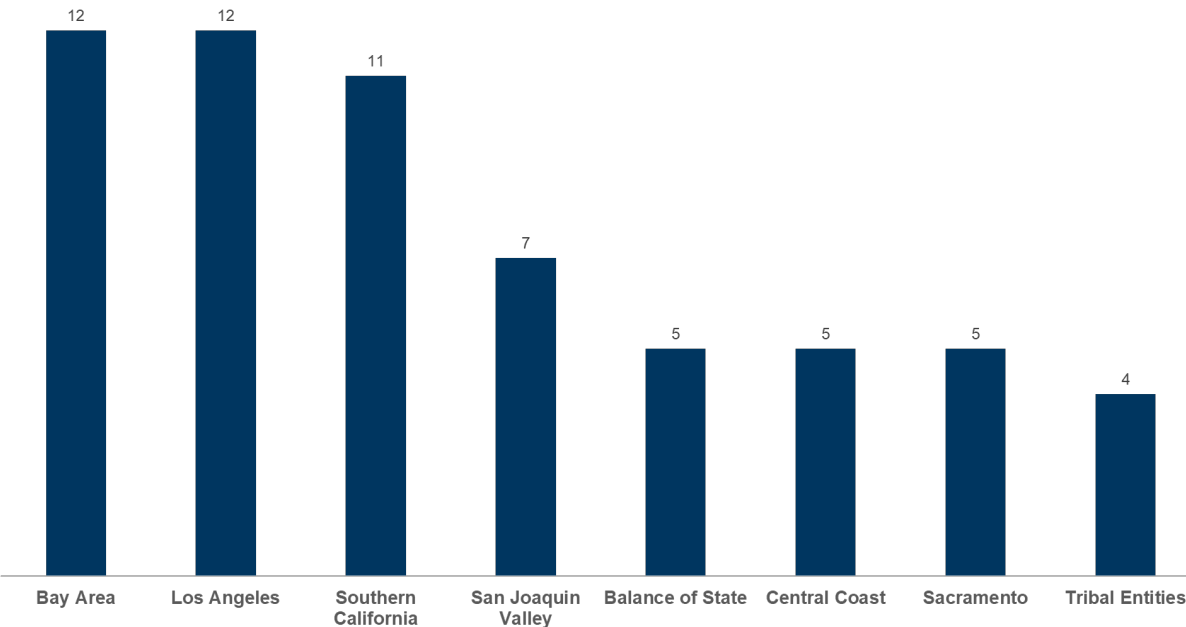


CCE Capital Expansion



CCE Capital Expansion General Overview

Funding Requested	Applications	Awards*	Funding Awarded	Proposed Beds/Units
\$3.9 B	374	61	\$569.7 M	3,170



Project Types:

- Residential Care Facility for the Elderly (RCFE)
- Adult Residential Care Facility (ARF)
- Permanent Supportive Housing
- Medical Respite/ Recuperative Care
- Recovery / Sober homes

*Includes 4 tribal projects

CCE Capital Expansion

Midpoint Report Highlights

Projects Awarded by Region

Housing Type	Number of Awards	Total Funding Awarded	Total Beds/Units
Bay Area	12	\$141,956,356	740
Los Angeles	12	\$142,508,287	787
Southern California	11	\$106,766,655	474
San Joaquin Valley	7	\$46,634,039	532
Balance of State	5	\$27,093,012	92
Central Coast	5	\$15,688,605	81
Sacramento	5	\$60,526,232	357
Tribal Entities	4	\$28,500,000	107
Total	61	\$569,673,186	3,170

Projects Awarded by Housing Type

Housing Type	Number of Awards	Total Funding Awarded	Total Beds/Units
Adult Residential Facility (ARF)	12	\$124,331,986	711
ARF / Permanent Supportive Housing (PSH)	1	\$7,352,010	24
Medical Respite	1	\$6,440,670	105
PSH	22	\$201,727,525	857
PSH/Medical Respite/Recuperative Care	3	\$67,859,149	342
Residential Care for the Elderly (RCFE)	16	\$120,272,689	893
Recuperative Care	1	\$16,197,745	85
Recovery/Sober	3	\$25,161,687	153
Pre-Development	2	\$329,725	N/A
Total	61	\$569,673,186	3,170

CCE Capital Expansion Project Milestones

Under Construction

15 Projects

1,044 Beds/Units

Completed

5 Projects

227 Beds/Units

Occupancy Initiated

11 Projects

735 Beds/Units

CCE

Preservation

CCE Preservation

General Overview

CCE Preservation Funds are allocated to county governments through a non-competitive award process. Counties design and implement the programs locally and are responsible for disbursing funds to local licensed adult and senior care facilities that are at risk of closure and serving the CCE focus population.

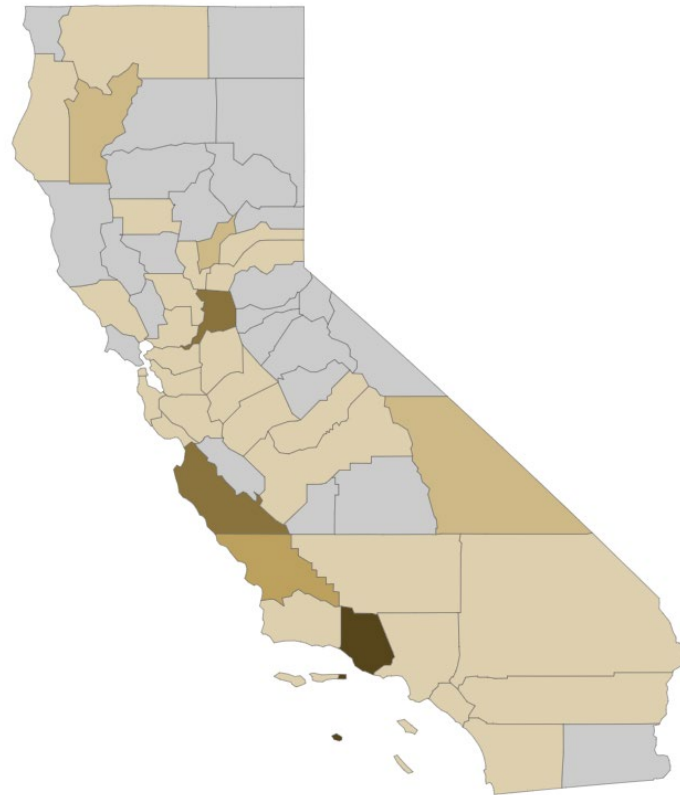
Two types of funding are available:

- **Operating Subsidy Payments (OSP):** \$107 million to cover potential or projected operating deficits facing facilities so they can avoid closure.
- **Capital Project (CP):** \$142.5 million to allow facilities to make essential physical repairs or necessary upgrades to avoid closure or make the facility compliant with licensing standards.

CCE Preservation General Overview

Participating Counties
34
Contracted Facilities to Date
250
Beds Committed to be Preserved
7,423

Contracted Facilities by County



\$107M
Total Funds Available for Operating Subsidy

\$142M
Total Funds Available for Capital Projects

Note: Data is point in time and expected to grow.



Project Highlights



CCE Highlight

Siskiyou County

Preservation



\$ 254,749

Operating Subsidy
Payment Funds Awarded



\$ 205,059

Capital Project Funds
Awarded



1

Contracted
Facility



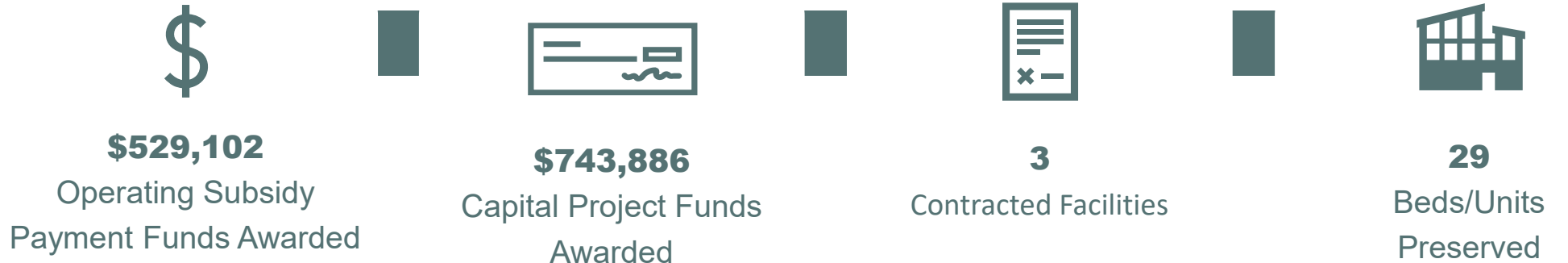
12

Beds/Units
Preserved

CCE Highlight

Santa Barbara County

Preservation



Expansion



CCE Highlight

San Bernardino County

Preservation



\$5.9 Million

Operating Subsidy
Payment Funds Awarded



\$7.9 Million

Capital Project Funds
Awarded



11

Contracted Facilities



169

Beds/Units
Preserved

Expansion



5

Projects Awarded



\$48.8 Million

Expansion Funds
Awarded



208

Beds/Units
Provided

Expansion Project Highlight

Alameda Point Collaborative's **Alameda Wellness Campus: Medical Respite Center and Permanent Supportive Housing**

- ❖ Alameda County
- ❖ 140 Beds and Units



Expansion Project Highlight

Generations Healthcare's **Siena Terraces**

- ❖ Placer County
- ❖ 78 Beds
- ❖ Behavioral Health focus



CCE Outcomes To Date

CCE Expansion

- 16 housing projects providing 962 beds/units have completed construction and are in the process of initiating move-in.
- 15 housing projects providing 1,044 beds/units have broken ground.

CCE Preservation

- 250 facilities at risk of closure have contracted with 30 counties to preserve 7,423 beds and continue serving their communities.

CCE is currently expected to create and preserve 8,385 beds/units for SSI/SSP and CAPI applicants and recipients.

Questions and Answers (Q&A)

Contact Us

housing@dss.ca.gov

[CDSS Housing Programs Website](#)

[CCE Website](#)

[CCE Midpoint Report](#)

[CCE Data Dashboard](#)



Thank you!

Please submit any additional comments to ccoa@ccoa.ca.gov

A recording of this hearing will be available at www.ccoa.ca.gov



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