



KINGS COUNTY BEHAVIORAL HEALTH

Lisa D. Lewis, PhD
Behavioral Health Director

KINGS COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
Codi Pennington, Chair
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participate in this meeting, including the availability of assistive listening devices or agendas in alternative formats, please contact the Kings County Behavioral Health Office at (559) 852-2444 at least 48 hours prior to the start of this meeting.

Regular Meeting Minutes

December 1, 2025 @ 12:00 p.m.

Kings County Behavioral Health

Meeting via Microsoft Teams (invite below) and in person

1222 W. Lacey Blvd, Hope Conference Room
Hanford, CA 93230

Call to Order & Welcome

Chairperson Codi Pennington called the Special Meeting of the Behavioral Health Advisory Board (BHAB) to order, and Mary Jewell BHAB Secretary with Kings County Behavioral Health (KCBH), completed roll call of members.

Board Members Present

Codi Pennington, Ken Baird, Joe Neves, Monica Conner in for Wendy Osikafo, Debra Allen, Michelle Allen, Lt. Chad Allen in for Stephanie Huddleston, Michael Dey and Leana Cantrell (online)

Members Absent

Others Present

Kathlene Barragan, Brett Woolman, Alex C. Walker, Desarine Lowe, Chad Allen, Polo Ortiz and Mary Jewell.

Review & Modification to Agenda

N/A

Opportunity for Public Comment

Chairperson Codi Pennington read the public comment instructions and opened the floor for any public comments.

Frank Ruiz, Executive Director of Champions, presented on the organization and its upcoming project. Champions is a nonprofit organization established in Kings County in 2000 and has been serving the community for over 25 years. One of its primary services is providing substance use disorder (SUD) treatment. Champions offers residential, outpatient, and custody-based SUD treatment services.

The organization operates two residential facilities: Samuel's House, a 20-bed residential facility, and Hannah's House, which provides 15 beds for women. Champions' outpatient facility is currently located downtown.



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Champions recently purchased nine acres of land next to KC Bowl on Lacey Boulevard. When the Behavioral Health Continuum Infrastructure Program (BHCIP) grant was released, Champions submitted an application to develop a new campus on this site. The proposed project would consolidate three facilities onto one campus: the outpatient program, Samuel's House, and Hannah's House. The estimated cost of the project is approximately \$18–19 million, with Champions responsible for funding 10% of the total cost.

The goal of the project is to centralize services in one location to improve the quality and continuity of care for clients. In the future, Champions also hopes to expand the campus to include additional services such as a community center or housing or a FHQ. (HANDOUT PROVIDED)

Consent Calendar

Approval of Minutes: October 27, 2025, Behavioral Health Advisory Board Regular meeting. Motion given first by Debra Allen and seconded by Ken Baird.

Action Items

None

Informational Agenda Items

BHSA Housing Intervention and Transitional Rent

Brenda Tamayo-Pagan

Once again, we will review Proposition 1, which reforms the Mental Health Services Act (MHSA) and goes into effect on July 1, 2026. Today's focus is on BHSA housing interventions, specifically transitional housing interventions and transitional rent, as outlined in the BHSA Policy Manual.

Proposition 1 has two main components:

1. Behavioral Health Infrastructure Bond Act

This component provides funding for:

- Behavioral health treatment facilities and beds
- Supportive housing and community-based sites
- Housing specifically directed to veterans with behavioral health needs

2. Behavioral Health Services Act (BHSA)

This portion reforms the MHSA and:

- Creates funding opportunities for behavioral health services
- Expands the behavioral health workforce to better serve California's diverse population
- Emphasizes accountability, equity, and outcomes

Under the BHSA Housing Funding Allocation:



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- 30% of funding must be allocated to housing interventions for individuals with serious behavioral health needs who are experiencing or at risk of homelessness
- 50% of that housing funding must support individuals who are chronically homeless, with a particular focus on those living in encampments

It's important to note that this is not new money. These funds come from existing MHSA and supportive housing allocations, but BHSAs now requires:

- Separate tracking
- Clear reporting
- Accountability to ensure required percentages are met

This is the key difference between how MHSA and BHSAs funds are structured and monitored.

Eligible populations include:

- Children and youth up to age 25
- Adults and older adults who are experiencing or at risk of homelessness
- Individuals living with serious mental illness (SMI)
- Individuals with moderate to severe substance use disorders

Definition of Homelessness and Risk (per BHSAs Policy Manual)

- Individuals without housing or those who will lose housing within **30 days**
- Individuals exiting institutional settings who were homeless prior to entry or became homeless upon exit
- Chronically homeless individuals, defined as those homeless for 12 months or longer
- Children and youth:
 - Involved with or at risk of justice system involvement
 - Reentering the community from institutional care
 - Involved in the child welfare system
 - At risk of institutionalization
- Adults and older adults:
 - At risk of justice system involvement
 - Reentering from jail or prison
 - At risk of conservatorship or institutionalization



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BHSA allows two main housing categories:

Permanent Settings, including:

- Supportive housing
- Apartments
- Single- and multi-family homes
- Mobile homes
- Single-room occupancy (SRO)
- Tiny homes
- Shared housing
- Recovery or sober living homes
- Assisted living

Interim Settings (limited to 6–12 months), including:

- Hotels and motels
- Non-congregate interim housing
- Recuperative care
- Short-term hospitalization
- Emergency shelters or emergency tiny homes
- Emergency stabilization settings

Collaboration Across Programs

This work will require close collaboration across **housing and homelessness programs** to:

- Identify available resources
- Understand system intersections
- Address barriers
- Coordinate services that best support each individual's needs

Transitional Rent Benefit

Transitional Rent is a new, short-term Medi-Cal benefit in California designed to support individuals who are homeless or at risk of homelessness. This benefit begins January 1, 2026.



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Key points:

- Transitional rent may be used for up to six months
- It must be utilized before a client can access ongoing rental assistance under BHSA housing interventions, if eligible
- Individuals must meet BHSA risk factors, such as:
 - Serious mental illness
 - Substance use disorder
- Individuals enrolled in Full Service Partnerships (FSP) are also eligible

Work Flow Coordination

Managed Care Plans (MCPs) have contracted with **Champions** to manage the transitional rent benefit. While the workflow is still being finalized, the proposed process includes:

1. Behavioral Health identifies individuals and verifies eligibility
2. Referrals are submitted to Champions
3. Champions seeks authorization from the MCPs
4. Champions manages rental payments directly with landlords
5. A housing support plan is developed in coordination with the contracted provider

The goal is to transition individuals into permanent housing within six months. However, we recognize that income requirements and housing availability may create challenges within that timeframe. In those situations, BHSA housing interventions provide an option to support continued housing stability.

SB 43 Overview

Brett Woolman/Polo Ortiz

On October 10, 2023, SB 43 was signed into law, updating the definition of “*Grave Disability*” within California’s Lanterman-Petris-Short (LPS) Act. The state allowed county behavioral health departments to delay implementation of SB 43—with approval from their Board of Supervisors—until January 1, 2026. Kings County Behavioral Health brought a resolution to the Board on December 19, 2023, allowing the county additional time to prepare processes, workforce capacity, and resource coordination.

The expansion under SB 43 includes individuals with substance use disorders, significantly broadening eligibility criteria. It also enhances how holds can be written for individuals

experiencing grave disability related to personal safety concerns and untreated medical conditions. This includes individuals who are unable to provide for their own personal safety or protect themselves from situations that may pose a danger to themselves or others.



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Historically, inpatient mental health services primarily focused on serious mental health conditions such as schizophrenia. Under SB 43, facilities will now also serve individuals with standalone substance use disorders, including highly addictive substances such as methamphetamine. This shift requires providers to adjust treatment approaches and care coordination models. As a county, we have been working proactively with our provider network to prepare for these changes.

Previously, the term “*personal safety*” could not be used when writing holds. Under the expanded criteria, evaluations now focus on a person’s capacity to care for themselves, meet basic needs, and maintain medical and personal safety, particularly when substance use disorders are present.

In Kings County, the only entities authorized to place a 5150 or 5585 hold are Kings View Crisis staff and law enforcement. When an individual is placed on a hold, they are transported to the emergency room for a 72-hour evaluation period. Kings View Crisis staff then conduct a re-evaluation at the hospital to determine whether the individual continues to meet criteria or can be safely released with a safety plan. In some cases, a higher level of care is required, and the individual may be placed on a 5250 hold for up to 14 days.

Initially, Kings County operated under a grant-funded Mobile Crisis Support Team (MCST) through Aspiranet in December 2023. Additionally, the Mobile Crisis Team through Kings View has been active for over a year. Dr. Lewis and Christi also established the Behavioral Health Crisis Collaborative, bringing together community partners including Adventist Health, law enforcement, mental health providers, substance use treatment providers, fire and ambulance services, and the Public Guardian. This group began meeting collectively to improve crisis response coordination.

Subsequently, the state introduced SB 1238, which requires DHCS-approved facilities to accept individuals experiencing an acute behavioral health crisis—whether related to mental health or substance use disorders—if they are already receiving services at that facility.

The State also has SB929 that the state use to track hospital beds for each county. And the county has to report back to the state on how they utilize the beds. If no report is received the county can be sanctioned by the State.

Continuum infrastructure Program Grant round two which is bringing Kings County Care Center. We are bringing a psychiatric health facility across the stabilization unit a crisis residential treatment facility in late 2026 or early 2027.

Staff Report

Lisa D. Lewis, Ph.D., KCBH

We will be going to the Behavioral Health Symposium in December. This symposium is put together through the California Hospital Association and we will be back before the end of the Behavioral Health Bridge Housing Program.

Advisory Board Member Comments



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Cody let the board know that Scott Howell will retire at the end of December and also Caorlyn McCann who has been with Public Guardian for 21 years will retire. Genveva Torres from Kings View is also retiring.

Ken stated that the Family Support Group continues to grow. They recently had a couple of new family member join in.

Oak Wellness Center Update

Oak Wellness had a feast in November of tamales, rice and beans. They had 56 participants show up for the event. On December 18th will be their holiday event and Santa (Joe) will be there for the consumers.

Future Agenda Items & Next Meeting

- Approval of Meeting Minutes from December 1, 2025 Behavioral Health Advisory Board Meeting
- Next Regular Meeting Date: January 26, 2026
 - CPP Results
- **Adjourned at 12:50 PM**