



Community Care Expansion Program Midpoint Implementation Report

Report to the Legislature

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Executive Summary

The Community Care Expansion (CCE) program was created by the Legislature through Assembly Bill 172 (Chapter 696, Statutes of 2021) to address California's urgent need for housing with care and supportive services for aging Californians.

Specifically, the CCE program serves individuals applying for or receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) who are experiencing or at risk of experiencing homelessness.

Through two key components—the Capital Expansion program and the Preservation program—CCE has made significant strides in expanding and preserving residential care settings. In 2024, the CCE Capital Expansion program completed the process of awarding \$570 million across 61 projects throughout California.

These projects will add a projected 3,170 beds or units across the state, including in permanent supportive housing (PSH), licensed residential adult and senior care facilities, and recuperative or medical respite care settings.¹ Meanwhile, the CCE Preservation program has made \$249.5 million in non-competitive allocations available, of which \$247 million was accepted by 34 participating California counties to preserve existing licensed residential adult and senior care facilities that are serving the CCE focus population and are at risk of closure.

The program's unique focus on equity and inclusivity, supported by comprehensive technical assistance, ensures that even small facility operators, rural communities, and underserved populations, including tribal entities, can access essential resources.

The CCE program has filled a critical gap in California's housing funding streams by specifically addressing the housing needs of individuals applying for or receiving SSI/SSP or CAPI. Many project sponsors reported that previous funding sources primarily support private pay demographics, leaving those with limited financial resources at risk of homelessness.

¹ Note that in describing the scale of housing with care and supportive services that is being created or preserved through CCE, this report will refer to “units” and “beds” of housing. Permanent Supportive Housing (PSH) options are described in units. Units can consist of either a one-bedroom or studio setting that houses a single individual or a multi-bedroom setting that houses multiple individuals. Residents of PSH units typically sign formal lease agreements. Housing with care and supportive services in settings other than PSH, such as in licensed residential facilities, are described in terms of “beds”. Beds in licensed residential facilities offer long-term housing opportunities that are typically available in shared spaces which may include private or shared bedrooms, bathrooms, and communal living paired with onsite assistance for activities of daily living.

The CCE program has bridged this gap by providing targeted funding that aims to expand and preserve 7,000 beds or units of housing with care and supportive services that can effectively serve low-income and vulnerable populations.

Over 100,521 individuals are estimated to be housed and served through beds and units funded through the CCE Capital Expansion program over the course of the 20-30-year use restrictions.

Despite the program's success, challenges such as rising costs and deferred maintenance persist. The CCE program continues to provide tailored technical assistance to counties and project sponsors to navigate these issues.

By addressing these challenges and building on its achievements, the CCE program serves as a vital tool for supporting California's most vulnerable populations and preventing homelessness through sustainable permanent housing solutions.

Introduction and Program Background

Introduction

The Community Care Expansion (CCE) program was created by the Governor and the Legislature through [Assembly Bill 172 \(Chapter 696, Statutes of 2021\)](#) to provide capital funds for the acquisition, construction, and/or rehabilitation of housing with care and supportive services that serve applicants and recipients of Supplemental Security Income/State Supplementary Payment (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI) who are experiencing or at risk of homelessness.

Funds are also available to preserve housing with care and supportive services for older adults and people with disabilities through operating subsidies for existing licensed residential adult and senior care facilities currently serving the CCE population. The program was created to achieve the following goals and priorities:

- Invest in housing with care and supportive services across California for individuals with disabilities and behavioral health needs while advancing racial equity.
- Address urgent gaps in the care continuum for older adults, people with disabilities, and people with behavioral health conditions.
- Increase options across the life span that serve as an alternative to hospitalization, homelessness, and institutionalization.
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement.
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy.
- Leverage county and Medi-Cal investments to support ongoing sustainability
- Leverage the historic state investments in housing and homelessness.

The CCE initiative consists of two programs that provide both capital project and operating subsidy funding: the CCE Capital Expansion program and the CCE Preservation program. The CCE Capital Expansion program provides capital project funds and capitalized operating subsidy reserve funds in support of the acquisition, construction, and rehabilitation of housing that includes care and supportive services.

The CCE Preservation program provides capital project and operating subsidy payment funding intended to immediately preserve and prevent the closure of existing licensed residential adult and senior care facilities that serve the CCE focus population, including Residential Care Facilities for the Elderly, Adult Residential Facilities, or Residential Facilities for the Chronically Ill, where older adults and people with disabilities live.

Current Need for CCE

Both programs aim to address the rising trend of older adult homelessness and disproportionate representation of people with disabilities amongst individuals experiencing homelessness, as well as the need for more housing options that provide supportive services.

According to the [UCSF California Statewide Study of People Experiencing Homelessness](#) report, among single adults experiencing homelessness, nearly half (48 percent) were 50 years and older. Among single adults 50 years and older, 41 percent became homeless for the first time at age 50 or older. In addition, according to [Homeless Data Integration System \(HDIS\) 2024](#), 49 percent of individuals accessing the homelessness response system in 2024 reported having a disabling condition(s).

By investing in CCE, the State is taking a targeted approach to meeting the housing and care needs of some of the most vulnerable older adults and adults with disabilities. A [study released in 2023 by The Future Organization, Brilliant Corners, and other research partners](#) highlights the complex needs of residents of Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs) in Los Angeles County, including through 625 in-person interviews with residents.

The study found that 48 percent of individuals had experienced homelessness at some point in their adult lives, 61 percent were living with a diagnosed mental illness, 52 percent were living with physical disability, 34 percent had experienced addiction, and 29 percent had experienced incarceration for a period of 30 or more days. The study also found that residents of ARFs and RCFEs have high levels of overall satisfaction, with the majority noting that their housing felt like a home or a community. This study indicates that many ARFs and RCFEs are successfully serving individuals who are experiencing homelessness and have specialized needs by providing housing with care and supportive services.

CCE Capital Expansion Overview

Through a [Request for Applications \(RFA\)](#) released in January 2021, the CCE Capital Expansion program made \$570 million available in infrastructure grants to be awarded to counties, cities, tribal entities, non-profit organizations, for-profit organizations, and other organizations through competitive grants for capital expansion projects, including acquisition, construction, and rehabilitation of residential care settings.

Eligible residential settings include permanent supportive housing, licensed residential adult and senior care facilities, and recuperative or medical respite care settings.

Awardees can use program fund awards to expand the capacity of residential adult and senior care settings by purchasing a building or land to expand services, constructing a new facility, or making other renovations or improvements to real property, infrastructure, or existing facilities.

Program applicants could also request that a portion of their funds be used for a Capitalized Operating Subsidy Reserve (COSR) for up to five years. A COSR can be an essential component of development projects serving households with very low incomes. The COSR helps to ensure continued operations and long-term sustainability of capital projects.

The CCE Capital Expansion program application process utilized a first-come, first-served approach for awarding the \$430 million Regional Set Aside across seven regions (see Appendix A: Complete List of Regions and Counties for details on which counties are included in each region) as well as for awarding the \$28.5 million Tribal Set Aside, accepting all eligible applicants based on the timing of when their application was completed.

Additionally, for the State Set-Aside allocation, [CDSS developed additional criteria](#) to identify the projects with the highest potential impact across the state and determined awards based on scoring of eligible applications against those criteria. As such, the CCE team worked with applicants, regardless of the size of their organization or administrative capacity, to award as many eligible applications as the program funding could support. This included offering tailored technical assistance and providing applicants with the opportunity to supplement their originally submitted application with further information and clarification that was needed to evaluate their project.

CCE Preservation Overview

The CCE Preservation program made \$249.5 million available for counties to preserve local licensed care settings that currently provide housing with care and supportive services for the CCE population. Specifically, \$107 million is dedicated to Operating Subsidy Payments (OSP) to cover potential or projected operating deficits in existing

licensed residential adult and senior care facilities so they can avoid closure. The remaining \$142.5 million is dedicated to Capital Projects (CP) to allow facilities to make essential physical repairs or necessary upgrades to make the facility compliant with licensing standards and avoid closure. Both these components help ensure the State retains housing for low-income Californians that also supports their care needs.

The CCE Preservation program funds were allocated to county governments through a non-competitive award process. Counties voluntarily opted in to receive funding. Counties were then able to design and implement the programs locally and are responsible for identifying and disbursing funds to eligible local licensed residential adult and senior care facilities serving the CCE population and providing support as well as oversight to those facilities. Eligible facilities for CCE Preservation program include ARFs, RCFEs, and Residential Care Facilities for the Chronically Ill (RCFCIs).

Technical Assistance Approach

Applicants for both programs received comprehensive technical assistance (TA) throughout the application, award, and implementation processes. Specifically, this includes TA related to:

- **Real Estate:** Assistance with land acquisition, local opposition, zoning, permitting, rehabilitation, allowable exemptions, new construction costs, relocation law, cost escalations, and real estate acquisition.
- **Licensure and Permitting:** Guidance on licensure and permitting processes to help facilities become operational or sustain operations efficiently.
- **Operational Subsidies:** Support for utilizing California Advancing and Innovating Medi-Cal (CalAIM) services, including community supports funded through Medicaid managed health care plans and other funding sources to ensure long-term sustainability.
- **Specialized Needs:** Comprehensive support for small and rural counties, behavioral health providers, and tribal entities with community engagement, developing referral pathways, creating robust program models, operational planning, addressing racial disparities, and more.

CCE Capital Expansion Program Updates

Award Updates

In September 2024, [CDSS completed the process of awarding all available CCE Capital Expansion program funding](#) to 61 projects throughout California. There was immense demand for the program – the CCE Capital Expansion program received 374 applications requesting over \$3.8 billion in funding. The CCE team used a rigorous, standardized process to review all applications on a rolling basis.

As applications were submitted, the CCE team worked closely with applicants of varying organizational sizes and past experiences with development projects as well as government grant processes to ensure the funding reached qualified applicants most in need of additional funding but also that the funding would be distributed equitably throughout the state. The 61 projects that were ultimately awarded CCE funds are located throughout California, as shown below in Appendix A: Complete List of Regions and Counties.

Table 1. CCE Capital Expansion Awards by Region

Region	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	\$28,500,00	107
Totals	61	\$569,673,186	3,170

Project/Housing Type Snapshot

Collectively, the projects are anticipated to create 3,170 CCE beds/units available to the CCE population. Table 2 shows the number of CCE Capital Expansion awards by housing type.

Table 2. CCE Capital Expansion Awards 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
RCFE Pre-Development	1	\$137,775	0
Recuperative Care	1	\$16,197,745	85
Recovery/Sober	3	\$25,161,687	153
Recovery/Sober Pre-Development	1	\$191,950	0
Total	61	\$569,673,186	3,170

The CCE Capital Expansion awards were on average \$8,870,254 for capital and \$1,406,347 for COSR. Of the 61 awarded projects, 20 projects received a total of \$28,126,947 in COSR funds. Based on the awarded projects, the average cost per bed is \$164,958 and the average cost per unit is \$228,039.² For a breakdown of average capital funding and COSR awards by region, please see Table 3.

² The cost per bed / unit is calculated using the non-COSR CCE funds awarded to the project and the number of beds / units created by the project for the CCE population.

Table 3. Average Capital Funding and COSR Awards by Region

Region	Average Capital Funding Award	Average COSR Award
Balance of State	\$5,140,527	\$232,404
Bay Area	\$10,984,675	\$3,380,083
Central Coast	\$3,027,231	\$552,450
Los Angeles	\$11,696,825	\$1,073,192
Sacramento	\$11,022,526	\$1,804,534
San Joaquin Valley	\$6,447,720	\$1,500,000
Southern California	\$9,065,637	\$1,761,162
Tribal Entities	\$7,025,000	\$200,000
Total	\$8,870,254	\$1,406,347

Note: The average COSR award is calculated by dividing the COSR Award Amount for each region by the respective number of projects awarded COSR within that region.

For a full list of the 61 projects that were awarded funding as part of the CCE Capital Expansion program, please see Appendix B: Complete list of CCE Capital Expansion Projects.

Milestones Achieved and Technical Assistance Delivered

Since 2023, CCE Capital Expansion projects have launched into the implementation phase of their projects and achieved key milestones. Table 4 shows projects by milestone achieved as of August 2025. **Note:** Some projects reflected in the table met multiple milestones.

Table 4. Number of CCE Capital Expansion Projects by Implementation Milestone

Milestone	Number of Projects with Milestone Achieved	Total Beds/Units
Groundbreaking or Start of New Construction	12	539
Start of Rehabilitation	2	272
Completion	8	519
Initiation of Occupancy	7	499
50% Occupancy	5	164
100% Occupancy	5	145

Note: The number of projects with milestones achieved is based on data available as of September 9, 2025.

If a project faces challenges in reaching these milestones, tailored technical assistance is provided to help them overcome those challenges and meet the next milestones. Technical assistance is provided on an ongoing basis, centered on the specific needs and challenges facing each applicant, ensuring a flexible and responsive service delivery that is both effective and efficient. For example, the CCE team provided technical assistance for the following projects:

- **Anew Dawn Adult Living**, a rehabilitation and acquisition project aimed at creating 94 Adult Residential Facility beds in Los Angeles County received technical assistance throughout the application and funding disbursement process, including helping the sponsor fill out draw documentation and updated budgets. The team conducted a thorough review of Anew Dawn’s financials, assisting them in identifying areas where costs could be reduced to maintain project viability. This included reevaluating various line items and suggesting budget adjustments to ensure that the project remained financially sustainable without compromising the quality of services. To further support Anew Dawn’s financial stability, the team helped them develop budgets for essential categories such as property tax, payroll expenses, and patient costs. The strategic recommendations in these areas allowed Anew Dawn to optimize resource allocation, reduce unnecessary expenditures, and achieve a more balanced budget.

- **Heritage Living**, a new construction project aimed at building a 36-bed Residential Care for the Elderly facility in San Joaquin County, received technical assistance on the title processes and necessary endorsements, as they were not experienced with this process. As a result of the title review, they also received technical assistance on navigating notices from the county, including liens and developing plans to release those liens prior to disbursement of CCE funds as a key step to protect the state's investment in the project.
- **Orange County Recovery Residences**, a rehabilitation project aimed at creating 38 recovery and sober beds in Orange County, received technical assistance on ensuring alignment with Housing First specific criteria along with affirming that beds were dedicated to the CCE population in preparation for execution of the program funding agreement.
- **Chinatown Transit Oriented Development Senior Housing**, a new construction project aimed at creating 44 units of permanent supportive housing in Alameda County, received technical assistance on leveraging other funding sources, including in-depth legal guidance on using Low-Income Housing Tax Credits (LIHTC) funding. This included reevaluating the program funding agreement and respective requirements, performing risk analysis, and collaborating with all parties to modify the critical areas that could have prevented the project from moving forward with the tax credits accordingly.
- **Myers' Elder Care Facility**, a new construction project within the Pala Reservation in Southern California, is progressing toward the development of a 32-bed Residential Care Facility for the Elderly. As a tribal entity, the project presents unique challenges, particularly regarding sovereign immunity, entity structure, and bonding requirements. Specialized technical assistance has been instrumental in navigating these complexities in preparation for execution of the program funding agreement.

Analysis of Estimated Total Number of Individuals to be Served Through CCE Capital Expansion Program

As a condition of receiving funding, project sponsors agree to restrict use of the site to operating the awarded housing type for the CCE population for a term of 20 to 30 years. Projects creating new facilities require a 30-year use restriction while expansion of existing facilities serving the CCE population require a 20-year use restriction.

Over the course of these restricted use periods, different housing types will experience different rates of turnover of residents based on their needs and therefore, average lengths of stays in beds/units will vary by housing type.

A turnover analysis was conducted to estimate how many individuals will be housed and served through the CCE Capital Expansion program. The analysis uses the anticipated

length of stay of individuals in different housing types. The restricted use period for each project was divided by the average length of stays for that project’s housing type and then multiplied by the number of beds or units associated with that housing type for the project. Based on this analysis, an estimated 100,521 individuals will be housed and served through CCE Capital Expansion program-funded beds and units.

Table 5 shows the total number of individuals estimated to be housed through the CCE Capital Expansion program by housing type. For more information on the assumptions used for this analysis, please see Appendix C: Assumptions for Estimated Total Number of Individuals to be Served Through CCE Capital Expansion Program.

Table 5. Estimated Number of Individuals to be Housed Through CCE Capital Expansion Program by Housing Type

Housing Type	Estimated Number of Individuals to be Housed through CCE
ARF	3,337
PSH	7,606
Medical Respite/ Recuperative Care	74,016
RCFE	9,232
Recovery/Sober	6,331
Total	100,522

Note: Not all CCE Capital Expansion Projects are represented as the data relied on sponsor reporting.

CCE Preservation Program Updates

County Milestones

To date, the CCE Preservation program has successfully partnered with 34 counties throughout the State. In total, counties have accepted \$106,192,749 OSP funds and \$141,456,232 CP funds.

As of September 2025, 33 counties have executed their program funding agreements, while 1 remaining county is actively receiving technical assistance to complete their program funding agreement. Of the 33 counties, 22 have entered into contracts with a total of 163 facilities at risk of closure, resulting in the preservation of 4,467 beds committed for the CCE population. Table 6 shows the implementation status and impact

of CCE Preservation program in the 22 counties that are at the stage of contracting with and preserving facilities that were at risk of closure.

Table 6. Impact of CCE Preservation Program by Number of Contracted Facilities and Beds Committed to be Preserved

County	Number of Contracted Facilities	Facility Type(s)	Number of Beds Committed to be Preserved
Alameda	14	ARF, RCFE	382
Humboldt	1	RCFE	15
Inyo	1	ARF	12
Kern	2	ARF	22
Los Angeles	41	ARF, RCFE	2,085
Madera	1	RCFE	41
Monterey	4	ARF	122
Placer	1	ARF	15
Riverside	12	RCFE	81
Sacramento	7	ARF, RCFE	50
San Bernardino	11	RCFE	169
San Diego	9	ARG, RCFE	502
San Joaquin	7	ARF, RCFE	67
San Luis Obispo	2	ARF	22
Santa Barbara	2	ARF	12
Santa Cruz	1	ARF	16
Solano	14	RCFE	112
Sonoma	11	ARF, RCFE	139
Stanislaus	13	ARF, RCFE	358
Trinity	1	ARF	6
Ventura	6	ARF, RCFE	159
Yuba	2	RCFE	80
Total	163	--	4,467

Note: Table only includes counties that have begun contracting with facilities as of September 9, 2025.

Preservation Technical Assistance

Since 2023, the CCE team has offered technical assistance to counties on the design and implementation of their Preservation programs including through the following channels:

- **Monthly Sessions:** Monthly TA sessions are offered to all counties participating in the CCE Preservation program. These sessions cover core topics such as monitoring and compliance reviews, licensure requirements, real estate, operational subsidies, and other programmatic priorities. In addition, ongoing and targeted TA is provided on specific matters and emerging topics as needed. Counties may also request one-on-one sessions to address unique CCE Preservation program challenges or technical issues.
- **Office Hours:** Dedicated office hours are held to provide tailored technical assistance, support, and guidance to counties, grantees, and other stakeholders involved in the program. These office hours are designed to address specific questions, resolve challenges, and enhance the overall effectiveness and efficiency of the program's implementation.
- **Learning Collaboratives:** Monthly learning collaboratives cover topics based on recent county questions and trends to provide tools, insights, and facilitate knowledge sharing between counties. Training topics have included assessing, identifying & prioritizing need for Capital Projects (CP) & Operating Subsidy Payments (OSP); optimizing disbursements and payments; and facility outreach best practices and community engagement strategies.

The CCE team also provides individualized technical assistance to help counties address specific barriers or needs. Some examples include:

- **Merced County** faced challenges in completing their program application, facility contract, and website application portal. The CCE team assessed these essential program components and offered constructive feedback, enabling the county to advance with the launch of their program. As a result, the county is now positioned to implement their plan and begin identifying eligible facilities for the program, initiating contracts as a crucial step in securing funding for at-risk facilities to maintain their beds for the CCE population.
- **Los Angeles County** has taken a proactive approach to anticipating implementation challenges, particularly those related to its dense population and high level of interest from licensed residential care facilities, to ensure an effective rollout of the CCE Preservation program. Los Angeles County sought in-depth and

comprehensive assistance to understand and deliver on the CCE Preservation program's programmatic and financial reporting requirements. In response, the CCE team delivered a series of training sessions on these reporting requirements to the county and its third-party administrator. These sessions covered critical financial areas, including payroll reporting and general expenditure documentation, which are essential for the county to properly request advances for OSP and CP funds. They also covered the financial reporting process, including the implementation and eligibility determinations. The county is responsible for consolidating facility-level data and submitting the required reports to CDSS. Given the number of facilities participating in Los Angeles County's CCE Preservation program, data collection, monitoring, and reporting have required close attention and follow up by county staff to ensure accurate and timely reporting by facilities. Los Angeles County has provided guidance and technical assistance sessions to support facilities in meeting their reporting requirements, as many facilities do not have the technical capacity or past experience with regular reporting. LA County continues to think through and engage the facilities on streamlining reporting and offering technical assistance to ensure program requirements are met.

- **Fresno County** experienced difficulty with launching implementation of their CCE Preservation program. Due to county-wide reorganization and staffing changes, Fresno required an increased level of support to help guide them with administrative structure and execution. Individualized technical assistance sessions included meetings with various county departments and staff members to provide overviews of the OSP and CP programs, programmatic requirements and deliverables, as well as general context of tasks and responsibilities the county would need to assume. The CCE team was able to assist the county with selecting an administrative structure utilizing a third-party administrator and is continuing to provide support and share best practices to assist the county and their third-party administrator with accelerating program implementation.

County Snapshots

Over the last year, the CCE team collected information from counties on how they supported care facilities prior to receiving CCE funding, how they selected facilities to participate in the CCE Preservation program, and how they collaborate with facilities to support clients. Please note, quotes were edited for length and clarity.

- **Monterey County** reported: "We worked with each facility to understand their annual operating costs. We also toured each facility to understand their renovation needs. To select facilities, we followed CCE guidelines on eligible recipients and focused on the facilities that served most of our clients needing placement services. To support our clients, Adult Clinic Services provides case management

services to our clients housed in these facilities. A contract and grant monitor assists facilities with reporting requirements. We are currently assisting 4 facilities supporting up to 116 clients. We averaged 25-36 placements per month. Duration of support is anticipated to run through June 2025.”

- **Kern County** reported: “Prior to CCE, the county supported facilities by creating the Quality Standards Program for which facilities could apply. If approved, clients would then be placed at their facilities. Kern Behavioral Health & Recovery Services (BHRS) would send them payment for their stay. We would further support our Quality Standards approved facilities by holding quarterly provider meetings to educate them on community resources... When CCE Preservation program funding became available, Kern BHRS launched a Request for Information (RFI) based on the parameters set forth by the grant guidelines. The RFI was posted on the county website for a month. Kern BHRS alerted all known facilities in Kern County to give them ample time to apply. Kern BHRS held a community forum where the facility owners/managers can ask clarifying questions... Nine providers anticipate receiving support from the CCE program. Of these, 8 applied for both types of funding, OSP and CP. One chose to apply for just CP funds.”

Through the CCE Preservation program, licensed care facilities serving the CCE populations receive crucial funding to prevent closure and improve their operations. These funds help facilities address overdue maintenance needs and make necessary accessibility upgrades, ensuring they can continue to provide quality care and maintain their operating licenses.

Renovation projects may include replacing worn carpet with new flooring to improve mobility throughout the facility, upgrading bathrooms by adding grab bars and handheld shower wands, installing low-profile bathtubs or roll-in showers to better accommodate residents who need caregiving assistance for daily activities, and creating outdoor courtyards and gardens to offer residents a tranquil, enjoyable outdoor space. These improvements enhance the living environment for residents and help facilities meet important safety and accessibility standards.

Preservation Budget Trailer Bill Update

In June 2024, [Senate Bill \(SB\) 161 \(Chapter 10, Statutes of 2024\)](#) provided counties with the flexibility to use alternative legally enforceable agreements in lieu of deed restrictions when securing OSP funds for facilities.

The change was made to ensure that facility operators who rent property are able to participate in the CCE Preservation program in situations where their landlords may not agree to the deed restrictions. Counties are still encouraged to enter into deed restrictions when feasible; alternative agreements are available to streamline operations, to support

facility operators more equitably, and to provide quality residential care for more participants.

Expanding and Preserving Housing for Individuals with Serious Mental Illness (SMI) Through CCE

The CCE program is a key component of the State's investment to address needs and gaps within the long-term housing and care continuum for older adults and people with disabilities who are struggling with housing. This population may also include individuals with serious mental illness (SMI), who may be at particularly high risk for homelessness and struggle with stabilizing in independent housing.

The CCE-funded facilities can offer structured settings that are particularly beneficial for this population by providing housing along with supervision, supportive services, and assistance with activities of daily living, including medication management. Examples include licensed Adult Residential Facilities that are expanding to better serve adults with SMI with 24/7 care, case management, medication support, and therapeutic services to promote long-term stability and the creation of beds in medical respite/recuperative care facilities to provide individuals exiting hospitalization or institutionalization a place to recover from illness or injury.

CCE Capital Expansion and SMI

About 46 percent of CCE Capital Expansion program projects providing relevant data have reported that they have beds/units dedicated to individuals with SMI. These projects represent 29 percent of beds/units created through CCE Capital Expansion program that are dedicated to this high-need population. Table 7 below provides the estimated number of beds/units created through the CCE Capital Expansion program by housing type. This table is based on reporting from projects that are in active implementation phases and does not represent all awardees.

Table 7. CCE Capital Expansion Program- Estimated Number of Beds/Units for Individuals with Serious Mental Illness (SMI) by Housing Type

Housing Type	Total Projects Reporting	Total Beds/Units	Total Projects Reporting & Serving SMI	Total Projected Beds/Units for SMI	Percentage of SMI Beds
ARF	7	462	3	104	23%
PSH	18	735	8	272	37%
Medical Respite/ Recuperative	5	342	5	158	46%
RCFE	10	665	3	122	18%
Recovery/Sober	1	29	0	0	0%
Total	41	2,233	19	656	29%

Note: This dataset provides an estimate of CCE projects that serve individuals with SMI and is not representative of all awardees, as it is limited to those projects with an executed program funding agreement that have initiated data reporting. The data remains subject to reconciliation and revision based on updated reporting guidance and changes to the behavioral health and SMI reporting metrics.

CCE Preservation and SMI

About 77 percent of licensed adult and senior care facilities funded through local CCE Preservation programs are currently serving individuals with SMI. Most local CCE Preservation programs are administered by Behavioral/Mental Health departments or administered in coordination with Behavioral/Mental Health departments.

As such, counties are able to incorporate facilities that are continuing to operate through the CCE Preservation Program as part of the referral pathways for high need individuals they already serve, discharge planning for individuals exiting institutional settings, and conservatorship processes. Some counties are also leveraging the CCE Preservation program to expand existing supports and programs that serve individuals with SMI who also meet the CCE eligibility criteria.

Table 8 below provides the estimated number of beds preserved through Preservation by county. This table is based on reporting from local CCE Preservation programs that are in active implementation phases.

Table 8. CCE Preservation program - Estimated Number of Beds for Individuals with Serious Mental Illness (SMI) by County

County	Number of Funded Facilities	Number of Facilities serving Individuals with SMI	Total Beds Committed to be Preserved	Number of Beds Preserved for Individuals with SMI	Percentage of SMI Beds Committed to be Preserved
Alameda	10	10	382	171	45%
Humboldt	1	1	15	0	0%
Los Angeles	38	35	2,085	1,141	55%
Madera	1	1	41	19	46%
Monterey	4	4	122	116	95%
Riverside	10	5	815	21	26%
Sacramento	7	3	50	9	18%
San Bernardino	11	0	169	0	0%
San Diego	6	6	502	238	47%
San Joaquin	7	7	67	48	72%
San Luis Obispo	2	1	22	10	45%
Santa Barbara	2	1	12	12	100%
Santa Cruz	1	0	16	0	0%
Solano	4	0	112	0	0%
Sonoma	11	11	139	112	81%
Stanislaus	12	11	358	244	68%
Trinity	1	1	6	4	67%
Ventura	6	6	159	128	81%
Yuba	1	1	80	14	18%
Total	134	104	5,152	2,287	44%

Note: This dataset provides an estimate of facilities serving individuals with SMI and participating in local CCE Preservation programs. It is not representative of all counties participating in the CCE Preservation program, as it is limited to those counties that have begun funding facilities as of September 9, 2025. The data remains subject to reconciliation and revision based on updated reporting guidance and changes to the behavioral health and SMI reporting metrics.

CCE in the Community

Project Success Highlights

In January 2024, the CCE team joined project sponsor, East Bay Asian Local Development Corporation (EBALDC), at their site in East Oakland to highlight the progress of their Permanent Supportive Housing project. The Phoenix Project was awarded \$5.2 million to build 49 units reserved for the CCE population as part of a larger development that will create a total of 101 new affordable units. Residents will have access to substance use treatment, mediation and family support, physical and mental health services, and employment assistance on-site.

The CCE team captured footage of David Chen, Senior Project Manager for EBALDC, and Hanna Azemati, Deputy Director for Housing and Homelessness Division at CDSS, highlighting the project's use of CCE funds and tangible impact in East Oakland. The [full video was posted to the CCE grant website](#) and kicked off the "CCE in the Community" series to highlight CCE funds at work.



Figure 1. Groundbreaking of GHC of Blue Oaks Adult Residential Facility project, Siena Terraces

The CCE team also developed a series of [videos featuring former CDSS Director, Kim Johnson](#) (now Secretary of the California Health & Human Services Agency), to highlight the success of the program and various projects sponsors throughout the state, including Chico Housing Action Team, Real Care Bakersfield, and Sanctuary Centers Santa Barbara.

Finally, the CCE team attended various milestone events throughout the year, including groundbreaking celebrations for GHC, Psynergy, and EBALDC.

Feedback from Project Sponsors

The CCE program is having a transformative impact on communities across the state. The CCE team reached out to project sponsors to hear firsthand how the funds are making a difference.

- **The Pala Band of Mission Indians** was awarded a grant through the Community Care Expansion Program for a 32-bed Residential Care Facility for the Elderly (RCFE). They reported: “Currently, elders in need of supportive care are often sent to facilities off the reservation, located an average of 15-60 miles away from their homelands and families. This funding is essential for Tribal elder populations who have experienced historical trauma related to removal and mistreatment. Elders placed in distant facilities can become isolated and withdrawn, limiting their opportunities for social engagement and cultural connection, which are vital for their well-being.”

This project will significantly impact our Tribal communities by offering much needed services on tribal lands, allowing our elders to receive quality care in a familiar setting, surrounded by friends, family, and cultural values. The Indian Health Council has committed to partnering with the Pala Tribe on this initiative, bringing scheduled medical, dental, and behavioral health services directly to the facility. Their continued support for Tribal communities and projects will be invaluable to our success. We are grateful for this monumental opportunity to build a facility to support our elders' needs and those of our surrounding tribal communities. Our project is the first of its kind on Tribal lands. Through this grant, we are bringing our vision to life, fostering a nurturing environment that respects and upholds the dignity and traditions of our elders.”

- **The Neighborhood Village** will be Tulare County’s first master planned community that will exclusively serve individuals who had been experiencing homelessness. They reported: “CCE was the final construction funding needed that allowed us to move forward and break ground on The Neighborhood Village. CCE’s goals align precisely with who we will be serving, and we would not have been able to start this journey without CDSS backing on this project. The project will allow us to provide permanent housing for 50 of our unhoused neighbors, who will be able to receive on-site services. The project will benefit Tulare County by setting an example of what dignified housing and services look like and can be a place where unhoused neighbors are safe and find community while they continue the work to uplift themselves. Additionally, the project will provide numerous events where the community of Goshen will be invited to participate, including movie nights, Farmer's Markets, and more.”

What’s Next for CCE?

Adopting Lessons from CCE Capital Expansion to CCE Preservation

As the CCE Preservation program proceeds toward full implementation, counties have had to navigate challenges that are similar to what the CCE Capital Expansion program has had to overcome. These include:

- **Rising Costs:** Many facilities are experiencing significant increases in operational costs, such as daily bed rates, without corresponding increases in revenue. This financial strain puts them at risk of closure.
- **Deferred Maintenance:** Years of necessary maintenance have created urgent needs that must be addressed to keep facilities operational and compliant with regulatory requirements. Without funding for these necessary repairs, facilities may be forced to close.

- **Vulnerability of Populations Served:** Facilities primarily serve vulnerable populations, such as individuals with serious mental illnesses or those at risk of homelessness. This requires facilities to not only invest in their physical infrastructure and operational needs – which can be funded through CCE – but also to braid with other funding sources in order to offer the services necessary to meet the complex needs of the population being served. Technical assistance is available through CCE to help facilities learn of opportunities for identifying and drawing down other funding sources available for such services.

The CCE team continues to seek opportunities to support our CCE Capital Expansion program sponsors as well as CCE Preservation program counties by providing them with the tools they need to successfully address these trends.

Ongoing Trends and Solutions

The CCE program has and will continue to make tangible differences in communities across California despite several pervasive ongoing trends that continue to impede access to housing and care for the CCE population. Common challenges and corresponding solutions include:

Rise in Older Adult Homelessness

- **Challenge:** There is a noticeable trend in the increase in older adults experiencing homelessness. According to the [“Let’s Get Healthy California” data dashboard](#) for aging, “Residents over age 50 are now the fastest growing population of homeless people in many parts of the state, with the median age of the homeless expected to rise.”
- **CCE Solution:** The *Auburn Oaks Senior Housing* project, a Permanent Supportive Housing project adding 70 units in Sacramento, aims to address the rise in older adult homelessness by providing housing for former [Project Roomkey](#) clients who were at risk of eviction.

Disproportionate Impact of Homelessness on People with Disabilities

- **Challenge:** Across multiple regions, people with disabilities, particularly those with mental health and substance use disorders, are disproportionately represented among the homeless population.
- **CCE Solution:** Projects like the *Parcel E1.2 - Treasure Island*, a project creating 84 units of recovery residences/sober living in San Francisco, and *Gateways Hoover ARF Expansion*, an Adult Residential Facility adding 125 beds in Los Angeles, aim to address these disparities by expanding behavioral health services and providing supportive housing that caters to this vulnerable group.

Lack of Housing with Caregiving Support

- **Challenge:** A recurring issue is the scarcity of housing that offers both long-term care and community-based services, which is essential for individuals with significant physical or mental health needs.
- **CCE Solution:** *The Neighborhood Village*, a project creating 36 units of Permanent Supportive Housing in Tulare County, is an example of an initiative designed to fill this gap by creating a master-planned supportive housing community that offers mental health care, addiction recovery support, and even employment readiness as a way to provide the care needed for residents as well as to tackle the root causes of their homelessness and prevent its recurrence.

Bridging the Gap for Recipients of SSI/SSP and CAPI

- **Challenge:** Many licensed residential adult and senior care facilities serve individuals who privately pay for their housing and care. As reported by several facility operators, there is a dire need to expand and preserve facilities that serve recipients and applicants of SSI/SSP or CAPI. Because this is a population at disproportionate risk of homelessness and the target population served by the CCE program, participating facilities have an important role in reducing homelessness and unnecessary institutionalization in their communities.
- **CCE Solution:** Projects like *Builders Village*, a project building 53 units of Permanent Supportive Housing in Chico, and *Pacific Pines Redlands*, a project building a 52-bed Residential Care Facility for the Elderly in Redlands, emphasizes the importance of creating housing with care and supportive services that specifically serve low-income older adults and people with disabilities.

Appendix A: Complete List of Regions and Counties

Los Angeles: Los Angeles County

Bay Area: Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma

Southern California: Imperial, Orange, Riverside, San Bernardino, San Diego, Ventura

San Joaquin Valley: Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

Sacramento: El Dorado, Placer, Sacramento, Sutter, Yolo, Yuba

Central Coast: Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz

Balance of State: Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, Tuolumne

Appendix B: Complete list of CCE Capital Expansion Program Projects and Log of Changes

Table 9. Complete List of CCE Capital Expansion Program Projects as of August 2025

Project Title	Region	County	City	Project Type	Funding Request	CCE Beds/ Units
Anew Dawn Adult Living	Los Angeles	Los Angeles	Los Angeles	ARF	\$10,416,696	94
Crest Village	Southern California	Riverside	Riverside	ARF	\$7,809,959	32
Gateways Hoover ARF Expansion	Los Angeles	Los Angeles	Los Angeles	ARF	\$38,335,670	125
Great Expectation Residential Care Home #2	Bay Area	Alameda	Oakland	ARF	\$11,902,890	52
New Tribal ARF Female - Deer Valley	Tribal Entities	El Dorado	Rescue	ARF	\$4,791,933	30
New Tribal ARF Male Best Life	Tribal Entities	El Dorado	Shingle Springs	ARF	\$4,740,700	30
PathPoint's Phoenix House Expansion	Central Coast	Santa Barbara	Santa Barbara	ARF	\$290,425	14
Progressive Care Expansion Whittier	Los Angeles	Los Angeles	Whittier	ARF	\$2,140,607	28
Sienna Terraces	Sacramento	Placer	Auburn	ARF	\$13,473,665	78

Project Title	Region	County	City	Project Type	Funding Request	CCE Beds/ Units
Telecote House/Casa Omega	Central Coast	Santa Barbara	Santa Barbara	ARF	\$1,043,433	12
Wesley Azusa Housing Project	Los Angeles	Los Angeles	Asuza	ARF	\$8,668,385	96
Project Agapao	Los Angeles	Los Angeles	Los Angeles	ARF	\$20,717,623	120
Gray Haven Facility Expansion	Bay Area	Napa	Napa	ARF/PSH	\$7,352,010	24
TGI Medical Respite Expansion	Sacramento	Placer	Lincoln	Medical Respite	\$6,440,670	105
18722 Sherman Way	Los Angeles	Los Angeles	Los Angeles	PSH	\$9,210,983	35
Mandela Homes	Bay Area	Alameda	Oakland	PSH	\$27,640,734	125
34th and San Pablo (34SP), Oakland CA	Bay Area	Alameda	Oakland	PSH	\$5,193,750	30
Allegiance Senior Apartments	Los Angeles	Los Angeles	Lancaster	PSH	\$149,820	0
Auburn Oaks Senior Housing	Sacramento	Sacramento	Citrus Heights	PSH	\$24,776,946	88
Brisa Encina	Central Coast	Santa Barbara	Lompoc	PSH	\$5,447,550	13
Builders Village	Balance of State	Butte	Chico	PSH	\$16,510,365	49
Ceres Housing	Balance of State	Butte	Chico	PSH	\$869,224	5
Dwight Way Board and Care	Bay Area	Alameda	Berkeley	PSH	\$1,229,740	20
Foothill House of Hospitality	Balance of State	Alameda	Grass Valley	PSH	\$6,009,397	27

Project Title	Region	County	City	Project Type	Funding Request	CCE Beds/ Units
Sanctuary Housing & Medical Center	Central Coast	Santa Barbara	Santa Barbara	PSH	\$7,291,666	34
Chinatown TOD Senior Housing	Bay Area	Alameda	Oakland	PSH	\$10,896,443	44
Littlerock	Los Angeles	Los Angeles	Littlerock	PSH	\$1,855,599	71
Manzanita Housing	Balance of State	Butte	Chico	PSH	\$810,159	5
NCIHA Elder Village	Tribal Entities	Mendocino	Ukiah	PSH	\$10,657,757	15
Palm Street Studios	Central Coast	San Luis Obispo	San Luis Obispo	PSH	\$1,615,531	8
Ranch House Permanent Supportive Housing Project - Nevada City	Balance of State	Nevada	Nevada City	PSH	\$2,893,867	6
Step Up on Calle Primera, sponsor in transition	Southern California	San Diego	San Ysidro	PSH	\$24,597,993	65
The Neighborhood Village	San Joaquin Valley	Tulare	Goshen	PSH	\$4,220,282	35
The Phoenix	Bay Area	Alameda	Oakland	PSH	\$5,226,510	49
The Sieroty	Los Angeles	Los Angeles	Los Angeles	PSH	\$10,990,360	73
Toyon Gardens	Los Angeles	Los Angeles	Gardena	PSH	\$23,632,849	60
Alameda Wellness Campus: Medical Respite Center	Bay Area	Alameda	Alameda	PSH/Medical Respite	\$32,755,073	140
Pacific Village Platinum Campus	Southern California	San Bernardino	Highland	PSH/Recuperative	\$14,778,895	62
REGIS Village	Bay Area	Alameda	Hayward	PSH/Recuperative	\$20,325,181	140

Project Title	Region	County	City	Project Type	Funding Request	CCE Beds/ Units
2349 E. Menlo	San Joaquin Valley	Fresno	Fresno	RCFE	\$659,809	3
2778 E. Fremont Ave.	San Joaquin Valley	Fresno	Fresno	RCFE	\$646,103	3
6668 N. Jackson	San Joaquin Valley	Fresno	Fresno	RCFE	\$688,907	3
Catalonia Palms Assisted Living	Sacramento	Sacramento	Sacramento	RCFE	\$6,981,937	32
Crest Home for the Elderly	Southern California	Riverside	Norco	RCFE	\$10,259,510	42
Heritage Living Inc	San Joaquin Valley	Kern	Bakersfield	RCFE	\$8,514,242	36
Myers' Elder Care Facility: In Dedication of Carmelita Ryan	Tribal Entities	San Diego	Pala	RCFE	\$8,309,610	32
New Alamo Residence Home Full Development	Bay Area	Contra Costa	Alamo	RCFE	\$9,400,416	32
New Horizons Expansion-Corona	Southern California	Riverside	Corona	RCFE	\$1,051,418	15
RCFE San Bernardino	Southern California	San Bernardino	Mentone	RCFE	\$8,648,509	36
Pacific Pines, Redlands	Southern California	San Bernardino	Redlands	RCFE	\$12,075,822	50
Palm View Pleasant Living	Southern California	San Bernardino	Redlands	RCFE	\$2,781,784	20
Seniors Housing Redevelopment, Bakersfield (Real Care)	San Joaquin Valley	Kern	Bakersfield	RCFE	\$14,000,000	300
Stardust Assisted Living	Southern California	San Diego	National City	RCFE	\$9,496,912	68

Project Title	Region	County	City	Project Type	Funding Request	CCE Beds/ Units
Vista Esperanza	Sacramento	Sacramento	North Highlands	RCFE	\$8,853,014	54
Whittier Recuperative Care	Los Angeles	Los Angeles	Whittier	RCFE	\$16,197,745	85
New Alamo Residence Home (Pre- Dev)	Bay Area	Contra Costa	Alamo	RCFE Pre-Dev	\$137,775	0
Kingston Health	San Joaquin Valley	Kern	Bakersfield	RCFE/ Recuperative	\$17,904,696	152
Orange County Recovery Residences	Southern California	Orange	Santa Ana	Recovery/Sober	\$4,750,815	29
Parcel E1.2 - Treasure Island, San Francisco	Bay Area	San Francisco	San Francisco	Recovery/ Sober	\$9,895,834	84
Substance Use Disorder Comprehensive Treatment Campus	Southern California	San Bernardino	Victorville	Recovery/ Sober	\$10,515,038	40
Art House Pasadena	Los Angeles	Los Angeles	Pasadena	Recovery/ Sober Pre-Dev	\$191,950	0

Log of Changes to CCE Capital Expansion Program Projects Post-Award

Below is a list of changes that were made to projects after they were initially awarded CCE Capital Expansion program funds. Many of these were a result of changes to the sponsor's circumstances or to important elements of the project, such as cost escalations or other funding sources falling through.

Whenever a change to the original award is requested by a Sponsor, CDSS reviews the request as well as supporting documentation prior to approving. Where changes introduce risks or potentially adverse outcomes, the CCE team provides technical assistance to maximize the impact of CCE program funds, where possible.

For example, when an awarded project sought to withdraw its application, the CCE team provided tailored technical assistance to overcome some of the challenges facing their implementation, ultimately resulting in the withdrawal being avoided. Similarly, when projects faced cost escalations, the CCE team provided in-depth technical assistance to re-examine the budget for any potential cuts to costs, brainstorm other funding sources as well as support sponsors in applying to those funding sources before considering increases to the CCE award.

- Forty-three (43) projects changed the total award amount to reconcile budgets and developer fees for a total increase of \$17,614,596.
- One application was officially withdrawn and five applications are pending withdrawal.
 - Withdrawn:
 - Beds and Rec. room
 - Pending Withdrawal:
 - Palm View
 - Littlerock
 - Palm Street
 - Grey Haven
 - Sherman Way
- Two applications were removed from the dashboard due to projects being rescinded.
 - Mesa Motel
 - Tunnel Recovery Residences
- Six (6) projects changed their housing types.
 - Allegiance Senior Apartments: RCFE to PSH
 - Dwight Way Board and Care: ARF-PSH to PSH
 - Kingston Health: RCFE/Recuperative to RCFE
 - Pacific Village Platinum Campus: Other to PSH/Recuperative

- REGIS Village: PSH to PSH/Recuperative
- TGI Medical Respite Expansion: Mixed Use: Medical Respite and RCFE to Medical Respite
- Thirteen (13) projects changed their CCE beds/units for a total of seventy (70) increased beds/units.
 - Auburn Oaks Senior Housing: Total CCE beds/units changed from 70 to 88
 - Builders Village: Total CCE Funded beds/units Count change from 53 to 49
 - TGI Medical Respite Expansion: Total CCE beds/units change from 97 to 105
 - Dwight Way Board and Care: Total CCE beds/ units change from 15 to 20
 - Foothill House of Hospitality: Total CCE beds/ units change from 10 to 27
 - Great Expectation Residential Care Home #2: Total CCE beds/ units change from 47 to 52
 - Kingston Health: Total CCE beds/ units change from 137 to 152
 - Mandela Homes: Total CCE beds/ units change from 87 to 125
 - Orange County Recovery Residences: Total CCE beds/ units change from 38 to 29
 - Pacific Pines Redlands: Total CCE beds/ units change from 52 to 50
 - PathPoint's Phoenix House Expansion: Total CCE beds/ units change from 2 to 14
 - REGIS Village: Total CCE beds/ units change from 156 to 140
 - The Neighborhood Village: Total CCE beds/ units change from 53 to 36
- Eight (8) projects changed their project titles.
 - Project Title change from Lake Merritt BART Senior Affordable Housing to Chinatown TOD Senior Housing
 - Project Title change from Hollister II to Sanctuary Housing & Medical Center
 - Project Title change from Transitions-Mental Health Association to Project in Transition
 - Project Title change from Step Up on Calle Primera, A Shangri-La Community; to Project in Transition
 - Project Title change from GHC of Blue Oaks, LLC /Auburn to Sienna Terraces
 - Project Title change from St. Regis Retirement to REGIS Village
 - Project Title change from Senior Coast Living LLC to Stardust Assisted Living
 - Project Title change from Foothill House of Hospitality to Sierra Guest Home
- Four (4) projects had organization name changes.
 - Organization Name change from Dwight Way Board and Care, 1240 Dwight Way, Berkeley to Insight Housing

- Organization Name change Shangri-La Industries, LLC to Project In Transition
- Organization Name change from Life Generations Healthcare, LLC to GHC of Blue Oaks, LLC
- Organization Name change from Stardust Assisted Living to Project In Transition

Appendix C: Assumptions for Estimated Total Number of Individuals to be Served Through CCE Capital Expansion Program

Described below are assumptions and sources for estimating average length of residency of individuals for different housing types funded by CCE. These assumptions inform the projection of the total number of individuals that will be served through CCE.

- 1. Adult Residential Facility (ARF):** ARFs provide long-term housing and care for individuals with chronic conditions such as developmental disabilities, mental health disorders, or other conditions that require ongoing support.
 - Average Length of Stay: 72.2 months
 - Source: [Brilliant Corners Report](#)
- 2. Permanent Supportive Housing:** Permanent Supportive Housing typically serves individuals who are chronically homeless or have severe mental or physical health needs, requiring stable, long-term housing combined with supportive services.
 - Average Length of Stay: 43.69 Months
 - Source: [Department of Housing and Urban Development Report: Permanent Supporting Housing Study \(huduser.gov\)](#)
- 3. Medical Respite/Recuperative Care:** Medical respite or recuperative care facilities provide short-term medical care for individuals experiencing homelessness and recovering from acute illnesses or surgeries. The average stay of 1 month reflects the transitional nature of the care, where individuals recuperate from a medical issue and then transition to other housing or care settings.
 - Average Length of Stay: 1.25 Months
 - Sources: [National Health Care for the Homeless Council: Policy Brief on Medical Respite Care Financing Approaches](#), [National Institute for Medical Respite Care: State of Medical Respite/ Recuperative Care Programs](#), [National Institute for Medical Respite Care: 5 Things We Know About the State of Medical Respite Care in 2023](#)
- 4. Residential Care Facility for the Elderly (RCFE):** RCFEs provide long-term housing and care for adults 60 and older who may need assistance with daily living activities, but do not require full nursing care. The average stay is shorter than ARFs or PSH, as elderly residents may transition to higher levels of care (nursing homes) or other housing as their health needs change.
 - Average Length of Stay: 34.6 Months
 - Sources: [California Association of Health Facilities/ NCAL: Facts and Statistics](#), [Brilliant Corners and the Future Organization](#), [Research Study: Serving Our Vulnerable Populations: Los Angeles County Adult Residential Facilities and Residential Care Facilities for the Elderly](#)

5. Recovery/Sober Living: Recovery or sober living homes offer structured environments for individuals recovering from substance use disorders. A range of 6-9 months is common for many programs that balance the need for stability during recovery with the expectation that individuals will transition back into independent living. Average Length of Stay: 8.15 Months

- Sources: [American Addiction Centers: Length of Stay at a Sober Living Home](#), [American Addiction Centers, Recovery First Treatment Center: Length of Stay in a Transitional Sober Living Home](#), [National Institute of Health: What Did We Learn From Our Study on Sober Living Houses and Where Do We Go From Here?](#)

Appendix D: Definitions

For the purposes of the CCE program, the following terms are defined below.

“Adult Residential Facility” or **“ARF”** has the same meaning as in Title 22 of the California Code of Regulations Section 80001, as in any facility of any capacity that provides 24-hour-a-day nonmedical care and supervision to the following: (A) persons 18 years of age through 59 years of age; and (B) persons 60 years of age and older only in accordance with Section 85068.4.

“Applicant”, for the CCE Capital Expansion program, means counties, cities, tribal entities, nonprofit organizations, for-profit organizations, and other organizations, as outlined in the [Request for Applications](#).

“Beds” offer long-term housing opportunities that are typically available in shared spaces which may include private or shared bedrooms, bathrooms, and communal living paired with onsite assistance for activities of daily living. Housing options in licensed residential facilities, recovery residences and sober living settings, recuperative care and medical respite settings are often referred to as “beds”.

“CCE population” means applicants or recipients of Supplemental Security Income/ State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) who are experiencing or at risk of homelessness.

“Housing with care and supportive services” means any residential care setting that provide housing assistance as well as care and support to older adults and adults with disabilities. For purposes of CCE, eligible settings include recover residences/ sober living, licensed adult and senior care facilities (Adult Residential Facilities and Residential Care Facilities for the Elderly), Permanent Supportive Housing, and Recuperative Care or Medical Respite. Supportive services include but are not limited to case management, medication management, life skills coaching, physical or mental health treatment.

“Permanent Supportive Housing” or **“PSH”** means long-term housing combined with supportive services that typically serves individuals who are chronically homeless or have severe mental or physical health needs.

“Recovery/ Sober Living” means homes that offer structured environments for individuals recovery from substance use disorders.

“Recuperative Care or Medical Respite” means residential settings that provide short-term medical care for individuals experiencing homelessness and recovering from acute illnesses or surgeries.

“Residential Care Facilities for the Elderly” or **“RCFE”** has the same meaning as in Title 22 of the California Code of Regulations Section 87101, as in a housing arrangement

chosen voluntarily by the resident, the resident's guardian, conservator or other responsible person; where 75 percent of the residents are 60 years of age or older and where varying levels of care and supervision are provided, as agreed to at the time of admission or as determined necessary at subsequent times of reappraisal. Any younger residents must have needs compatible with other residents.

“Units” refers to housing units within Permanent Supportive Housing. Units can consist of one-bedroom or studio settings that house a single individual or a multi-bedroom setting that houses multiple individuals.