

Recommendations Ready For Review

Running Total: 22

Section 6: Funding & Accounting Transparency (8)

6.1.A [6, 4] Create transparency of Alameda County's unspent state realignment funds designated for Medi-Cal services, as well as reserves and fund balances.

- The County's Budget web page and Comprehensive Annual Financial Report should include consolidated sections that state clearly the amount of each fund balance, source, liabilities on those funds, changes since previous year, and conditions for use for each fund balance that the County controls

6.1.B [5] Increase and maintain Alameda County advocacy to the California and federal governments for legislation that expands funds.

7.4.B: Remaining funds from the County's dedication of \$26.6M for the Mental Health Program Services Unit in Santa Rita Jail should be reallocated for permanent supportive housing. Include report/plan for how this money will be spent.

6.1.C [7] Create a public accounting of unspent funds in Santa Rita Jail, including:

- unfilled staff positions
- funding originally allocated for MHPSU

The funds allocated for the jail that remain unspent because of (e.g. unfilled staff positions, as well as overtime, MHPSU facility) should be transparent and subject to proposals for re-investment. This accounting should include:

- a. An accounting of how much is being spent on overtime in the jail
- b. A regular periodic accounting of funded vacant positions in Santa Rita Jail of ACSO, ACBH and contractor (e.g. Telecare) staff.

6.1.D [8] Create a budget report on how the funds mandated by the Babu settlement have been allocated and spent, and the status of implementation of the settlement's terms.

6.1.E [9,152] Fully fund the Alameda County Behavioral Health Department's countywide Forensic Plan.

- a. Six CATT mobile crisis teams. Estimated cost: \$6.6M, general fund. Intcpt
- b. Crisis 24-hour dispatch service. Estimated cost: \$2.2M, general fund. Intcpt 0
- c. Expand voluntary residential treatment beds countywide. Estimated cost:\$16.5M, reserves. Intcpts 0 and 4
- d. New board & care facilities. Estimated cost: \$2.2M, reserves. Intcpt -2
- e. Facility for co-occurring mental illness/substance treatment. Estimated cost:\$1.05M, reserves. Intcpt 0
- f. Hospital beds (25-bed subacute facility, 16-bed acute facility). Estimated cost: \$9.5M, reserves. Intcpt 0
- g. Expand satellite urgent care clinic services. Estimated cost: \$2M, general fund. Intcpt -1
- h. Re-entry support teams. Estimated cost: \$1.08M, general fund. Intcpt 4
- i. Peer respite for persons from Santa Rita Jail, on probation, at risk. Estimated cost: \$1M, general fund. Intcpt 4

6.2.A [90] Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff and expand 24/7 city and county crisis response teams to all parts of Alameda county.

6.3.A [84] Divert funding from Hospitals and Jails to supportive housing, which has a direct impact on their ongoing operations funding.

6.4.A [142] CalAIM - focus on justice population - one way to leverage additional funding (especially 90-day in-reach).

Section 7: Housing & Residential Facilities (6)

7.1.A: [162,54,10] Ensure that County-funded affordable housing projects follow Just Cause eviction and Fair Chance policies, allowing people who are formerly incarcerated/ criminalized and their families access to and stability in county-funded affordable housing units. This would require adoption, implementation, and monitoring of the Just Cause and Fair Chance policies in the unincorporated areas of the County, and developing a plan to incentivize and/or advocate for other cities in the County to adopt fair chance and just cause policies.

Refer to sample just cause ordinance language adopted by the cities of [Oakland](#) and [Berkeley](#) here.

7.1.D: Create operating subsidy alternatives to federally funded Section 8 Housing that will not restrict access to affordable/subsidized housing to households and families with serious mental illness and those with formerly incarcerated/criminalized backgrounds.

7.1.E: [12,158] [Intercepts -2, -1, 4 & 5] Allocate County funds towards permanent supportive housing programs and services for those who are unhoused or not adequately housed, suffering from mental illness and/or substance use disorders, and/or are formerly incarcerated. This includes, at minimum:

- a. Invest \$80M, blend of reserves & general fund, to expand supportive housing units. \$80 million would represent an increase from the approximately \$46 million from the County's General Fund allocated in FY 2021-2022, which accounted for about one quarter of all funds dedicated to the Home Together plan.
- b. Expand licensed Board-and-Care facilities, which have been reduced in Alameda County and are designed to support highly impacted persons experiencing mental illness and/or substance use disorders. The County should conduct a periodic needs assessment of licensed Board & Care beds and CRT beds capacity to make a plan for B&C expansion. The needs assessment should include an analysis of reimbursement rates for B&Cs as compared to other facilities for people with developmental disabilities, and advocate that California reimbursement rates for B&Cs are increased to at least match these rates.
- c. Expand funding and support for Community Land Trust models that hold land for the purposes of maintaining permanently affordable housing for low-income renters, and where possible, with a focus on people with serious mental health challenges,, e.g. the Supportive Housing Community Land Alliance.
- d. Dedicate County and County-funded CBO staff to facilitate return to supportive housing for persons who lose access to that housing.
- e. Conduct an evaluation & analysis of AB109 funding available for housing for formerly incarcerated people with BH needs, including those with all types of convictions.

7.1.F: For funding streams that the County receives for housing (e.g. MHSA and/or BHSA - Behavioral Health Services Act dollars, regional housing bond dollars, etc), the County housing agencies should be required to make a specific plan for how those funds will be used to create supportive housing units for people with serious mental illness, substance use disorders, co-occurring disorders, and/or criminal justice system involvement– including but not limited to supportive housing, crisis residential, licensed board & cares, and permanent housing with supportive on-site services. The plan should include a clear assessment of need and how this plan addresses that need, and an accounting of the number of dollars and number and type of supportive housing units that will be created for this special population. It should also incorporate information from cities in the County about supportive housing. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.

7.2.B: Ensure ongoing funding sufficient for low income households to access legal services to support tenants in landlord/tenant relationships, including support for existing eviction safeguards such as AC Housing Secure - Eviction Defense Funding Program to ensure continued support for tenants.

7.7.A: ACBH should adopt a required reentry plan for reentering people with documented diagnosis that requires short-term housing placement and additional housing navigation. This reentry plan should begin with 90/60/30-day pre-release housing support, and should assure that people are matched to appropriate transitional housing for SMI/SUD/co-occurring populations. In addition, ACBH should develop a program that is specifically focused on short-term housing placement for people with documented diagnoses who are spending less than 30 days at Santa Rita per stay.

Section 8: Increase Access to Treatment (3)

8.1.A: Enhance Assisted Outpatient Treatment (AOT) and Community Conservatorship capabilities, exploring the option of temporary non-voluntary treatment in specific situations, while concurrently advancing AOT capacity improvement efforts and evaluating the potential integration with CARE court programs. Specific capacity improvement efforts should increase fidelity to the AOT requirement for housing infrastructure and 24 hour client access to staff teams.

8.2.A: Enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at Santa Rita. Enforce mandatory and consistent service standards for individuals with diagnoses, both during custody and after release, incorporating triggers for elevated service levels for those with recurrent incarceration instances. Strengthen the collection of diagnosis types and severity, as well as clinical and service data on clients' jail-based services, to ensure appropriate support and connection to housing, psychiatry, medical care, and other supports during reentry.

8.3.A. Due to the long waitlist at Napa State Hospital, Alameda County needs to develop an alternative plan for treatment for people who would qualify for a forensic commitment at Napa State. The goal of this plan should be to develop a therapeutic treatment facility or alternative treatment program that is not at the jail.

Section 9: Space & Services for Youth & TAY (2)

9.1.A. Develop a service training program and collaboration between ACBH & local University, Community College, and School-based (middle & high) health systems for early identification of mental illness among older youth and transitional age youth. This service training program would train school-based mental health counselors on proper family notification, expedited referral pathways from school-based health systems to ACBH programs, and awareness about early warning indicators for other campus staff (residential advisors, educators, etc).

9.2.B. Assess the capacity of providers who work with TAY (such as at-risk 16-17 y.o.) who are homeless or at risk of homelessness on their ability to connect youth to housing, workforce, and supportive services, and fund them as appropriate to increase and scale services to meet any unmet needs.

Section 10: Staff Training & Professional Development (3)

10.1.A. & 10.4.C. Increase the County's compensation of CBOs providing behavioral health services, so that they may ensure pay equity for their line staff and hire adequately trained staff and therapists at competitive salaries. In addition, the County should regularly assess and evaluate the causes of staff shortages at ACBH and CBO mental health providers, and develop publicly-available recommendations that help address those shortages.

10.1.B In order to adequately provide mental health services to the populations who are most challenging-to-engage, the County must fund a comprehensive gap analysis to better understand the existing mental health needs of the community and the corresponding service gaps in the County. The gap analysis should focus on the mental health workforce and its ability to meet those needs, and should include recommendations for hiring and training practices that could diversify the pool of mental health workers in the sector, address compensation gaps, develop training plans, and implement incentives for individuals in the process of obtaining their licenses.

10.2.A. Increase opportunities for supported employment to help people get back to work who are on disability. This supported employment program should require regular and repeated mental health training for employment providers on early warning indicators, referral and navigation services, and other ways to support this workforce.