

Agency Plan: Housing and Homelessness (H&H) Services

I. **Headline list of recommendations sent to H&H**

- 2B: Interagency communication and coordination
- 2D: Develop a low-barrier interagency reception housing program
- 3A: Adequate training for peers
- 3B: Expansion of peer workforce
- 7B: Establish a coordinated entry access point at Santa Rita Jail
- 7E: Create Deep Subsidy for people with justice involvement
- 7F: Allocate more funding for permanent supportive housing programs/ services
- 7G: Establish an anti-displacement and homeless prevention system
- 7H: Re-fund and revive the Independent Living Association of Alameda County
- 7I: Expand licensed board-and-care facilities
- 7K: Develop additional interim housing options
- 7N: Target county housing funds to SMI/SUD/co-occurring clients
- 7O: Expand housing and support for innovative housing models

II. **Considerations**

- There are a number of edits that H&H has suggested to the language of the recommendations. These are tracked via **blue highlighting** in the plan document and should be considered for recommendation finalization
- The successful implementation of multiple recommendations will depend on collecting myriad data from various sources. For example, H&H...
 - Will need to collect data regarding the number of people discharged without a housing option and information regarding notification/ anticipation of exit date from Santa Rita Jail (SRJ) to meet **Recommendation 2D**
 - Should compile stipend data for People with Lived Experience (PLE) participating in the Continuum of Care (CoC) and information to understand the relationships between organizations and people with lived experience to fulfill **Recommendation 3A**
 - May wish to gather data related to how peer positions operate in current programs to meet **Recommendation 3B**
 - Must establish a shared data system or method for data sharing from existing databases to complete **Recommendation 7G**
 - Will need to collect data on the number of individuals released to homelessness per year so that **Recommendation 7K** can be fulfilled

- Regarding **Recommendation 2D**, H&H:
 - Recommends further refining this recommendation to clarify the reception housing program is for a site-based 24/7 staffed location
 - States that this area could be part of Behavioral Health Bridge Housing (BHBH); however, funding will need to be sought to sustain efforts and expand the population beyond BHBH
 - Anticipates a significant increase in the low-barrier interim model with significant services attached; however, the committee acknowledges the unknown
 - Indicates a narrower target population may be necessary to focus resources on Santa Rita Jail releases
- H&H considers funding and budget needs for the successful implementation of several recommendations. For example, the committee estimates needing;
 - Additional funding (depending upon parameters) to support implementation of **Recommendation 2D**
 - \$250k per year for daytime hours only to meet **Recommendation 7B**
 - \$18m annually for Permanent Supportive Housing (PSH) cohort of justice-involved clients with SMI/SUD/co-occurring disorders to fulfill **Recommendation 7F**
 - \$370k annually to satisfy **Recommendation 7H**

III. Omissions

Any recommendations assigned to this agency for which there doesn't appear to be a clear plan.

- None found.

Alameda County Housing and Homelessness (H&H) Services Recommendation Template March 2024

- Recommendations in this plan include the following highlighted thematic groups (in blue):

1. African American Resource Center	2. Collaboration & Case Management	3. Community-Based Support/Outreach/ Education
4. Crisis Services/5150 & Treatment Beds	5. Diversion	6. Funding & Financial Transparency
7. Housing & Residential Facilities	8. Increase Access to Treatment	9. Space & Services for Youth & TAY
10. Staff Training & Professional Development	11. Family Support	

2. Collaboration/ Whole Person Care/ Case Management

2B: Interagency Communication and Coordination: In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- **Each county agency to assign a delegate** to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- **Create a central contact point for triage and communicating** to clients and Public Defenders about services so programs don't get overlooked. **(ACPD)**
- **Community MH providers contacted by custody staff upon intake** and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers. **(ACBH, ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers. **(ACBH, ACSO)**
- Assign personnel to **family liaison roles** within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. **(ACBH, ACSO)**
- **Service roadmap:** ACBH to develop a roadmap from Santa Rita Jail (SRJ) to
- the programs and facilities providing treatment and re-entry support. **(ACBH)**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● County ● ACSO ● ACPD <p>Consult with:</p>	<ul style="list-style-type: none"> ● Coordination of care and collaboration towards reducing entry to the CJ system. 	<ul style="list-style-type: none"> ● n/a – implementable now 	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● H&H liaison would work through AC Health. ● Housing-specific liaison: Jeannette Rodriguez

2D: The County should fund and support a low barrier interagency reception housing program that individuals can be immediately released to from SRJ regardless of Medi-Cal status. This housing program must incorporate dual diagnosis providers and allows for triage, outreach, and coordination across providers, Probation, ACSO, and family when available. This housing program must have the ability to triage individuals to a higher level of care, treatment, and/or other transitional housing.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACBHD ● ACPD ● ACSO ● SSA <p>Consult with:</p> <ul style="list-style-type: none"> ● CBOs providing in-reach support 	<ul style="list-style-type: none"> ● Discharge from SRJ to streets awaiting program match/availability and/or sheltering without adequate services/support leads to homelessness, recidivism, additional harms. 	<ul style="list-style-type: none"> ● Data needed: # of people discharged without a housing option. ● Data needed: Notification/anticipation of exit date from SRJ. <p>Time: Could be part of BHBH, however need funding sustainability. Need for further expansion of population (beyond BHBH).</p> <p>If BHBH, would likely be implemented this CY.</p> <p>Unfunded/Budget Needed: For additional units, a per person per night rate of \$150 to \$400, depending on services and amenities.</p> <p>If in H&H: Interagency reception is intended as a site-based, 24/7 model, funding to support reception services could be in H&H or other agency. Staffing for at least 7.4 FTE Plus a program manager and facility costs would be required.</p>	<ul style="list-style-type: none"> ● Existing Strategies: ● H&H measures number served, retention, speed of placement, demographics, exit destinations. ● New Strategies: ● Active RFP for shelter models under Behavioral Health Bridge Housing (BHBH) with Care Court priority (expansion of 150+ interim beds). 	<p>H&H anticipates significant increase in low-barrier interim model with significant services attached, however acknowledge the unknown</p> <p>A narrower target population would be necessary to focus resources on SRJ releases.</p> <p>Recommendation – further refining the recommendation to clarify the reception housing program is for a site-based, 24/7 staffed location.</p>

3. Community Based Support/Outreach/ Education

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions. Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (**all Agencies**);
- Court operations, legal language, and making decisions (**Court, PD/DA**);
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services (**ACBH**);
- Jail services, in-reach, and advocacy (**ACSO, ACBH**);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**ACBH**);

- Support/subsidies to help peers obtain certifications, credentials, and on the job experience (**all Agencies**);
- Fair pay for lived expertise as equitable to professional and educational experience (**County and Agencies**).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> • County • ACBHD • ACSO <p>Consult with:</p>	<p>Ensuring compensation and training for individuals with lived experience will support expertise and input.</p>	<p>Data: Current stipend of \$25/hour for PLE participating in CoC. Training costs additional.</p> <p>Data: Example - Creating Authentic, Effective Partnerships between Organizations and People with Lived Experiences: A Toolkit Benioff Homelessness and Housing Initiative (ucsf.edu)</p> <p>Budget: further assessment needed for fair pay comparison,</p>		<ul style="list-style-type: none"> • Existing Strategies: Current stipend for PLE participating in Continuum of Care (CoC) board and committees • New Strategies: H&H will review existing peer programs in HCH and CoC and assess availability to expand at current rate will add more training, mentoring, educational/certificate options.

3B: Expansion of peer workforce must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA, **ACBH**, AHS, ACSO, ACPD);
- **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH);
- **Peer-led interventions in housing programs** and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC);
- **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);

- **Clinical peers to conduct street health** and on first responder teams (HCSA, ACBH, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> • County • AHS • ACSO • ACPD • H&H <p>Consult with:</p> <ul style="list-style-type: none"> • 	<p>Need for experience-centered on-site support. In focus groups, people often state that they prefer peer-based services.</p>	<p>Data: Providing peer positions at 25 hours/week in teams of two for current programs. Expansion is desirable. One FT supervisor for 6 peers plus training and operational support.</p> <p>Budget: For each team of 6 peers, serve 120 people in housing or unsheltered for approximately \$500k, annually</p>	<p>Existing strategies: Contractors and community-based organizations hire and retain peer support staff and persons with lived experience.</p> <p>New Strategies: Integrate into future RFP processes minimum qualifications: commitment to hiring peer-led staff.</p>	

7. Housing

7B. Coordinated Entry at Santa Rita: Alameda County should establish a coordinated entry access point at Santa Rita Jail. This would allow County navigators to get people assessed for permanent supportive housing before exit to the community.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes

<p>Key Partners:</p> <ul style="list-style-type: none"> ● ACSO 	<p>People are not connected to housing options before they exit to homelessness.</p>	<p>Data needed: Number to be served each month.</p> <p>Budget: would be approximately \$250k per year for daytime hours only.</p>		<p>Existing Strategy:</p> <p>People are connected to coordinated entry through shelter, 211, housing resource centers.</p> <p>New Strategy:</p> <p>Bring resources (through CBO partner contracts) to SRJ pre-release.</p>
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W/IN HCD RECS: 7E. Create Deep Subsidy for people with justice involvement: Since people with criminal histories are not eligible for Section 8 housing, the County should 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.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
	<p>Recommend adding this within H&H’s recommendations (not previously included)</p>	<p>Data: Estimate – 70-85 currently in housing queue (coordinated entry) with justice involvement and need for deep subsidy. Overall need at least 4,000 units.</p>	<p>Cost per unit per month: \$2,000 for rental assistance only; service connections needed for retention support</p>	<p>Existing Strategies: Rental Assistance Landlord Engagement (RALE) program supports with landlord retention, risk mitigation, and rental assistance; current resource is limited (funding and availability).</p> <p>New Strategies: Expansion of RALE efforts; expansion of Operating subsidy alternatives for those ineligible due to funding restrictions.</p>

7F: Deep Subsidy for SMI/SUD/Co-occurring Disorders: People with SMI/SUD/Co-occurring disorders and those who are formerly incarcerated are more likely to be Extremely Low Income (ELI) and homeless or at risk of homelessness.

The County should provide more funding to support this population in permanent supportive housing programs and services.

The County should financially support the Home Together Plan and the Alameda County Housing Plan (currently being drafted).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> • HCD in [redacted] • County <p>Consult with:</p> <ul style="list-style-type: none"> • BHD 	<ul style="list-style-type: none"> • Additional capacity of permanent housing solutions for those experiencing SMI/SUD/co-occurring disorders and experiencing homelessness. 	<ul style="list-style-type: none"> • Data: Home Together Plan outlines total units needed: 21,150; focusing on those engaged w/CJ and SMI/SUD/co-occurring (20-50%) represents a need of 4,230-10,575 units • Time: Could be part of BHBH but need funding sustainability and long-term support. • Budget to financially support the Home Together Plan <i>anticipated \$18m needed annually to PSH for cohort of SMI/SUD/co-occurring with justice involvement.</i> 	<p>Existing Strategies: Rental Assistance Landlord Engagement (RALE) program supports with landlord retention, risk mitigation, and rental assistance; current resource is limited (funding and availability).</p> <ul style="list-style-type: none"> • Cost per unit per month: \$2,000 for rental only • New Strategies: Behavioral Health Bridge Housing (BHBH) (coming online in FY2425, will increase 55 rental assistance 	<ul style="list-style-type: none"> • Recommend to further refine recommendation – intended to expand number of units, or services, or both? Recommend modify to the following: Expand the supply of supportive housing subsidies and units for persons with [redacted] SMI/SUD/co-occurring and formerly incarcerated. • Recommend modify to the following: Expand the supply of supportive housing subsidies and units for persons with [redacted] SMI/SUD/co-occurring and formerly incarcerated..

7G: Anti Displacement and Homeless Prevention System: Create and support a strong Anti Displacement and Homeless Prevention system in the County. At minimum, this should include:

- Expanding funding and availability of legal services for low income tenants who are at risk of eviction, in conflict with their landlords, etc, with a focus on those at risk of homelessness;
- Expand upstream screening and tenancy-sustaining services for individuals at highest-risk of homelessness, and deploy tenants rights education, legal services, social services, and other money management services earlier in the process to help prevent evictions and displacement;
- Ensure that the unincorporated county and County-funded affordable housing projects follow Just Cause policies, providing protection to people with SMI/SUD/ co-occurring disorders and formerly incarcerated/criminalized and their families access to housing stability.;
- Dedicate County staff and County-funded CBO staff to facilitate
- return to supportive housing for persons who lose access to that housing.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> • HCD in [redacted] <p>Consult with:</p> <ul style="list-style-type: none"> • CoC – Housing Stability and Homelessness Prevention (HSHP) Committee 	<ul style="list-style-type: none"> • 	<p>Data: Homelessness prevention hub of 3-4 in County agency to seek and deploy resources would cost approximately 5-800k per year.</p> <ul style="list-style-type: none"> • Highlighted areas for H&H proposal for Prevention HUB <p>Fund and support a Lead Agency or Partnership for a homelessness prevention services Network of community-based homelessness prevention providers to implement the targeted approach, program priorities, and service delivery commitment of Home Together and this Framework.</p> <p>Establish a shared data system, or a method for data sharing from existing data collection systems, operating across participating mainstream systems and the homelessness prevention network</p>		<p>Simplify and streamline access to homelessness prevention financial assistance for providers and their participants by consolidating funding into fewer, more easily accessible, pools, providing maximum flexibility in the use of the funds.</p> <p>Establish a learning collaborative through the Hub and Lead Agency/Partnership to provide ongoing training, peer-to-peer learning, and information-sharing opportunities.</p> <p>New Strategy: Preventing Returns: This strategy focuses on people who have been assisted through the homelessness response system and then are at risk of returning to homelessness. When the proposed system reaches full capacity it will take approximately \$10 million per year to achieve and maintain the reduction in returns to homelessness. If focused on the 25-50% of people at risk of engagement or recently engaged in CJ system the cost would be \$2.5-5m per year.</p>

7H: Re-fund and revive the Independent Living Association of Alameda County (ILA-AC): In 2017 Dr. Robert Ratner and Healthy Homes worked to educate and support independent living home operators, service providers and tenants to improve the general living conditions of boarding homes housing many living with mental illness in substandard and dangerous living conditions. Defunded in December 2021, as of November 2021, there were 17 active operators in the ILA-AC with 33 quality member homes and 206 quality beds. These homes improved through annual inspections, operator resources and trainings. Identify MHSA or other funding to re-establish this housing support service within the SHCLA, an active agent in promoting quality of life for the most vulnerable citizens.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● AC CDA ● <p>Consult with:</p> <ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● Data: ILA previously supported 17 operators and over 200 beds. ● Budget: During FY 21-22, \$337k - anticipated current costs of \$370k needed annually. ● operational ● Timeline: Previously utilized Whole Person Care Funding source; additional funding source would be needed (not an allowable expense within CalAIM funding) 	<ul style="list-style-type: none"> ● SEE 70 	<ul style="list-style-type: none"> ● Proposed language: Provide Independent Living Home Operator support: Support independent living home operators, service providers and tenants to improve the general living conditions of housing where many people are living with mental illness in substandard and dangerous living conditions. These homes can be improved through annual inspections, operator resources and trainings. Identify funding to establish this housing support service to promote quality of life for vulnerable citizens.

7I: Build and support licensed board and Care: Expand licensed Board-and-Care facilities, which are designed to support highly impacted persons experiencing mental illness and/or substance use disorders. This expansion should both include the creation of more facilities as well as expanding sustainability funding for these facilities by ensuring and increasing patch funding for their reimbursement rates. The county should continue to conduct a periodic needs assessment of licensed Board & Care (B&C) beds, as well as Crisis Residential Treatment bed capacity.

To maintain and increase licensed B&C stock, state reimbursement rates will need to be increased closer to those set for facilities housing people with developmental disabilities. County and local advocacy groups should partner to advocate at the state level for increased reimbursement rates for B&Cs. In addition, as the County explores future housing bond ballot measures, B&C should be included as an eligible category for the use of funds.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	● Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● BHD in [redacted] ● HCD in [redacted] <p>Consult with:</p> <ul style="list-style-type: none"> ● Community Care Licensing (CCL) 	<ul style="list-style-type: none"> ● Need for stable options for people with permanent disabilities. 	<ul style="list-style-type: none"> ● Most recent needs analysis and/or % of needed PSH <p>Needs assessment completed by PCG during CY 2024</p>	<ul style="list-style-type: none"> ● Behavioral Health Bridge Housing: in development – expansion of 40 set-aside beds for clients with SMI/SUD, experiencing homelessness ● CCE: expansion of add'l beds ● CCE-P Progress <p>New Strategies:</p> <p>Recommendation</p> <p>Crisis residential needs assessment would be completed outside of H&H ->BHD</p>	<p>Note – The units in this table are specifically Board and Care. Crisis Residential treatment beds would fall under the BHD purview, not H&H.</p>

7K: The County should build and support more interim housing options for people who are homeless and involved in the criminal justice system. This includes expanding non-congregate shelter options and maintaining existing shelters.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	● Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● SSA ● Probation <p>Consult with:</p> <ul style="list-style-type: none"> ● HCD 	<ul style="list-style-type: none"> ● 	<ul style="list-style-type: none"> ● Data: Need info on how many people are released to homelessness per year. ● Budget: ● Time: Could be part of BHBH but need funding sustainability and long-term support. 	<ul style="list-style-type: none"> ● Data: Probation funds the majority of transitional housing options for those involved in the CJ system. SSA is a primary funder for interim housing (bed rate \$36.42/night) <p>Budget:</p>	<p>Same general questions and budget implications as 2D. (Narrower target population would be necessary to focus resources on SRJ releases.)</p> <p>Home Together identified a need for up to 1,000# new interim beds that are low-barrier and non-congregate. Cities and County typically partner on these efforts. Adding special eligibility for target population is feasible with budget and space. Most of these resources are currently in East Oakland and it would be beneficial to expand into other neighborhoods/communities.</p> <ul style="list-style-type: none"> ● Existing Strategies: Currently, there are over 3,000 shelter slots (beds or units) in Alameda County, with occupancy rates highest in the non-congregate sites such as Lake Merritt Lodge and the Fairmont Navigation Center. <p>New Strategies:</p> <p>New Homekey sites can be interim and can designate a target population.</p>

W/IN HCD RECS

7L: The County should create more skilled nursing facilities (SNFs) for people with high medical needs and serious mental illness. The sole SNF in the

County that serves this population—OakDays, a HomeKey program- is always full and has demonstrated the need for expansion of these types of facilities in the county.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	● Notes
	●	<ul style="list-style-type: none"> ● Data Need far exceeds existing availability. Up to 3,00 people per year report homelessness plus disability, Recommend additional capacity of 300+ units in non-congregate settings. ● Budget Acquisition if new at \$200k+ per unit Operating proxy from OakDays = \$36,000 per unit per year. 	<ul style="list-style-type: none"> ● Existing Strategy: OakDays is owned by the county and operated by Five Keys, with clinical care provided by Cardea Health. Services including HCS and HCBA Waiver reimbursement requires licensed Home Health Agency partner. 	H&H Recommendation: add to H&H for OakDays model which serves people with high medical needs in interim or permanent housing with 24/7 nursing and flexible on-site clinical care.

MISSING from both HCD and H&H

7N. Target County Housing Funds to SMI/SUD/Co-occurring Clients: The County needs to demonstrate that it is focused on prioritizing housing solutions for the population that has SMI/SUD/co-occurring and/or have criminal justice system involvement. Any plans that the County is creating for housing should include a specific and explicit element dedicated to how the plan will address housing shortages and placement for this population. This is specifically important for any new funding streams that the County receives related to housing or to services for this population, e.g. MHSA and/or BHSA - Behavioral Health Services Act dollars, regional housing bond dollars, etc. The County agencies that receive the funding should collaborate with the housing department to make a specific plan for how those funds will be used to create supportive housing units, B&C, supported independent living programs, and other interim housing options for this population. 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 housing units that will be created for this population. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	● Notes
<p>Key Partners HCD/H&H/BHD</p>	<p>● Problem Inadequate housing resources for people with SMI/SUD/Co-occurring and CJ involvement</p>	<p>● Data Needed Refined data on overlapping needs and homelessness. Current data show at least half of people experiencing homelessness have SMI/SUD or Co-occurring. Approximately 25% indicate CJ involvement in past 12 months.</p>	<p>● Existing Strategies Home Together Plan call for more than 3,000 additional units of supportive housing and city and county pipeline efforts have been focused on their creation.</p> <p>● New Strategies With input from BHD and community partners, HCD and H&H should create a combined supportive housing development plan for responsive units with dedicated operating and services to support these populations. The plan should be a shared addendum to Home Together.</p>	<p>Notes Suggested rewording: The County needs to prioritize housing solutions for the population that has SMI/SUD/co-occurring and/or have criminal justice system involvement. Plans for housing should include a specific strategy for how the plan will address housing shortages and placement for this population. This is particularly important for any new funding streams that the County receives related to housing or to services for this population, e.g. MHPA and/or BHSA - Behavioral Health Services Act dollars, regional housing bond dollars, etc. The County agencies that receive the funding should collaborate with ACH and HCD to make a specific plan for how those funds will be used to create supportive housing units, B&C, supported independent living programs, and interim housing options for this population. The plan should include a clear assessment of need and how this plan addresses that need, and an accounting of the cost and number and type of housing units that will be created for these populations. Furthermore, the County should provide regular annual reporting to the public on their progress towards the goals and commitments made in that plan.</p>

70: Support Innovative Models: Expand funding and support for innovative housing models, including 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. Support capital funding for OHCC’s Supportive Housing Land Trust (SHCLA) in its work to stabilize the loss of licensed board and cares with purchases of available properties. With capital funding of \$5 million, SHCLA proposes to leverage additional sources to make headway in increasing the dwindling licensed Board and Care stock and stabilize it with public funding.

Partner(s)	● Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress Outcome, and Racial Equity measures	● Notes
<p>Key Partners:</p> <ul style="list-style-type: none"> ● HCD/H&H <p>Consult with:</p> <ul style="list-style-type: none"> ● BHD 	<ul style="list-style-type: none"> ● Many independent Board and Care homes are unable to continue operating due to financial and other challenges. 	<ul style="list-style-type: none"> ● Data: Reference Board and Care needs analysis and other research. <p>Budget: Varies. Providing start-up capital would require a minimum of \$200-250k per unit.</p> <p>Ongoing operations costs depend on specific use, but high tier Board and care currently requires an operating/services supplement of \$3k+ per month.</p> <p>Timeline: Land Trust model with acquisition and potential conversion would typically have a minimum timeline of 12 months to start-up.</p>	<ul style="list-style-type: none"> ● Existing Strategies: SHCLA Innovations funding through 12/31/24, NCLT has played an incubator role. Other land trusts also operating an Alameda County. Some private companies are also entering this market. ● New Strategies: New tier 4 rate in development to support increased support and costs for those with higher acuity and living in B&C; expansion of 40 beds for BHBH-eligible clients. Intended to support stability for clients and higher costs for B&C. 	<p>Suggested language:</p> <p>Support Innovative Models: Expand funding and support for innovative housing models, including Community Land Trust models that acquire and hold land for the purposes of maintaining permanently affordable housing for low-income renters with a focus on people with serious mental health challenges. Support capital funding to minimize the loss of licensed board and care, encouraging purchase of available properties.</p>