Care First, Jails Last Implementation Report

Behavioral Health Advisory Board Report to

Alameda County Board of Supervisors Joint Health and Public Protection Committees

July 23, 2026

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Executive Summary

The Alameda County Behavioral Health Advisory Board (BHAB) Care First, Jails Last Ad Hoc Subcommittee is pleased to provide this implementation report to the Board of Supervisors Joint Health and Public Protection Committees. In 2021, Alameda County adopted the Care First, Jails Last policy resolution to "Reduce the number of people with mental illness, substance use and co-occurring disorders in our jail," by developing "a continuum of care that includes a full spectrum of treatment and housing, including preventive and outpatient services, inpatient acute and subacute facilities, licensed board and care homes, and other wraparound support services."

In 2024, the Board of Supervisors adopted 58 recommendations delivered by a task force made up of county agency representatives, impacted families, and caregivers, and assigned monitoring the implementation of these recommendations to the BHAB, then known as the Mental Health Advisory Board. The Board created an Ad Hoc Subcommittee, which meets monthly and has reported to the Joint Health and Public Protection Committees in May 2025 and October 2025.

As indicated in this report, the BHAB has found that the number of seriously mentally ill individuals incarcerated at the jail is actually increasing, as the County continues to under-invest in community-based treatment programs. This burden falls most heavily on the County's African American community. The BHAB focuses on 14 recommendations that we believe are important for addressing these problems and offer actions the County can take to implement them. We also provide updates in several key areas, including the African American Wellness Hub and the Independent Living Association.

The biggest threat to achieving CFJL goals is not the lack of political will or insufficient funding – it is the fragmented nature of county government. A key request to the Board of Supervisors, therefore, is to establish a **h**igh-level "Care First Implementation Director" to ensure unified execution of approved Care First recommendations.

The BHAB's report poses questions about several windows that appear to be closing for financial reasons: funding needs of the successful Pre-Trial Services Program (Rec 5B), a state grant for residential treatment beds that the County is declining (see Rec 5D), and an ongoing wave of licensed board & care closures (Rec 7I). For similar reasons, the heavily enrolled Mental Health Diversion Court (Rec 5D) lacks clinicians.

A theme in the report is the savings– in health and financial terms– represented by early and first-episode psychosis treatment, court-based diversion, and housing compared to untreated mental illness, hospitalization and incarceration. Many of these investments are linked: successful diversion requires availability of an appropriate level of treatment

beds, while subacute beds are often full because licensed board & cares are not available. All require budget transparency (Rec 6A) and coordination (see above).

Several of the needs for action call for assessing unmet needs for crisis residential treatment, licensed board & cares, and acute and subacute treatment beds, and for renewing a contract to analyze jail data for opportunities that serve both Care First and Reimagining Adult Justice goals.

We appreciate your consideration of this report and our requests for action.

Glossary of Acronyms

ACH	Alameda County Health
AFBH	Adult Forensic Behavioral Health
BHAB	Behavioral Health Advisory Board
BHCIP	Behavioral Health Continuum Infrastructure Program
BHD	Behavioral Health Department
BOSS	Building Opportunities for Self-Sufficiency
CalAIM	California Advancing and Innovating Medicaid
CAO	County Administrator's Office
CCE	Community Care Expansion
CCP	Community Corrections Partnership
CFJL	Care First, Jails Last
CIP	Capital Improvement Projects

CSC	Coordinated Specialty Care
EASS	Early Access and Stabilization Services
FEP	First Episode Psychosis
FERC	Family Education Resource Center
FSP	Full Service Partnership
H&H	Housing and Homelessness
IST	Incompetent to Stand Trial
LOC	Level of Care
LB&C	Licensed Board and Care
MHD	Mental Health Diversion
PSA	Public Safety Assessment
RAJ	Reimagine Adult Justice
SHCLA	Supportive Housing Community Land Alliance
SMI	Serious Mental Illness
SUD	Substance Use Disorder
UB&C	Unlicensed Board and Care

Purpose of Care First, Jails Last Work

Community-Based Care for People with Mental Illness

Every day, hundreds of people experiencing mental illness and/or substance use disorders are incarcerated in Santa Rita Jail or live in the community without treatment or housing. Even as the overall population in Santa Rita Jail continues to decline, the number of people in jail needing the highest levels of mental health care has risen or remained the same, depending on measurement. In addition, an estimated 34.8% of homeless people in the county reported a serious mental illness in the most recent Point In Time count; another 28.5% reported a substance use disorder.

In May 2021, the Alameda County Board of Supervisors adopted a policy resolution to "*Reduce the number of people with mental illness, substance use and co-occurring disorders in our jail,"* by developing *"a continuum of care that includes a full spectrum of treatment and housing, including preventive and outpatient services, inpatient acute and subacute facilities, licensed board and care homes, and other wraparound support services so that people with mental illness, substance use, and co-occurring disorders have a full opportunity to receive and live stable lives."*

Along with this policy resolution, the Board established a Care First, Jails Last Task Force, with representation from nine county agencies, behavioral health service providers, and community members with lived experience and expertise, to deliberate and produce recommendations for actions needed to realize the goals of the Care First policy. The Task Force was chaired by the Behavioral Health Director and worked from 2022 to 2024. In June 2024 the Task Force submitted a report to the Board, with 58 recommendations, which the Board unanimously approved in August 2024.

At that time, the Board delegated continued planning and implementation to the Behavioral Health Advisory Board (BHAB), with updates to the Board of Supervisors three times a year (twice to joint Public Protection and Health Committee meetings and once to the full Board).

To fulfill this monitoring responsibility, the BHAB created the Care First, Jails Last Ad Hoc Committee composed of BHAB members, members of the Care First, Jails Last Task Force, and community members with lived experience and expertise. The Ad Hoc Committee previously reported to the Joint Health and Public Protection Committee in May 2025. This report is offered along with the verbal presentation to the Joint Health and Public Protection Committee meeting on July 23, 2026.

Scope of Recommendations

The Care First recommendations focus on systems change and provide a roadmap to transform the system of services aimed at preventing individuals with mental illness, substance use disorder, or co-occurring disorders from entering the jail system in Alameda County. They

encompass all the points of intervention, from Prevention, Early Intervention and Community Services, to Hospitals, Crisis Care, and Initial Detention, to Courts, Reentry and Community Corrections.

As set forth in the Care First Report submitted to the Board in June 2024, the Care First recommendations are grouped into nine strategy areas:

1. African American Resource Center
2. Collaboration & Case Management
3. Community-Based Support, Outreach, & Education
4. Crisis Services & Treatment Beds
5. Diversion
6. Funding & Financial Transparency
7. Housing & Residential Facilities
8. Staff Training & Professional Development
9. Family Support

Since Care First recommendations are now County policy, the Behavioral Health Advisory Board and this report focus on implementation - on how these recommendations become reality.

Funding

There are opportunities for funding a Care First, Jails Last system in Alameda County, from local, state, and even federal sources. The BHAB Care First Ad Hoc Committee highlights two sources that are timely and salient, but these should not be viewed as the only potential sources of funding.

Measure W

The BHAB observes that there are large areas of alignment between investments in permanent supportive housing, deep housing subsidies, and Board & Cares recommended in the Care First report and housing investments recommended by County staff for the use of Measure W funds. The availability of Measure W funds presents an unprecedented opportunity to help meet the housing needs of people with serious mental illness, substance use disorders, or justice involvement who might otherwise be incarcerated in the County.

CalAIM

California's implementation of the California Advancing and Innovating MediCal (CalAIM) also provides much-needed funding opportunities. CalAIM is a game-changing opportunity to improve behavioral health outcomes for justice-involved individuals. CalAIM specifically includes in its "mandatory populations of focus" individuals transitioning from incarceration who have significant behavioral health needs. Under CalAIM, for the first time, counties can access federal Medicaid matching funds for care coordination services provided in jail within 90 days prior to release. This so-called "90-day jail in-reach" service provides reimbursement for re-entry case management, including Initial Care Needs Assessments; transition plans for post-release

community-based care; and screening and referrals to community-based services and appointments after release. As noted by then-U.S. Secretary of Health and Human Services, Xavier Becerra, “this is the first time in history Medicaid will be providing coverage to justice-involved individuals before they are released.”

Care First Implementation Director

Establish a High-Level “Care First Implementation Director” to Ensure Unified Execution of Approved Care First Recommendations

The biggest threat to achieving CFJL goals is not the lack of political will or insufficient funding – it is the fragmented nature of county government.

The Care First Advisory Board identified the establishment of a high-level Care First Implementation Director as a critical strategy for ensuring coordinated execution of the County's Care First vision. While Alameda County has demonstrated strong political commitment to Care First through the adoption of the Care First Resolution and the subsequent approval of 58 recommendations across nine strategic areas, implementation efforts continue to face challenges stemming from the fragmented nature of county government. Advancing a continuum of care requires coordination across multiple departments and systems that often operate independently, creating barriers to consistent implementation and cross-system alignment.

The Advisory Board noted that no single agency or executive currently has the authority to oversee countywide implementation, standardize data collection and reporting practices, facilitate information sharing, or align funding priorities across departments. As a result, the County faces ongoing risks of fragmented programming, operational redundancies, and inefficient use of resources. To address these challenges, **the Advisory Board recommends the creation of a Care First Implementation Director position, potentially embedded within the County Administrator's Office, to serve as a centralized leader responsible for coordinating interagency collaboration, managing cross-system data efforts, monitoring compliance, and overseeing implementation of the Care First recommendations.**

Monitoring to Date: The BHAB CFJL Ad Hoc Committee

The BHAB (then called Mental Health Advisory Board) Care First, Jails Last Ad Hoc Committee began convening in Fall 2024 and meets monthly. These meetings are hosted by the Alameda County Behavioral Health Department and are now facilitated by Indigo Project.

For the purpose of monitoring all 58 recommendations from the Care First, Jails Last report, the Ad hoc Committee established agency-specific subcommittees. These subcommittees are made up of members of the Ad hoc Committee and other interested community members. The

BHAB reached out to all county agencies on behalf of the Ad Hoc Committee to establish contact and request that a liaison be assigned to meet with and update the subcommittee members on implementation progress.

In addition, the BHAB CFJL Ad Hoc Committee established a Data Subcommittee to identify and monitor data points that reflect progress in achieving the CFJL mission. The subcommittee is focusing on data points that are currently collected by County departments and agencies.

Challenges remain. For this report, the ad hoc committee selected several recommendations that seem timely because they relate to one-time funding opportunities, might rescue promising programs that are in trouble at the moment, are potentially transformative, and/or exemplify basic, long-standing difficulties in reforming the system. The status of these recommendations and requests for Board action to facilitate implementation make up the body of this report.

Implementation & Monitoring Report

Overview: How Are We Doing?

One way to monitor whether the county is successfully implementing Care First recommendations and realizing the Care First goals is to measure the size of the mentally ill population at Santa Rita Jail and track it over time to see if it is decreasing.

The number of seriously mentally ill individuals incarcerated at the jail is increasing. Alameda County continues to under-invest in the kinds of community-based treatment programs that have a proven track record of keeping people living with mental illness and/or substance abuse out of jail.

Starting in 2023, Adult Forensic Behavioral Health (AFBH), the behavioral health unit in the jail, began assessing all inmates and designating a “Level of Care” (LOC) number from 1 to 4 to reflect a person’s acuity level and ability to function within a correctional setting (4 being the most acute). Last year we reported that, from July 2023 through April 2025, the numbers of incarcerated individuals at the jail within each LOC had remained almost the same.

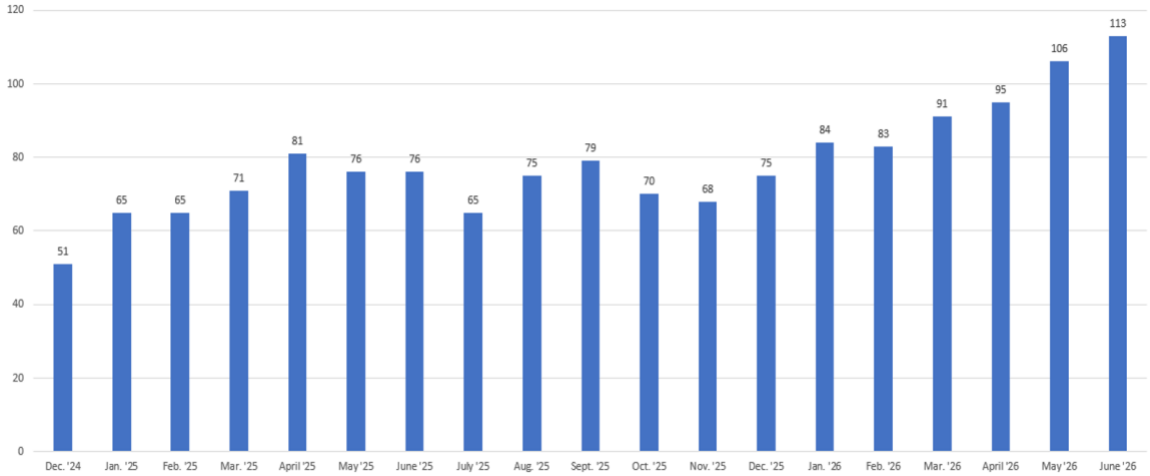
We now update this metric, finding that, even though the average daily population at the jail has decreased 15% since May 2025, the size of the mentally ill population in the jail has remained about the same. In fact, the number of incarcerated individuals with an LOC of 2, 3, or 4 (the most gravely ill inmates who are all housed in Therapeutic Housing Units at the jail for appropriate mental health treatment) has averaged 365 for the last three years. That number is - still - greater than the sum total of all people in Alameda County who on any given day are receiving mental health treatment at John George Hospital, Villa Fairmont and Gladman Rehabilitation Centers, and all of the Crisis Residential Treatment Centers *combined*. Moreover, LOC numbers may not tell the full story, as the number of incarcerated people determined by AFBH to be “seriously mentally ill” continues to climb (see Figure 2).

Figure 1: Change in Levels of BH Care in Santa Rita Jail, 2025-2026

	May 2025	May 2026	Increase/Decrease
Jail Population	1439	1254 (-13%)	- 13%
Level of Care (LOC) 1	552	522	- 5%
Level of Care (LOC) 2	215	261	+ 21%
Level of Care (LOC) 3	107	80	- 25%
Level of Care (LOC) 4	28	18	- 35%
Level of Care (LOC) 2-4	350	359	**+ 2%**
"SMI"*	76	106	**+ 39%**

* *"'SMI' reflects that AFBH has determined that a client (any client LOC 1-4) has a qualifying SMI mental health diagnosis."*

Figure 2: Serious Mental Illness at Santa Rita Jail



Source: *Santa Rita Jail Weekly Update (see: https://www.alamedacountysheriff.org/about-us/public-documents/-folder-96)*

The incarceration of people with significant behavioral health needs does not impact everyone equally. As of November 2025, the population in Santa Rita Jail overall was 33% African American / Black, in a county with a 9.8% Black population. (see Figure 3) Thirty-three percent is likely an underestimate, since 37% of the jail population was classified as "Bi/multi racial or unknown" (7.3% of the county's population is multi-racial.) This reality weighs especially heavily as Alameda County commits to reparations to its African American community that is historically impacted by actions and structures of racism.

Figure 3: Racial/ethnic composition of AFBH population

Race & Ethnicity	Percentage
African American/Black	33%
American Indian and/or Alaskan Native	<1%
Asian	5%
Hispanic/Latino	10%
Native Hawaiian and/or Other Pacific Islander	1%
White/Caucasian	14%
Bi/multi racial or unknown	37%

Source: AFBH Update presented to BOS Public Protection Committee on November 20, 2025

While the BHAB is committed to measuring implementation of other objectives, this data on people with serious mental illness in Santa Rita Jail demonstrates how much more needs to be done to achieve the Care First, Jails Last goals.

Implementation Status of Selected Recommendations

Recommendations with Requests for Board Action

- **2A: Full-Service Partnerships**
- **3L: First Episode Psychosis Program**
- **5B: Pretrial Release Services**
- **5C: Court-Based Diversion**
- **5D: IST Diversion**
- **6A: Transparent Public Reporting on Funds**
- **6C: Reallocate Santa Rita Jail MH Program Services Unit funds to permanent supportive housing**
- **7E & 7F: Deep Housing Subsidies**
- **7I: Licensed Board and Care Facilities**
- **8B: Fund gap analysis to understand existing MH needs & service gaps**
- **9A / 9B / 9C: Family Involvement Programs**
- **Care First Data Needs**

Updates on Other Care First Recommendations

- **1A & 1B: African American Wellness Hub**
- **7H: Independent Living Association**

Increase the Number of Full-Service Partnerships ("FSPs") to Meet the Needs of Alameda County (Rec. 2A)

Context:

There is broad agreement that Full Service Partnerships (FSPs) with "Assertive Community Treatment Fidelity" lead to successful outcomes. FSPs represent the highest level of outpatient mental health services provided in the community, intended to take a "whatever it takes" approach to supporting people with a high level of behavioral health needs, in order to reduce risks of hospitalization, incarceration, and homelessness. It is estimated that each FSP slot in Alameda County costs from $24,000 to $40,000 per year.

Progress:

In 2024, the Behavioral Health Department commissioned the Indigo Project to assess Full Service Partnerships in the County, as mandated by Alameda County's settlement with Disability Rights California and the U.S. Department of Justice. The assessment, published in July 2025, concluded that Alameda County needs 1,400 FSP slots to meet the county's total capacity needs. Last year, the County had 1,100 FSP slots, costing between $24,000 and $40,000 each per year.

However, according to a communication from ACBH to BHAB, the Behavioral Health Department will fund just 1,155 FSP slots for people 16 years of age and older in Fiscal Year 2026-2027.

Request for Board Action:

- Fund the additional FSP slots that are necessary to fulfill the unmet need. The estimated cost of these slots for 245 people is roughly $5.9 million to $9.8 million.
- Increase utilization rates. The County should determine whether all FSP slots are filled, and if not, why not.

First Episode Psychosis (Rec. 3L)

Context:

Without prompt treatment, people living with schizophrenia are at risk for suffering a lifetime of disability. In Alameda County one quarter of our homeless population suffers from severe mental illness, many with schizophrenia. Although schizophrenia is treatable, appropriate treatment is rarely provided, and too many stricken with this illness end up on the streets or behind bars.

Unlike other serious mental illnesses, schizophrenia requires immediate treatment. Here, the most important predictor of success is the duration of untreated psychosis. The sooner treatment is begun the greater the chance of a successful recovery. For that reason, it is critical that people experiencing acute symptoms of psychosis for the first time receive appropriate treatment as soon as possible.

Schizophrenia is a brain disease, and the symptoms themselves are traumatic. Voices torment the sufferer, putting into words their worst fears. "Your mother's going to die"; "You're a pervert,

you should hang yourself." Thoughts become illogical, disordered, incoherent. Untreated, the condition is disabling, leaving the sufferer excluded from basic social participation and often unable to keep housing or even to abide by standard norms of behavior. Homelessness and incarceration are all too common.

The first episode of schizophrenia and related psychosis tends to occur in young adults. There is an evidence-based, standard of care for treatment of first episode psychosis (FEP) called Coordinated Specialty Care (CSC). This is a team based, person-centered approach offering case management, recovery-oriented psychotherapy, medication management, family support and education, and supported education and employment.

Alameda County provides such care through the Felton Institute. Felton runs two integrated CSC-FEP programs serving TAY-aged youth who have Alameda County Medi-Cal or are Medi-Cal eligible. The re(Mind) program specializes in schizophrenia-spectrum disorders, the BEAM program in bipolar and other mood disorders.

It is a credit to our county that we offer this critical specialty care. However, by all estimates, the need greatly exceeds current treatment capacity. To cope with psychosis, we spend vast sums on hospitals, homeless services, justice-system interactions, incarceration, and income lost to both affected persons and family caregivers. In California, this amounts to approximately $124,000 per year per person in disease-related costs, according to a recently published study.

To provide effective care for all who need it is not only the right thing to do, it is the fiscally conservative course of action.

Progress:

- Felton's CSC-FEP program is contracted to serve 100 clients and is on track to reach that goal. This reverses years of failure to meet enrollment expectations.
- Increasing the age limit to 30 years of age is under consideration. The current restriction to TAY-aged youth (15-24) misses the many young adults (disproportionately female) who experience first onset of psychosis later in their twenties.
- Felton's program participates in a statewide network of early psychosis intervention programs and is periodically reviewed for fidelity to the coordinated specialty care (CSC) model. A 2025 review of the program noted low enrollment numbers (34 clients enrolled for more than 1 year) but found good fidelity overall.

Obstacles:

- Lack of public awareness of the symptoms of first episode symptoms and the benefits of early treatment.
- Limited awareness of the CSC-FEP program among providers, family members, and the public at large.
- The Program's location in Alameda city may limit participation.

Request for Board Action:

- Require an accurate assessment of unmet need and expand programs accordingly.
- Expand outreach and the public information campaign.

Expand Pretrial Release Services (Rec. 5B)

Context: Recommendation 5B promotes opportunities for safe, fair, and effective pretrial release from Santa Rita Jail. It aligns closely with the Reimagine Adult Justice (RAJ) initiative, Element 5.

Progress:

1. Alameda County currently uses the Public Safety Assessment (PSA) to assign a risk level (high, medium, or low) to the likelihood of a defendant failing to appear or being re-arrested during the pretrial period. Later in 2026, the Judicial Council of California is expected to release a validation study of the PSA, which can be expected to inform and propel a broader study of PSA outcomes, as recommended in RAJ and CFJL reports.
2. February 2026 marked the start of the **Pretrial Expansion Program** (**a.k.a. Pretrial Case-Management Program)** – a CCP-funded collaboration between Probation, Court, and Building Opportunities for Self-Sufficiency (BOSS). The program targets people on pretrial own-recognizance release (i.e., not supervised by Probation) who without needed resources would be at moderate-to-high risk of recidivating. Participating individuals enter the program by order or recommendation of the pretrial judge. Following needs assessment by program case managers, they are connected to needed resources like stable housing and treatment programs for MI or SUD. In its four first months of operation, the program served over 500 individuals and documented reduced recidivism in the population served.

Obstacles:

The Pretrial Expansion Program received CCP funding for one year only. Despite promising early results, the Probation Department - responsible for procuring funds and the contract to BOSS - has not yet announced plans to sustain the program beyond the December 2026 expiration date.

Request for Board Action:

1. Without delay, require the Probation Department to provide a program update and plan going forward.
2. Ensure that this needed and cost-effective program is fully funded to serve the rapidly growing pretrial population (estimated cost $8.5 million), according to Court representative communication to the Care First Ad Hoc Committee.

Court-based Diversion (Rec. 5C)

Context:

Recommendation 5C addresses the County's court-based diversion programs (a.k.a. treatment courts) calling for:

- Performance and outcome data; independent evaluation
- Increased capacity to divert individuals with co-occurring mental illness and SUD
- Lowest possible barriers to treatment engagement and court attendance

- Timely in-custody assessments and referrals to diversion courts
- Creation of a family liaison role

Progress:

1. Alameda County's Mental Health Diversion (MHD) Court is governed by state law that since 2018 has expanded the definition of who qualifies for pre-plea treatment diversion. This court is a gateway to diversion for defendants with a wide range of charged offenses and a broad array of behavioral health diagnoses, including co-occurring MI and SUD. **Defendants who do not meet the more restrictive qualifications of Behavioral Health Court or Felony Drug Court may still have the opportunity of entering treatment diversion through MHD court.** Reflecting this, MHD Court has a large and growing calendar; from October 2025 to June 2026, the estimated number of participants in MHD court has grown from 220 to over 350, according to a communication from Judge Elisa Della-Piana to the Care First Ad Hoc Committee. By comparison, the Behavioral Health Court has 30 to 40 participants.

2. Alameda Co. Superior Court also operates seven treatment courts through its Office of Collaborative Courts, all serving people with SUD or co-occurring SUD and mental illness. These courts win high praise for their effective and efficient operating model. The 18-person staff, including 4 Telecare-based clinicians, is shared across the seven courts. The Office of Collaborative Courts is moving forward with several data-reporting and family-engagement strategies, including a family liaison position.

Obstacles:

1. **Mental Health Diversion (MHD) Court, our most heavily enrolled treatment court, remains the only one to operate without even a single clinician assigned to the court from BHD or a community-based provider.** Its reliance on social workers in the Public Defender's Holistic Defence Program, along with expert psychiatric consultants, invites inefficiencies, delays, and backlogs, which can mean more jail time for defendants awaiting acceptance to a treatment program, and longer times between progress hearings.

2. The Collaborative Court Program – the county's main diversionary pathway for substance-use disorders --- faces serious financial challenges in coming years due to cuts in long-standing federal grants. Estimates are that between October 2026 and October 2029, it will lose an estimated $8 million in federal grant opportunities. With an annual budget of $3.5 million, they project a shortfall of $200,000 in the coming year.

Request for Board Action:

The Behavioral Health Department has not yet produced a plan that addresses the urgent need for assigned clinicians in MHD. The Board should require such a plan without further delay (See Funding Needs 1-2, below).

Funding Need:

1. For Mental Health Diversion Court, two or more assigned, licensed clinicians, based in Telecare or other community-based organization, and 2 social workers funded through the Public Defender's Office

2. For the Collaborative Court Program, $200,000 sustainability funding in FY 2026-27.

Incompetent to Stand Trial (IST) Diversion (Rec. 5D)

Context:

Recommendation 5D calls for the expansion of diversion opportunities for individuals found Incompetent to Stand Trial (IST), with a focus on reducing reliance on competency restoration pathways and increasing access to community-based treatment and supportive services. The recommendation emphasizes the development of a permanent diversion infrastructure capable of serving individuals with significant behavioral health needs in the least restrictive setting possible.

Progress:

1. Alameda County has continued to advance its IST diversion efforts through the transition from a pilot program to a permanent diversion model. Stakeholders reported growing recognition that diversion is often a more effective and clinically appropriate intervention than competency restoration for many individuals with serious mental illness and co-occurring behavioral health needs.
2. The County has expanded service capacity through the implementation of the Early Access and Stabilization Services (EASS) program within the jail, which aims to identify, stabilize, and connect eligible individuals to diversion opportunities and treatment services earlier in the criminal legal process.
3. Significant investments from BHCIP have been secured to support long-term implementation of residential treatment on Depot Road and other sites.
4. Additional funding - a $5 million award from DSH - has been secured to support ongoing operation of the permanent IST Diversion Program. DSH also awarded the County $8.25 million for building up to 88 residential forensic beds for IST individuals (but see below).

Property	Location	Applicant	Ops Lead	Funding Source	Status	Uses	Capacity	Capital Funds	Est. Annual Ops Costs (new)	Est. Capital completion date
St. Regis	Hayward	BACS	Anna	BHCIP	Awarded (Round 4)	SUD residential (4), Sobering Center Note : Other H&H programs, FQHC	44 SUD beds 4 Sobering Center	$18.65	$7M/TBD	July 2026
Mocine	Hayward	La Familia	Steph L.	BHCIP	Awarded Start FY 26/27	CSU/CRT	16 CSU beds 16 CRT beds	$3,853,298	$8M	9/15/2026
Galindo	Oakland	La Familia	Sun	BHCIP	Awarded Start est. 7/1/27	ART and Outpatient for at-risk TAY	16 ART beds	$5,132,883	$3M	10/5/2026
Gladman	Oakland	Telecare	Steph L& Juan	BHCIP	Awarded. Start est. 7/1/27	CRT for Justice-involved individuals	16 CRT beds	$4,348,706	$3M	12/31/2026
Telegraph Ave	Oakland	Horizon Services	Anna	BHCIP Bond	BHCIP Bond R1 (3-5 years)	Sobering, Detox, Residential (replaces Cronin - $4M; Alco beds no more than ~60%)	~100 beds	$21.2M	$2M?	est.7/1/27
Livermore	Livermore	La Familia	Anna	BHCIP	Awarded (Round 4 timing unknown)	Sobering, Detox, Residential	16-20 SUD beds	$7,609,820	$5M	est. 7/31/27
Depot Rd	Hayward	BACS	Kate & Juan	BHCIP	BHCIP Bond R1 Round 5 (FY 27/28?)	MHRC (compare to Villa cost) Locked Forensic ~45; step down Gladman ~25; SB43 5150 SUD ~8	83 total MHRC beds	$32M	$18M	est. 12/31/28
St. Rose Hospital	Hayward	AHS	James & Kate & Dr. Coombs	BHCIP Bond	BHCIP Bond R1 (3-5 years)	Med/Psych Hospital Unit (like JGP); Geropsych (no ops cost for ACBHD)	5 Beds	$62.4M	$9M	est.12/31/28
San Leandro Hospital	San Leandro	AHS	Anna	BHCIP Bond	BHCIP Bond R1 (3-5 years)	Hospital Based Substance Use Detox Facility (ASAM 3.7)	6 beds (up to 12)	$14.8M	$3.3M	est.12/31/28
							Total Award Amount	$169.9M	$58.3M	

Obstacles:

1. Stakeholders have not yet finalized the contract governing the permanent IST Diversion Program. The lack of a finalized agreement has delayed full implementation and created uncertainty regarding program operations and long-term sustainability.
2. BHAB recently learned that the Behavioral Health Department chose to decline a 2024, $8.25 million grant from the Department of State Hospitals (DSH) to develop 88 residential treatment beds for the IST population. The lack of transparency and questionable logic around this decision adds to concerns about the viability of the permanent IST Diversion Program.
3. While BHCIP funding has been awarded for residential treatment infrastructure, the County has not yet established a clear plan for the sustained operation - the County committed to 30 years - of the 83 residential treatment beds at Depot Road that are necessary to support diversion efforts at scale.

Request for Board Action:

The Board should require clarification on outstanding barriers to making the permanent IST Diversion Program operational:

- Determine the timeline for the creation of the residential treatment beds at Depot Road.
- Determine why the permanent IST Diversion Program contract has yet to be finalized.

Transparent Reporting on Funds, including *Babu* funds (Rec. 6A)

Make Care First program costs, *Babu* settlement costs, unspent funds publicly visible

Recommendation 6C calls on the County Administrator's Office (CAO) to publish financial information every six months on programs that serve the Care First population, including realignment and Cal-AIM funds, reporting on unspent and reserve funds, and costs for the *Babu* settlement, which required the County to hire 438 additional staff in Santa Rita Jail, at an annual cost of $106 million in 2020 dollars. Transparent information about the availability and use of funds, and the constraints on those funds, is critical for the Board of Supervisors to make sound decisions regarding CFJL goals.

This recommendation states that:

"The County Administrator's Office (CAO) must transparently report the funds that are available, earmarked, budgeted, and allocated to support the Care First population and make this information publicly viewable on a website. This information includes:

- For all reporting: the funding source, amount of allocation, intention for funds, and agency receiving the funding.
- Realignment/Reentry funding that comes from and/or goes into general funds, reserves, or other pots of funding.
- Tracking of CalAIM funds including PATH and other reimbursements.
- Funding available for reinvestment and cost savings, funding which must remain within

the CareFirst population.
- Unspent funds and funding balances in reported accounts.
- Unspent funds in Santa Rita Jail for County and contractor staff, including agency allocations, overtime, and unfilled staff positions.
- Funding allocated to address the Babu settlement."

The BHAB Care First Ad Hoc Committee has met with the CAO four times since we last reported to the Board of Supervisors in May 2025. In these meetings, CAO staff provided the Ad Hoc with some of the information identified in this recommendation, specifically unspent funds in Santa Rita Jail and Auditor calculations of year-end fund balances, as well as county policies for use of unspent fund balances (but not the balances themselves).

In September 2025, the CAO provided detailed data on Sheriff's Office staffing costs in the jail as a result of the *Babu* consent decree, showing 290 funded vacant sheriff positions in Santa Rita Jail. The CAO's data also showed that the Sheriff's Office spent $223 million in jail personnel costs last year (including $51 million in overtime), out of an approved jail personnel budget of $264.9 million, leaving a balance of approved vs. actual expenditures of nearly $42 million.

The CAO did not provide comparable information on ACBH jail personnel costs related to the Babu settlement. However, according to a *Babu* expert report last November, there were an additional 74 funded vacant clinical county (AFBH) positions in Santa Rita. At the same time, the Santa Rita Jail population in 2026 has been less than half the jail population on which the jail staff provision of the *Babu* settlement was based.

Recommendation 6A would require determining what funds are allocated or spent on "the Care First population." The Care First Ad Hoc Committee proposed a definition of "the Care First population" for the CAO to be able to identify relevant programs and spending units; however, the CAO has not advanced in reporting on such funds.

The CAO also shared with the Care First Ad Hoc policies for deciding how unspent funds may be used and existing sources of information on fund balances, particularly in the Auditor's Annual Comprehensive Financial Report. However, the CAO has not yet publicly posted any of the information shared with the Care First Ad Hoc. Nor has it shared information on realignment, reentry, CalAIM, or PATH funds received or expended.

Request for Board Action:

Direct the CAO to continue to work with the BHAB to fully implement this recommendation, including public posting of the relevant information. There is no known additional funding needed for the CAO to provide and publish the information called for by this recommendation.

Reallocate the $26.6 million allocated to the Mental Health Program Services Unit in the jail to permanent supportive housing (Rec. 6C)

In 2024, the County suspended plans to build a Mental Health Program Services Unit (MHPSU) at Santa Rita Jail, which was to address a need for private spaces for mental health treatment

and cost the county an estimated $26.6 million. The Care First, Jails Last Task Force recommended that these funds be dedicated to permanent supportive housing and other critical interventions that provide care and housing to people at the intersection of poverty, justice involvement, and serious behavioral health issues. The County is in a housing emergency that disproportionately impacts poor people with SMI and SUD.

The Ad Hoc has not been able to determine why the county has not implemented this recommendation. According to the CAO, these funds remained unearmarked in the Capital Improvement Projects (CIP) fund. The CAO stated in March 2026:

> The funds initially allocated to the Mental Health Program and Services Unit were held in the Capital Financing Plan Designation / Capital Construction Fund (see p.25 & 89 of the FY24-28 CIP), which is the general designation for CIP projects. After the MHPSU project was paused, the $27M remained in the designation. The County funded other projects at SRJ to move toward compliance with the Babu Consent Decree (as listed on p.34 & 141 on the FY25-29 CIP), such as the [Sheriff's Office] & BHCS Staff Space and Treatment Area and the Outdoor Reconfiguration.
>
> The $27M is part of the general balance of the designation, not differentiated from the rest of the balance of the designation, so it's not possible to say what those specific dollars were utilized for. However, by comparing the pages noted of the two CIP plans, it is possible to see how the designation overall is utilized year-to-year.

The CIP already has a formula for accumulating CIP funds in the annual budget process.

Request for Board Action:

Request the CAO and GSA to identify funds in the CIP fund that could be used for permanent supportive housing. Consider identifying needs for permanent supportive housing as unfunded infrastructure needs in the CIP.

Expand Deep Housing Subsidies to Residents with Justice-Involvement and SMI/SUD (Recs. 7E & 7F)

Context:

For any economically disadvantaged families and individuals in Alameda County, maintaining stable housing is a challenge. As of 2026, renters must earn $50.90/hour– nearly 3 times the minimum wage in Oakland– to afford the average asking rent in Alameda County without incurring a severe cost burden. In other words, low-wage workers must either secure and maintain approximately 3 full-time minimum wage jobs, or choose to double up in a unit with other renters in order to afford the rent in Alameda County. Residents at the intersection of SMI and justice-involvement are disproportionately unemployed, underemployed, or in low-wage jobs, intensifying the challenge of securing a market rate rental unit that they can afford. For people fighting criminal cases, navigating diversion proceedings, or those with criminal records,

it is hard enough to secure one living-wage job and find a housing provider that truly adheres to Fair Chance Housing laws.

Hence the importance of deep housing subsidies for the Care First target population: “deep subsidies” are long-term rental subsidy programs that allow residents to pay a fixed percentage (typically 30%) of their monthly income toward rent, while the subsidy program pays the landlord or housing provider the rest. By working with a fixed percentage of the resident’s income, deep subsidies effectively prevent vulnerable individuals and families from entering or reentering homelessness, even in the face of economic hardship.

Within the often blurry diagnostic categories of SMI and SUD, there is still a vast spectrum of acuity and a wide variety of housing needs: the highest-need individuals may require 24-hour residential care; others may need supportive housing units with significant wraparound support in order to maintain their stability; and *many people navigating addiction and serious mental illness are capable of living independently* with the proper community-based supports (i.e. therapy, outpatient treatment, holistic healing modalities). However, Alameda County’s incredibly high housing costs and the systematic barriers to employment that come with a criminal record compound to make stable housing inaccessible for many residents. Recommendations 7E and 7F are specifically designed to ensure residents at the *moderate and lower ends of the spectrum of acuity*– the often overlooked majority of the Care First target population– can maintain stable housing and avoid the cycle of homelessness.

Progress:

Agency leaders within HCD have sought to estimate the number of Alameda County residents who are 1) extremely low-income, 2) justice-involved, and/or 3) struggling with SMI/SUD; current estimates from HCD indicate that the deep rental subsidies in recommendations 7E and 7F would be addressing an unmet need for anywhere from 2,000 to 5,000 households in Alameda County.

Obstacles:

That being said, 2,000 to 5,000 households is an enormous range. HCD has estimated that addressing the unmet need could cost the County anywhere from $50 million to $125 million. Clearly, more precise and accurate estimates are needed.

H&H has not provided this committee with a dataset that cross-tabulates this specific set of factors (poverty, justice involvement, serious behavioral health needs) to accurately estimate the size of the Care First, Jails Last target population that is in need of housing subsidies. Although this data is collected in the Homeless Management Information System (HMIS) through the County’s Coordinated Entry System (CES), we have been informed that there are obstacles to disaggregating this data and ensuring that individual identities are protected. Further, much of the data collected during CES assessments is self-reported, making it likely that instances of both justice-involvement and behavioral health issues are under-counted due to social stigma and human error.

Further, the Care First target population faces unique barriers within the Coordinated Entry System due to the interplay of HUD homelessness guidelines and the court system. A prime example: formerly homeless people who are incarcerated for 90+ days are no longer considered homeless– because they are technically "housed" within the jail– and thus, lose their priority status in the County's housing queue. In practice, this makes it nearly impossible for incarcerated individuals to be appropriately prioritized in the CES queue for deep rental subsidies and other housing resources. At the same time, the latest Home Together Plan from H&H has not included people with high behavioral health needs or who are justice-involved as priority populations for housing assistance. The Care First population thereby remains underserved and overlooked, despite being disproportionately vulnerable to homelessness.

Requests for Board Action:

We implore the County to fund additional research and data collection that would afford H&H and HCD the ability to precisely assess and address unmet housing needs in Alameda County– particularly within the population at the intersection of behavioral health issues and justice-involvement.

We urge the Board to direct H&H's Home Together program managers to identify and prioritize people with SMI/SUD and justice-involved as beneficiaries of deep housing subsidies, and to ensure that Home Together policies address the unique systemic barriers to housing access that these populations face. This may require reshaping aspects of the Coordinated Entry System to address the systemic exclusion of incarcerated people, or creating separate pathways to long-term rental assistance that are available for residents incarcerated in Santa Rita Jail.

Build and Support Licensed Board & Care Facilities (Rec. 7I)

Context:

Recommendations 7I and 7O call for the preservation, expansion, and long-term support of Licensed Board and Care (LB&C) facilities as a critical component of Alameda County's behavioral health continuum of care. LB&Cs provide a level of supervised residential support that differs from traditional permanent supportive housing and often serve individuals with significant mental health and functional support needs who may not be able to live independently. Although the ongoing costs of operating a high-quality LB&C are substantial, these facilities serve residents with the most severe behavioral health needs– who otherwise languish on the streets, decompensate in jail, or cycle through psychiatric hospitals and subacute facilities, and incur far higher social and economic costs to the County over time. The recommendations emphasize both maintaining existing capacity and expanding the availability of licensed residential care options to meet community needs.

Progress:

1. Stakeholders reported growing recognition of the unique role Licensed Board and Care facilities play within the County's behavioral health system. There is increasing awareness that LB&Cs provide services and levels of supervision that cannot be readily replaced by traditional permanent supportive housing models.
2. State Community Care Expansion (CCE) funding has been distributed to support repairs and improvements to existing Board and Care facilities, helping preserve current residential capacity.
3. The Supportive Housing Community Land Alliance (SHCLA), currently the primary not-for-profit entity pursuing the acquisition and development of Licensed Board and Care facilities using a land trust model, has identified opportunities to develop additional LB&C capacity, including a potential new Licensed Board and Care facility and a Board and Care-like residential model emphasizing high-quality support for residents.

Obstacles:

1. Board and Care facilities often fall between existing policy and funding frameworks, limiting the availability of dedicated resources and inhibiting long-term sustainability.
2. Low reimbursement rates and rising housing costs have led to a decline in LB&C capacity, with a loss of 198 Licensed B&C beds since 2021. This is particularly troublesome for LB&C operators serving residents with SMI. In 2023, LB&C operators were reimbursed only $44 per day per resident with SMI, whereas they were reimbursed $191-$391 per day per resident with intellectual/developmental disabilities. This disparity makes it significantly less economically viable for operators to serve residents with SMI and thus leads to steeper declines in LB&C availability for the Care First population.
3. Because LB&C facilities are categorized as residential facilities rather than housing units, clients do not access LB&C beds through the County's housing queue.
4. Alameda County currently lacks a comprehensive inventory of Licensed Board and Care beds and has not completed a needs assessment to determine the appropriate level of residential care capacity required to meet community demand.
5. While SHCLA was allocated "bridge funding" for FY 2026-27, the County removed its commitment to The Union, originally slated to be a Licensed Board & Care, and the allocation to SHCLA represents a 58% reduction in the county's support to it, significantly limiting its ability to expand capacity.

Request for Board Action:

1. Direct AC Health and H&H to pursue braided funding sources to increase support for Licensed Board & Cares, potentially including BHSA funds for housing and/or services, SSI client income, Measure W funds, and other sources for acquisition capital, services or housing.
2. Conduct a comprehensive assessment on the current status and quality of the county's Licensed Board and Care facilities and crisis residential programs, as envisioned in the original recommendation, to better understand current capacity; and conduct a needs assessment to measure future demand for LB&Cs.

3. Support state-level policy and legislative efforts that would strengthen the financial viability of Board and Care facilities– particularly for residents with SMI– and encourage the development of additional licensed residential care options.
4. Provide funding and support necessary to stabilize SHCLA's efforts to preserve and expand Board and Care capacity.

Fund a Gap Analysis on Existing Mental Health Needs and Service Gap (Rec. 8B)

Context:

Recommendations 4C, 4D, 4E, 7I, and 8B collectively recognize the need for a comprehensive assessment of residential treatment and supportive housing capacity for individuals with serious mental illness (SMI). These recommendations span multiple levels of care, including acute and subacute treatment, crisis residential services, Board and Care facilities, and other community-based residential settings. A recurring theme across the Care First recommendations is the need to understand not only the availability of programs, but also the adequacy of the County's bed capacity to meet current and future demand.

Progress:

1. Needs assessments have been conducted for mobile crisis response (4C) and FSPs.
2. Multiple Care First recommendations have identified the need for a systemwide assessment of residential bed capacity for individuals with SMI, reflecting broad stakeholder recognition that housing and treatment infrastructure are foundational to successful behavioral health reform.
3. Alameda County has secured state funding to support the expansion of certain behavioral health treatment and residential care facilities, creating opportunities to increase capacity in targeted areas of the continuum of care.
4. The County has access to expertise and technical assistance resources, at Indigo Project and elsewhere, capable of conducting a comprehensive needs assessment to evaluate existing capacity and estimate future demand across multiple residential treatment settings.

Obstacles:

1. The current behavioral health residential care system lacks transparency and the overall footprint of services available to individuals with the most significant behavioral health needs remains difficult to quantify. Existing capacity may be insufficient, but the County lacks the data necessary to fully assess the extent of unmet need.
2. Alameda County Behavioral Health has not completed a comprehensive analysis of the need for subacute treatment beds or other key residential treatment resources, limiting the County's ability to make informed planning and investment decisions.

Request for Board Action:

1. Commission a comprehensive behavioral health residential bed needs assessment to estimate current and future demand across the continuum of care, including:
    - Subacute and acute treatment beds (Rec. 4D)
    - Crisis residential programs (Rec. 4E)
    - Board and Care facilities (Rec 7I)
    - Other residential and supportive housing models serving individuals with serious mental illness (Rec 8B)
2. Ensure that the assessment compares existing capacity against indicators of need, including jail populations, homelessness data, Department of State Hospitals utilization, and other populations with significant behavioral health needs.
3. Identify which residential resources are restricted to specific populations, including forensic populations, to better understand the availability of beds across the broader system.

Funding Need: Approximately $100,000 is needed to support a contractor-led behavioral health residential bed needs assessment and related planning activities.

Family Involvement Programs (Recs. 9A, 9B and 9C)

Context:

Recommendations 9A, 9B, and 9C focus on increasing family involvement in behavioral health services through family navigation, family support, and family advisory services.

Progress:

It is currently unclear whether additional family navigator positions or family support services will be added to support implementation of these recommendations.

Obstacles:

1. There is reluctance to expand family engagement efforts due to concerns about raising family expectations when sufficient services and support may not be available.
2. Privacy and confidentiality requirements can significantly limit communication between providers and family members when an individual has not signed the appropriate releases of information. As a result, families are often unable to obtain information about treatment, services, or care planning, making it difficult for them to support their loved ones and effectively participate in the recovery process.
3. Planned reduction of Family Education Resource Center (FERC) services will further reduce available resources.
4. Agencies are often unable to effectively support and engage family members while also adhering to HIPAA and confidentiality requirements, thereby reducing capacity for care coordination and familial support.

Request for Board Action:

Request clarification of BHD regarding plans to implement Recommendations 9A, 9B, and 9C, including whether family navigator, advisor, or support positions will be created after FERC funding ends.

Monitor Utilization and Efficacy of the Unprecedented Expansion of Treatment Beds

Context:
Through State grants (BHCIP, CCE, etc.), the county will significantly increase its treatment bed capacity by 2028 throughout the continuum of behavioral health care:

- Crisis Residential Treatment Beds
- Crisis Stabilization Beds
- SUD Residential Treatment Beds
- Sobering Center Beds
- Adult Residential Treatment Beds
- Sub-Acute Treatment Beds

Request for Board Action:

- Transparent, public-facing, and accountable monitoring of how these new treatment beds are utilized.
- Sustainable funding of necessary operating costs.
- Assessment of system impacts and expected reductions in incarceration and institutionalization.

Data Needs for the Care First, Jails Last Process

Renew and Expand Contract for Data Analysis provided for Reimagine Adult Justice

The 2021 Care First resolution called for data to analyze and support treatment of people with mental illness outside of Santa Rita Jail. The Reimagine Adult Justice (RAJ) initiative advanced data and analysis of the jail population with work by Wendy Ware, but did not address mental health.

The Santa Rita Jail data analysis has relied on the short-term funding commitment from a single supervisor, Elisa Marquez, who continued the initiative for Reimagining Adult Justice pursued by Supervisor Richard Valle, before his passing more than three years ago.

The Santa Rita Jail data analysis carried out by Wendy Ware and presented to the Board of Supervisors in November 2024 advanced understanding of the times and reasons for jail release, arrest trends, booking charges, differences in arrests between cities and law enforcement agencies, length of jail stay by charged offense and size of bond requirements,

demographics of detainees, and racial and ethnic disparities. It drew upon wide consultation with county agencies, and established a system for assessing the effects of pre-trial services and releases. The analysis examined data through June 2024; this information has not been updated since. Moreover, neither *the RAJ initiative nor Wendy Ware's work considered behavioral health clients as a specific jail population, nor the effects on that population of implementing RAJ recommendations.*

The County has an opportunity to update and build upon this analysis to analyze options for reducing the persistent number of people with significant mental illness in Santa Rita Jail (see Overview) and to advance the goals of the Care First, Jails Last recommendations. Ms. Ware demonstrated the value of bringing an analyst to this project who has a national perspective on the roles of jails. Because she established the architecture and process for this analysis, we expect it will not be a heavy lift for her to resume the work. It will, however, require collaboration with the Behavioral Health Department, particularly to access data regarding behavioral health clients while respecting HIPAA requirements.

Request for Board action: Support renewal of the contract with Wendy Ware for jail data analysis, ensuring inclusion of data and analysis of people in Santa Rita with mental health diagnoses. It is estimated that this jail data analysis will cost no more than $100k - $200k.

In addition, see the data needs identified in sections on Recommendation 6A (Transparent Reporting on Funds), 8B (Funding Gap Analysis of Mental Health Bed Needs), 7E/7F (Deep Rental Subsidies), and 7H (Independent Living Association).

Updates on Other Care First, Jails Last Recommendations

African American Wellness Hub (Recs. 1A & 1B)

Recommendation 1A calls for the creation and ongoing funding of an **African American Resource Center** (The Center) that "provides information and culturally responsive services in the areas of education, physical health(e.g., nutrition, meal services, and medical services including **psychiatric support, medication management**, and individual and group therapy.

The County should develop an **Advisory Committee with minimum 50% representation of people with lived experience, including family members**, with the goal of identifying necessary services, culturally responsive resources, and to support the expansion and dissemination of funds relative to the Center."

Progress

In prior reports to the Board of Supervisors, the Ad Hoc Committee updates reflected assurances that:

1. Funding has been set aside for demolition of the current building and for a rebuild at the identical site. The property will be county owned and will include a hub of satellite services.

2. ACBH leadership has demonstrated a commitment to include psychiatry among the services available in the Center in order that justice/system involved clients and others with psychiatric or substance abuse issues will find both a therapeutic and psychiatric home. Confirmation of this commitment is reflected now in the early architectural plans presented to the Center's Advisory Committee where four medical rooms have been specified.

3. An Advisory Committee was formed in December of 2025 under the direction of Dr. Clyde Lewis, manager of the Office of Ethnic Relations. Dr. Tribble wrote in an April 2026 email that "The AAWH Advisory Committee of approximately 13 members held 5 meetings some of which were devoted to soliciting input for the AAWH building design… At present it has completed the first phase of 5 meetings, in alignment with construction and planning efforts. The next phase of committee meetings will be announced and resumed by the department in the future."

Ongoing Discussion of Robust Caregiver Inclusion

Because explicit family member identification and participation were not observed during the Zoom meetings, the Implementation Committee representative requested that the Advisory Committee recruit self-identified family members willing to discuss care giving needs and navigational/advocacy experiences. This is an important issue, particularly for family caregiver stakeholders, who are an important though under-the-radar source of system feedback for those clients unable to speak for themselves.

Forthcoming for Next Reporting Period: Anticipating Final Recommendations

1. The Director has expressed willingness to discuss the inclusion and recruitment of additional self-disclosed family members who have navigational/advocacy experience with behavioral health agencies.

2. It is anticipated that volunteers for this role may be recruited via family-caregiver focused non-profits, voluntary associations in Alameda County, The office of family empowerment or word of mouth.

3. At the conclusion of the CFJL Task Force in June of 2023, the existing HUB building was not scheduled for demolition. A target date for the opening of the new building is currently publicized for 2028, however demolition has not begun as of July, 2026.

4. A tentative timeline for the Center's opening should be made public.

5. With the Center's opening further out than anticipated, there should be interim services phased in to begin meeting the behavioral health needs of a community bereft of them for more than two decades.

6. It should be noted that there has been a stakeholder complaint regarding the absence of a durable parking plan for the Center. Neither the old building or its new iteration include parking in a congested commercial area. Rental of a church parking lot is the GSA solution, however, the longevity of that solution should be assured.

Independent Living Association (Rec. 7H)

“The term ‘independent living home’ is frequently used interchangeably with the term[s] ‘room and board home’ [and ‘unlicensed board and care’ (UB&C)]. [Each term refers] to unlicensed congregate living homes that are subject only to landlord-tenant laws.” (The Unseen Housing Economy: a Road Map to the Independent Living Home Industry; Disability Rights California, 2025, “DRC”).

A UB&C tenant is often a person with serious mental illness living on fixed government disability benefits. Operators of these homes, who may or may not own the property, live on-site. According to DRC, “although many operators manage healthy homes…., a significant number of homes provide housing that is uninhabitable, deplorable, and rife with exploitation.” DRC maintains that tenants often resort to UB&Cs as the last viable housing option before homelessness.

Based on a successful San Diego County model, the Independent Living Association of Alameda County (ILA-AC) was established in 2017. It brought together county programs, service providers, advocates, tenants, and, crucially, UB&C operators. It was designed to provide information, share resources and services, solve problems, define best practices, and develop mental health competency, among other things. Its overall goal was to “improve the general living conditions of boarding homes housing many living with mental illness in substandard and dangerous living conditions.” (Care First, Jails Last Final Report, p. 38)

“Defunded in December 2021, in 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 training.” (Ibid.)

The 2026 Housing and Homelessness (H&H) Plan states that (H&H) is “currently examining viability to implement“ Recommendation 7H. It further states that “H&H to identify additional data needed and data collection plan.” Although “no additional staff are needed,” “additional funding is needed.” Anticipated costs are estimated at $370K annually.

We offer no specific recommendations for Board action at this time.

However, it is our hope that H&H will a) continue to examine the viability of implementing Recommendation 7H, and b) consider reviving ILA-AC in stages, focusing initially on staff-intensive, operator-focused aspects of the former program that do not require new funding.

Additionally, H&H should pursue its stated intention to conduct, or contract to conduct, a needs assessment to determine the current status of UB&Cs in Alameda County—at least insofar as how many facilities exist and the number of persons with serious mental illness housed. The assessment might be conducted in conjunction with the needs assessment regarding licensed board and care facilities proposed elsewhere in this report.

Care First, Jails Last
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