

10/7/24 CPAG Meeting 4 - Q&A

Q: In the next 3-5 years, how might engagement with community providers develop and change for Alameda County Health's Housing & Homelessness Services (H&H)?

We are seeing the state continue to shift responsibilities and funding to the Medi-Cal Managed Care Plans (examples include the CalAIM Housing Trio Community Supports – Housing Navigation, Tenancy Sustaining Services, and Housing Deposits – and the new Transitional Rent benefit). This shift means that providers will need new structures and training to adjust to Medi-Cal billing and regulations. AC Health H&H has expanded its work to support CBOs; we currently contract with 21 community providers for the CalAIM Housing Trio, and we work with these providers to ensure they are collecting the right information for successful billing and remaining up-to-date on new Medi-Cal Managed Care policies.

Q: We know that substance use disorder is common in people experiencing homelessness. How is the County addressing this?

There are several programs and team in Alameda County H&H that address substance use disorder in this population. The Health Care for the Homeless Program employs several Street Health teams throughout Alameda County who are experts in medication-assisted treatment (MAT) and harm reduction. They do what they can when they encounter an individual on the street, and they work on connecting them to other services, through the AC Health Behavioral Health teams, for crisis and day or residential treatment services.

H&H partners closely with community partners, such as Alameda Health System, on transitions of care and ensuring support throughout that process. Alameda County Health also provides Narcan trainings for providers and the public.

Q: What is the plan to reduce the disproportionate number of Black individuals who are experiencing homelessness in Alameda County?

We know that homelessness is a consequence of structural racism. However, we are often constrained by federal laws and rules that prohibit targeted programming based on race. We often use zip codes as a proxy, but we know there's more to do. In H&H's [Home Together Plan](#), we have prioritized deeply affordable housing and shallow subsidies, which support the requests we often hear from Black communities. These are critically important preventative interventions to keep people from becoming homeless in the first place.

We also understand the importance of creating trust with the community, especially given the history of racism; and one way we do that is to hire staff who reflect the community we're serving. For example, our Street Health team was at an encampment a couple weeks ago and we saw this impact in real time. There was a Black individual at risk of losing their tent, and we were able to get them into the BOSS cabins and link them to other services—specifically because they were able to connect culturally with a Black member of Street Health Team.

Q: The [Bay Area Affordable Housing Bond](#) (regional measure 4) failed to get onto the November ballot. Can you give us more context about this measure and how much of a setback we're looking at?

The measure was going to provide \$20 billion over 10 years for the investment in and preservation of affordable housing. This is a setback for prevention of homelessness and realistic options for exiting homelessness. But we don't expect this to be the end of this bond measure – there will be future attempts to get it on the ballots.

Q: While housing is important, we know that there are other important things to keep someone off of the street: food, physical and behavioral health, and a job. How does Alameda County Health address these?

A: AC Health H&H pairs housing and other supports, because we want people to succeed in housing. We work with a large network of community providers to make sure individuals who become housed have the additional supports they need. We connect them with Medi-Cal to ensure they can have access to free health care and CalAIM services.

Provider Panel

- Jamie Almanza, Chief Executive Officer, [Bay Area Community Services \(BACS\)](#)
- Aaron Ortiz, Chief Executive Officer, [La Familia](#)
- Cristi Ritschel, Vice President of Resident Services, [Satellite Affordable Housing Associates \(SAHA\)](#)

Q: Many of these funding opportunities require new collaborations and partnerships – health plans, county agencies, CBOs and other providers partnering in new ways and sitting at new tables they haven't been at before. How has your work with cross-sector partners changed? Who are you partnering with in new ways and what does that look like?

- Partnerships have been really helpful in reducing barriers, adding capacity, and coordinating care.
- We need better infrastructure to fund, support, and coordinate partnerships to make them really impactful for the community.
- Relationship with health plans is new—CalAIM is creating more opportunities and pathways to work with health plans. Health plans need more education/training on new populations and providers need more training on health plan processes and definitions (PMPM, capitation, etc.)
- Need to leverage private philanthropy to incubate and innovate, but then shift to policy to have regular funding.

Q: Through the launch of new services in CalAIM, and programs like PATH CITED, the Housing & Homelessness Incentive Program (HHIP), Community Care Expansion (and Preservation) funding, Behavioral Health Bridge Housing, or Behavioral Health Continuum Infrastructure Program (BHCIP) that have rolled out the past couple years, there is an unprecedented level of funding available for communities to address housing and homelessness. What has been your experience navigating these new opportunities?

- Provider organizations need infrastructure to administer and access funding (ex. 10% match for BHCIP or other state funding presents cash flow for smaller organizations).
- Increasing number of funding streams increases overhead, delays, and operational/administrative challenges.
- CalAIM is a new funding stream with a steep learning curve and needs additional resources to administer (billing, data, etc.)
- Organizations with multiple contracts with the County spend a lot of time on duplicative and onerous reporting.
- Small contracts take a lot of resources to administer—sometimes more than the contract itself.

Q: What is working well for your organization with respect to how you're addressing the housing and health needs of those you serve? What are the challenges? What are your organization's priorities?

- Every organization has a core competency; we should leverage that for a system. Not everyone needs to do everything.
- Alameda County this patchwork of organizations that are neighborhood based that share clients. We pick up the phone and call each other.
- Would be helpful to have a map of services and organization in the county and develop strategies to leverage the entire system and problem solve for the entire system.
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