

INDEPENDENT LIVING HOMES IN ALAMEDA COUNTY: TAMING THE “WILD WEST”

EXECUTIVE SUMMARY

The Grand Jury received a citizen complaint that a relative was released from a skilled nursing facility to reside in an unlicensed independent living home in Hayward. According to the complaint, the home proved to be unsuitable for this resident who, due to her diminished mental capacity, needed daily care to meet her basic living needs. The resident was exposed to unsanitary conditions and served meals of limited nutritional value. The resident developed head lice, stopped eating, and became incoherent. She was admitted to a local hospital, then was moved to a group living home closer to her relatives outside of Alameda County.

The Adult Protective Services department of the Alameda County Social Services Agency also received the original complaint and opened an investigation into the status of the resident. Staff referred the complainant to additional housing and health resources but offered few solutions for the unsuitable housing situation. The incident brought the subject of unlicensed, independent living facilities to the Grand Jury’s attention. We found that, unlike licensed residential care facilities which are highly regulated by the state of California, there is minimal government oversight of independent living facilities.

Growing demand for independent living facilities and a lack of regulation and oversight have provided the opportunity for predatory operators to take advantage of vulnerable adults in need of safe and secure housing, a scenario described to the Grand Jury as the “wild west” of independent living facilities in Alameda County.

The Grand Jury also found increasing demand for independent living facilities. They fill an important housing niche for vulnerable adults in our community. Growing demand is driven by the high cost of housing, growth of the aging population, and decreasing affordability and availability of licensed residential care facilities.

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Several county departments and county-funded programs, especially the Healthy Homes Department, the Alameda County Independent Living Association, and the Group Living Facilities Working Group, are focused on the issue, but a lack of resources, coordination and focal leadership have limited their effectiveness. To better meet the housing needs of our most

vulnerable residents, county government must implement an effective countywide program that creates a census of independent living facilities, maintains reasonable quality standards for residents, trains and supports operators to maintain high-quality homes, strives to maintain existing stock, and attracts new independent living facilities into the market.

BACKGROUND

Housing Options for Vulnerable Adults

There is rising demand for housing options that meet the needs of vulnerable adults (i.e., individuals living on extremely low income and/or who may have mental or physical disabilities). Historically, group living has been the most widely available housing option. The two primary types of group living are licensed residential care facilities and unlicensed independent living facilities.

Residential care facilities (aka assisted living) are for residents who are unable to live by themselves but who do not need 24-hour medical care. In addition to room, board and housekeeping, residential care facilities provide supervision, storage and distribution of medication, and assistance with basic personal-care activities such as bathing, dressing and eating. Some residential care facilities are large, with tens to hundreds of residents, but the majority are single-family homes with six or fewer residents (commonly known as “board and care” homes).

Vulnerable adults can no longer afford licensed residential care facilities and have become the major clientele of independent living homes.

All residential care facilities, regardless of size, must meet care, safety and staffing standards set by the state and are licensed and inspected by the California Department of Social Services, Community Care Licensing (CCL). The residential care facility rates currently range from about \$4,000 to \$12,000 or more per month, depending on facility size and location, single or double-occupancy, and level of care.

Independent living facilities—the focus of this report—provide a shared housing environment for vulnerable adults who do not need medication oversight and who are able to live independently and function without supervision. They are typically single-family residences for up to six unrelated individuals but also include larger housing complexes. These facilities are commonly referred to as “room and board” or “boarding home” and provide room and board. Because care and supervision are not provided, independent living facilities are not required to be licensed or inspected by the state. They also are not subject to any local/county safety and staffing regulations, standards or inspections but are required to operate under a business license and, under certain circumstances (related to zoning and occupancy), to have a conditional use permit. The cost of an independent living home is typically \$600 to \$750 per month for a shared bedroom, significantly lower than for a residential care facility.

The large majority of residential care and independent living facilities consists of single-family residences accommodating six or fewer unrelated residents. The undeniable and often ignored reality underlying these smaller facilities—referred to herein as “homes”—is that each residence and owner/operator is a business. In order for the home to stay in business and serve its residents, it must make a profit, either through earnings generated from the operation of the business or growth in value of the underlying asset – the house and property. Historically, this business model worked: owner/operators derived income sufficient to justify investment and residents benefited from competition among owner/operators that resulted in a reasonable supply of safe and secure homes in which to live. The demand/supply equation between homes and resident need was such that owner/operators were incentivized to maintain and improve their offerings in order to attract residents.

A New Economic Reality: Diminishing Supply and Increasing Demand

The cost of housing has grown by as much as 100 percent in Alameda County over the past ten years. Rents, in turn, have grown by a similar amount. An average 3-bedroom, two bath house rents for between \$3,500 and \$5,500 per month in Alameda County and accommodates no more than six residents. Given increasing housing and labor costs, a licensed board and care home needs to charge a monthly fee of \$4,000 to \$6,000 per occupant to break-even and generate a modest return to the owner/operator. A well-run independent living home requires at least \$2,000 per occupant to pay the bills and maintain a safe and healthy living environment.

The Grand Jury heard testimony from witnesses within Alameda County government that many, if not most, vulnerable adults are reliant upon Social Security Administration disability benefit payments (e.g., Supplemental Security Income [SSI]) and have an income of \$900 to \$1,100 per month. On that income, vulnerable adults can no longer afford licensed residential care facilities and have become the major clientele of independent living homes.

Despite the slim financial margin and possible corner-cutting, many independent living home operators are well intentioned and do their best to provide a safe and secure living environment for their tenants.

In addition to being unaffordable, there are now significantly fewer licensed residential care facilities in Alameda County. The Grand Jury was told that the number of licensed board and care homes in Alameda County has declined by more than half in the past 15 years, and that the rate of decline increased significantly in the past five years. The precipitous decline came in the aftermath of a well-publicized state shutdown of a licensed residential care facility in Castro Valley in 2013. The state subsequently passed legislation that called for increased oversight and frequency of inspections of licensed care facilities by Community Care Licensing. The stronger oversight increased the costs of licensing and inspection for the owner/operators, making it cost prohibitive for many smaller licensed board and care homes to continue operating. This had the unintended consequences of forcing many board and care homes out of business or to operate without a license, further increasing the demand for independent living homes.

Despite the higher demand, the economics for independent living homes remains essentially the same. For an independent living home with six residents each paying \$750 per month, the total monthly rental income of \$4,500 often won't cover the home's capital and operating costs. Independent living homes on the margin of viability may cut corners to make ends meet. They may defer facility maintenance, risking violation of health and safety codes. Or, in violation of occupancy rules, they may take in more than six residents—the Grand Jury was told that many independent living homes house up to ten residents—to make ends meet. However, the Grand Jury heard testimony from several sources that, despite the slim financial margin and possible corner-cutting, many independent living home operators are well intentioned and do their best to provide a safe and secure living environment for their tenants. This is especially true of operators who own rather than lease their houses. Owner-operators tend to have more experience and a higher level of skill and tolerance, and encourage family oversight of residents.

Lack of Oversight of Independent Living Homes Increases the Risk to Residents

On the contrary, the subject complaint as well as similar stories told to the Grand Jury indicate that there are enough operators with less-than-good intentions to raise significant concern. Unfortunately, the growing demand for independent living homes and the lack of regulation and oversight have provided the opportunity for predatory operators to take advantage of vulnerable adults in need of safe and secure housing. There are operators who systematically underspend on facility maintenance, housekeeping and food, putting the health and safety of the residents at risk for the sake of higher profits, not just to make ends meet. Predatory operators often lease multiple houses from absentee owners and operate a network of independent living homes. If one of their homes is cited for code violations, they may shut it down and look for another house to lease and operate. This situation was characterized to the Grand Jury as a constantly shifting “whack-a-mole” environment, the “wild west” of unlicensed independent living.

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In its investigation, the Grand Jury wanted to better understand how Alameda County interacts with independent living homes and what the county can do to ensure there is a sufficient supply of high-quality independent living homes to meet the growing demand.

INVESTIGATION

During the course of its investigation the Grand Jury interviewed numerous witnesses including current and former staff in Alameda County's Community Development Agency, Health Care Services Agency, and Social Services Agency, staff in a county supervisor's office, an owner/operator of several licensed and unlicensed group living homes in Alameda County, and

an employee of Community Health Improvement Partners. Several of the witnesses also provided written responses and supplemental information. In addition, the Grand Jury reviewed the Health Care Services Agency contract with Community Health Improvement Partners and related materials presented to the Board of Supervisors.

Proactive Engagement of Agencies with Independent Living Homes

The Grand Jury identified multiple county agencies and departments that interact with independent living homes or their residents (Figure 1). For some, independent living homes are not a focus, but just one among a broad set of clients that an agency may interact with in the course of regular business. For example, the tax collector may issue a business license. In response to a complaint, the Public Works Department may enforce health and safety codes and the Building Inspection Division may enforce occupancy rules. Likewise, first responders (e.g., fire, police, EMT) and social workers from the Social Services Agency or the Health Care Services Agency may place and otherwise interact with a resident in an independent living home. Although they may observe and report on the condition of the facility, their primary focus is on the status of the resident.

The Grand Jury identified four county or county-funded programs that proactively engage with independent living facilities. These are the Group Living Facilities Working Group, the Group Living Strike Team, the Healthy Homes Department, and the Alameda County Independent Living Association. We also identified the Alameda County Care Connect Initiative as a primary coordinator and funder of this work.

Group Living Facilities Working Group

In December 2013, following the aforementioned shutdown of a licensed residential care facility in Castro Valley, the Alameda County supervisor representing District 4 convened the Group Living Facilities Working Group (GLFWG). The GLFWG, building on a partnership approach established by the District 4 supervisor's Eden Area Livability Initiative, brings together a core group of representatives from relevant county agencies (Adult Protective Services, Code Enforcement, Planning Department, and Healthy Homes Department, among others) to collectively identify and respond to group living issues in unincorporated Alameda County. Initially meeting monthly, the group now meets quarterly and has expanded participation to include state health officials and representatives from the county fire department, the sheriff's office and the tax collector's office. The GLFWG is viewed as an important venue for agencies to discuss and coordinate on group living issues.

Group Living Strike Team

Out of the Group Living Facilities Working Group and at the urging of Community Care Licensing came a Group Living Strike Team to respond quickly to serious incidents at group

living facilities in unincorporated Alameda County. This team includes members of the sheriff, fire, code enforcement, building inspection, public health and social services departments. Rapid response is necessary when officials learn of potentially serious violations or harm to residents at a licensed or unlicensed group living facility. The Grand Jury was told the intention of the Strike Team is to quickly identify and help the operator address code violations and other issues and avoid, if possible, the need to shut down a facility. If a facility does have to be shut down, the Strike Team works to ensure new placement of residents.

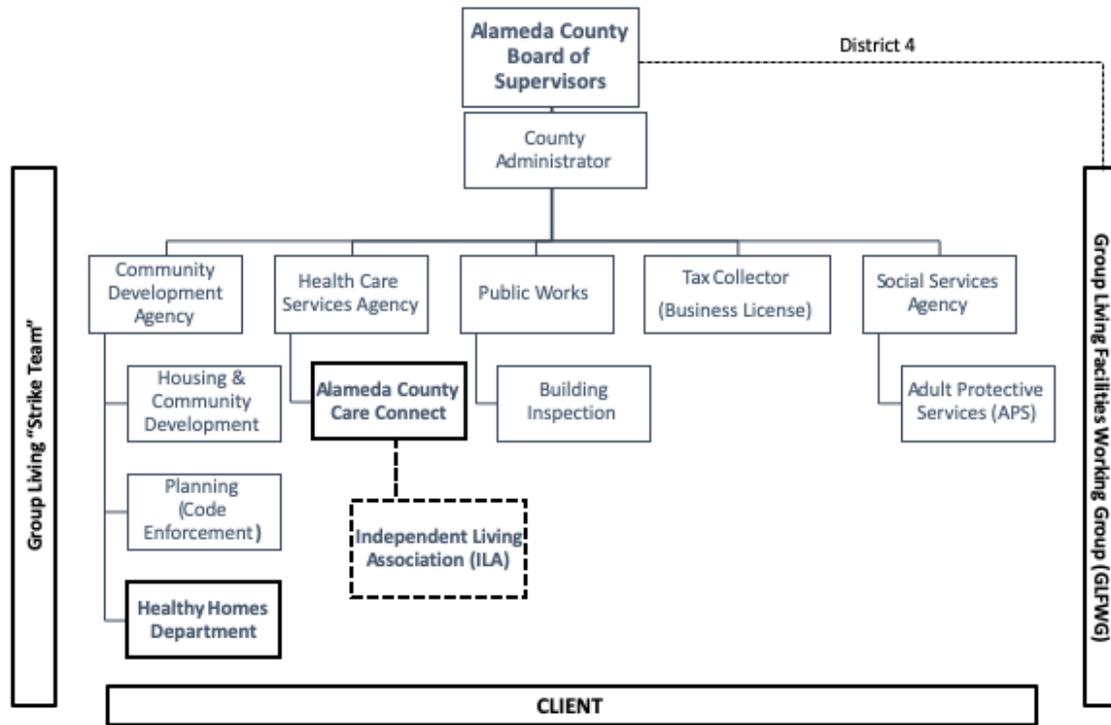


Figure 1. Some of the key Alameda County agencies and departments that interact with independent living home operators and/or residents. The highlighted departments or groups are the focus of this report.

Alameda County Care Connect

Alameda County Care Connect (AC Care Connect) is described on its website as “an initiative of the Alameda County Health Care Services Agency to improve care for Medi-Cal eligible residents who face the most difficult combination of physical health, mental health, and housing challenges. This five-year (2016-2020) Whole Person Care pilot is funded by a \$140 million demonstration contract from the California Department of Health Care Services ... The initiative allows the use of Medi-Cal funding for services not usually thought of as healthcare, in particular, housing services.”

AC Care Connect recognizes independent living facilities as an important housing option for vulnerable adults. One of its overall program goals is to engage independent living operators to

be part of a professional association that supports meeting quality standards and connects operators to available resources. In support of this goal, AC Care Connect is an important partner and funder of two of the county's independent living-focused programs. In particular, it has directly funded and helped secure Measure A funding for the Healthy Homes Department's three-year Independent Living Facility Pilot Project. AC Care Connect also recently contracted with Community Health Improvement Partners to establish the Alameda County Independent Living Association.

Healthy Homes Department

The current Healthy Homes Department (Healthy Homes) is an outgrowth of the childhood Lead Poisoning Prevention Program established in 1991 by the Alameda County Community Development Agency. The program expanded in 2002 to include other home health hazards. According to the department website, its focus is "to eliminate environmental lead contamination, prevent childhood lead poisoning and improve health outcomes by addressing housing problems. The Program provides case management of lead poisoned children, community outreach and education, training, lead hazard reduction services, healthy homes interventions, and consultations."

Many operators would like additional tools and resources to address structural and code issues but are reluctant to be subject to government inspection and possible punitive action.

Healthy Homes has participated in the Group Living Facilities Working Group since March 2015. In November 2016, Healthy Homes initiated a three-year Independent Living Facility Pilot Project to assess independent living facilities throughout Alameda County and to provide needed assistance to help operators stay in business and meet health and safety standards. The long-term goal, if the project becomes a permanent program with secure funding, is to improve the quality and standard of independent living homes and retain (and increase) the independent living housing inventory in Alameda County.

Healthy Homes maintains a list of *known* independent living homes in Alameda County. The current list includes 192 entries, of which Healthy Homes has visited 132. The list by nature is dynamic and ever-changing; it's been as high as 212 entries and as low as 162. Currently, the identification of independent living homes is through complaints as well as business license registrations. But complaints are unpredictable, and a plethora of business license categories makes pinpointing independent living businesses challenging. And, the Grand Jury was told that only about 75% of known independent living homes in unincorporated Alameda County have a business license.

Cooperation of operators with Healthy Homes is voluntary. Many operators would like additional tools and resources to address structural and code issues but are reluctant to be subject to government inspection and possible punitive action. To address this concern, Healthy Homes employs what they call the “Cooperative Compliance Model.” This model calls for the agency to establish good communication with operators, educate the operators about health and safety standards, and provide needed assistance to operators to address any violations. The Grand Jury was told that in the first year of the pilot project, 30 independent living homes in

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unincorporated Alameda County were contacted and only one refused to cooperate. In the second year, countywide (including Oakland and Hayward), the refusal rate was about 30%. Ultimately, Healthy Homes envisions a proactive rental inspection program to systematically identify, evaluate, and assist independent living facilities.

The Healthy Homes facility assessment focuses on structural issues and health and safety code violations (e.g., plumbing and electrical, tripping hazards, deferred maintenance, vermin and cleanliness), not on operational issues. Healthy Homes has no code enforcement authority and therefore must work collaboratively with county and city building departments. Given the area’s housing shortage, Healthy Homes’ primary goal is to prevent the loss of housing for any resident. Any significant operational issues observed during a structural assessment are reported to the Group Living Facilities Working Group and/or Adult Protective Services.

Alameda County Independent Living Association

In December 2017 AC Care Connect entered a 2.5-year, \$1.2 million contract with Community Health Improvement Partners (CHIP, a San Diego-based nonprofit organization) to create a sustainable independent living facility quality improvement program in Alameda County. CHIP was the sole qualified bidder of two RFP respondents. This effort has worthy goals:

- Create a system of oversight, support, coordination, and ongoing quality improvement for independent living facilities.
- Improve the quality of life for independent living facility residents by improving quality standards and preserving and improving the quality of homes.
- Increase the available housing stock for vulnerable adults living in Alameda County.

The key service under the contract is for CHIP to develop and implement an Independent Living Association (ILA) in Alameda County. The ILA is envisioned to be a professional association comprised of independent living operators who complete training in operating high-quality homes and who demonstrate they meet a set of quality standards through on-site home assessments. Membership in the association is voluntary and free. The underlying assumption

is that ILA membership or “accreditation” will make member homes more attractive to potential clients—the “Better Business Bureau” model.

The basic structural framework of the ILA is modeled on the more-established San Diego ILA and closely parallels Healthy Homes’ Independent Living Facility approach:

1. A web-based and searchable database of member homes.
2. Education and training customized for operators, residents, and the community.
3. A “Cooperative Compliance and Accountability Team” to conduct annual inspections of member homes to ensure standards are upheld and provide coaching and other support.
4. A policy agenda to educate and inform county and municipalities about issues with independent living facilities.

CHIP announced the establishment of the Alameda County ILA in March 2018. Although still in its formative phase, its performance has been disappointing. The ILA currently has only six member operators representing eight independent living facilities and 73 beds total. For comparison, the San Diego ILA, established by CHIP in 2012, has 80 members with approximately 700 beds. The membership process can be completed in as little as two weeks, provided the operator has all of the proper paperwork (e.g. leases) in order. The Grand Jury was told that as of February 2019 approximately 60 operators and guests had taken the ILA introductory class in Alameda County—the first step toward membership. Of approximately 12 facilities that had been inspected at that time, only four met ILA standards and were ready for ILA membership. Many operators who take the introductory class decide not to pursue membership because they are loath to submit to inspection or make operational changes. Also, the growing demand for independent living facilities reduces the incentive for operators to meet ILA standards.

A Comprehensive Approach Was Articulated But Not Effectively Implemented

The Grand Jury is encouraged that witnesses from Health Care Services Agency, Healthy Homes Department and Alameda County ILA described a common framework to address the growing independent living crisis. They consistently described a holistic approach that encompasses, but is not limited to, their collective ongoing efforts. The components of this approach include oversight and standards, a central database registry, a small-business investment resource, and a public agency strike team. Unfortunately, as described below, a lack of resources, coordination and focal leadership have limited the effectiveness of ongoing efforts.

Oversight and Quality Standards

The Grand Jury acknowledges the similar approaches that Healthy Homes and the ILA have envisioned to improve the quality and availability of independent living facilities in Alameda County. They both seek to provide oversight, support, coordination, and ongoing quality

improvement for independent living facilities and operators—Healthy Homes in order to resolve health and safety issues and ILA to meet voluntary quality standards. We also recognize the role of Health Care Services Agency, an important partner and funder, to provide vision and encourage Healthy Homes and ILA collaboration.

The Grand Jury is not impressed with progress of these programs to date, or with their likely sustainability. We recognize the current limitations Healthy Homes faces with identifying independent living homes through complaints and uncoordinated city and county business license registries. We strongly encourage the implementation of an on-going proactive rental inspection program that would systematically identify and evaluate independent living homes across Alameda County. Proactive rental inspections combined with the Cooperative Compliance Model for helping operators address deficiencies has great potential. Given that the three-year Healthy Homes Independent Living Facilities pilot project is in its final year, the county must provide secure and ongoing support to the initiative in order for its potential to be realized.

The two-and-a-half-year CHIP contract to establish the ILA is in its second year. While the ILA has worthy goals, a compelling framework and great potential, its performance to date is disappointing. Key performance measures have not been met. Furthermore, some key performance measures listed in the Board of Supervisors approval request letter from the interim director of the Health Care Services Agency are at odds with those in the contract.

For example:

- With regard to ILA membership, key performance measures under the contract are “*By June 30, 2018, have at least 12 ILA members and housing sites*”, and “*By June 30, 2020, have at least 40 ILA members and housing sites.*” The Board of Supervisors approval request letter states 40 member homes by June 30, 2018. As of April 2019 there are six member operators representing eight facilities listed on the ILA website; this is unsatisfactory progress by any measure.
- With regard to ILA assessments of independent living facilities, the Board approval request letter and the contract again are at odds. The letter states “*By June 30, 2018, [ILA] will have assessed a minimum of 175 Independent Living Facilities....*” The contract specifies “*[ILA] conducts at least 2 assessments per month starting in February 2018.*” The Grand Jury heard witness testimony that as of February 2019 fewer than 15 homes had been inspected—again, sub-par performance by either measure.

The Grand Jury questions whether the time allocations and responsibilities of CHIP staff assigned to the Alameda County ILA project are adequate to achieve the desired outcomes. The contract specifies five CHIP positions totaling 2.63 FTE be assigned to the project. At least four of the five are budgeted as part-time on this project, two as low as 0.22 FTE; only one full-time

position is budgeted. The Grand Jury did not verify actual staffing assignments, but according to the ILA website, at least four, and perhaps all five, positions are based in San Diego. It is counterintuitive that this important project relies on part-time, San Diego-based staff.

Alameda County must take needed action to boost the performance and effectiveness of the ILA and ensure its sustainability beyond the end of the CHIP contract in June 2020.

Central Database Registry

Both the county of Alameda and the cities within need a central countywide database containing comprehensive information about the location and quality of independent living facilities to assist social workers and investigators to systematically document complaints and make appropriate placements.

While Healthy Homes, ILA and the Group Living Facilities Working Group are each attempting to develop listings of independent living facilities in Alameda County, the Grand Jury has been unable to confirm the accuracy and completeness of any such listing. For example, the Healthy Homes list currently has 192 known group-living facilities, but some witnesses have questioned the reliability of the list.

A central countywide database containing comprehensive information about the location and quality of independent living facilities is needed.

The Healthy Homes list is not currently public, and Healthy Homes is working with county counsel to determine what information can be made publicly available. The ILA list is publicly available on the ILA website but has only eight entries—the eight association member homes that currently meet ILA standards. The Grand Jury was told the Group Living Facilities Working Group is creating a database that includes licensed care homes and unlicensed independent living homes only in unincorporated Alameda County. However, most homes are in incorporated areas. The Social Services Agency annually publishes its Senior Housing Guide including a non-comprehensive listing of subsidized senior housing facilities of all types, from nursing and care facilities to independent living facilities. All of the Social Services listings are large facilities accommodating tens to hundreds of residents; the list does not include group “homes.”

The disparate independent living lists should be merged into a searchable database that covers the entire county. The County needs to centralize database management and maintenance in the Healthy Homes Department. Agencies that inspect, assess or otherwise oversee independent living facilities should provide data for, and have access to, appropriate parts of the database. So should agencies and other institutions that may place or advocate for clients in independent living facilities. The Social Services Agency’s Senior Housing Guide should reference this database resource.

Small Business Investment Resources

As small businesses with marginal economics, independent living homes would benefit from dedicated investment resources that they could access to help fund facility maintenance, repairs and other needed services. The resources could be administered through either a government-operated “business resource center” or a private small-business development corporation. The program would:

- Offer tax credits to reduce the ownership expense to the holder of title.
- Provide grants or low-cost loans to improve and maintain the facilities to the agency’s standards.
- Develop a “master net lease” program for owners that motivates them to negotiate long-term leases to non-owner operators at market or below market rates. The lease would be guaranteed by a government body and would ensure an operator/lessor of a stable rent over a period long enough to assure a reasonable return on investment.
- Combine the “master net lease” program with subsidies to assure the non-owner operator has sufficient income to maintain a successful business after payment of rent.

Countywide Group Living Facilities Working Group and Formalized Strike Team

The value of the Group Living Facilities Working Group as an ongoing venue for county agencies to coordinate and respond to systemic group living issues is unquestioned, as is the public agency Strike Team’s coordinated rapid response to group living emergencies. However, both the GLFWG and the Strike Team operate only in unincorporated Alameda County, not in cities like Oakland and Hayward where the majority of independent living homes are located. Furthermore, the existing Strike Team is ad hoc and dependent on interpersonal relationships between individual agency staff and their willingness to participate.

To increase their effectiveness, both the GLFWG and the Strike Team need to expand their service areas to include the entire county, not just unincorporated areas. Representatives from relevant city agencies within the county should be invited and encouraged to participate on the GLFWG and the Strike Team. The Strike Team needs to be formalized under the expanded GLFWG, including a recognized leader with the authority and responsibility for effective interagency response. Team members should have clear roles and responsibilities.

CONCLUSION

The imbalance of supply and demand for safe and secure independent living homes for vulnerable adults can only be corrected through a fundamental change in the business model. Because profits are so low in this industry, the money needed for repairs, capital investments and suitable client services often do not exist. At the same time, demand for group living is so great that there is a need for these businesses to grow and prosper. Thus, proactive attention to identification and inspection of rental units, education of operators, subsidies for home maintenance and repairs, and peer reviews must be elements for better housing of vulnerable adults.

County government is well aware of the growing independent living crisis. The Healthy Homes Department's Independent Living Facilities pilot project and the nascent Alameda County Independent Living Association, both with the support of the Health Care Services Agency, are well-intentioned attempts to identify and evaluate independent living homes and educate and train operators. Likewise, the ad hoc county Strike Team has responded to some group home emergencies. Although these projects have worthy goals, a compelling framework, and great potential, their effectiveness has been limited by lack of resources, coordination and focal leadership.

Proactive attention to identification and inspection of rental units, education of operators, and subsidies for home maintenance and repairs, and peer reviews must be elements for better housing of vulnerable adults.

To better meet the housing needs of our most vulnerable citizens, county government must implement an effective countywide program that creates a census of independent living facilities, maintains reasonable quality standards for residents, trains and supports operators to maintain high-quality homes, strives to maintain existing inventory, and attracts new independent living facilities into the market.

FINDINGS

Finding 19-22:

Although most independent living home operators are well intentioned and do their best to provide a safe and secure living environment for their tenants, profits are so low in this industry that the money needed for repairs, capital investments and suitable client services often does not exist.

Finding 19-23:

Existing programs – Healthy Homes Department, Independent Living Association, Group Living Facilities Working Group – have laid the groundwork for a comprehensive approach to addressing independent living issues, but a lack of resources, coordination and focal leadership has limited their effectiveness.

Finding 19-24:

There is a need for a searchable web-based database containing information about the location and quality of independent living homes in Alameda County. The database would allow investigators to systematically document complaints and conditions and would assist social workers and consumers to make appropriate placements.

Finding 19-25:

The service area of the Group Living Facilities Working Group and the Group Living Strike Team is limited in geographic scope to unincorporated areas of Alameda County. Furthermore, the Strike Team is ad hoc and dependent on interpersonal relationships between individual agency staff.

RECOMMENDATIONS

Recommendation 19 – 20:

Alameda County must provide ongoing support for the Healthy Homes Department’s Independent Living Initiative and implement a proactive rental inspection program that will identify and evaluate independent living homes throughout Alameda County, including incorporated areas.

Recommendation 19 – 21:

Alameda County must critically evaluate the lack of performance by the ILA and its seeming inability to meet contractual milestones and take needed action to boost performance and ensure sustainability of the ILA beyond the end of the CHIP contract in June 2020.

Recommendation 19 – 22:

Alameda County must ensure the separate lists of independent living homes are merged into one web-based searchable database of independent living homes. Database management and maintenance should be centralized in the Healthy Homes Department. Agencies that inspect, assess or otherwise oversee independent living homes should provide data for, and have access to, appropriate parts of the database, as should agencies and other institutions that may place or advocate for clients in independent living homes. The Social Services Agency’s Senior Housing Guide should reference this database resource.

Recommendation 19- 23:

Alameda County must establish a small business investment program that can provide resources to support independent living homes as small businesses. The resources could be administered through either a government-operated “business resource center” or a private small-business development corporation.

Recommendation 19-24:

Alameda County must establish a countywide, interagency Group Living Facilities Working Group as an ongoing venue for county agencies to coordinate and respond to systemic group living issues in incorporated and unincorporated Alameda County. Representatives from relevant city agencies within the county should be invited and encouraged to participate.

Recommendation 19-25:

Alameda County must formalize the Group Living Strike Team under the expanded Group Living Facilities Working Group, including a recognized leader with the authority and responsibility for effective interagency emergency response. Team members should have clear roles and responsibilities. The Strike Team also should coordinate with cities to ensure team effectiveness in incorporated as well as unincorporated areas of the county.

RESPONSES REQUIRED

Alameda County Board of Supervisors

Findings 19-22 through 19-25

Recommendations 19-20 through 19-25

REQUEST FOR RESPONSES

Pursuant to California Penal Code sections 933 and 933.05, the Grand Jury requests each entity or individual named below to respond to the enumerated Findings and Recommendations within specific statutory guidelines:

Responses to Findings shall be either:

- Agree
- Disagree Wholly, with an explanation
- Disagree Partially, with an explanation

Responses to Recommendations shall be one the following:

- Has been implemented, with a brief summary of the implementation actions
- Will be implemented, with an implementation schedule
- Requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a completion date that is not more than 6 months after the issuance of this report
- Will not be implemented because it is not warranted or is not reasonable, with an explanation

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