

# Homeless Housing, Assistance and Prevention Round 3 Application

### Application Information

This Cognito platform is the submission portal for the Cal ICH HHAP-3 Application. You will be required to upload a full copy of the HHAP-3 Data Tables Template *and* enter information into the portal from specific parts of the HHAP-3 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-3 resources prior to beginning this application:

- HHAP-3 Notice of Funding Availability (NOFA)
- HHAP-3 Local Homelessness Action Plan & Application Template and
- HHAP-3 Data Tables Template

#### **Application Submission for HHAP-3 Funding**

Using the <u>HHAP-3 Local Homelessness Action Plan & Application Template</u> as a guide, applicants must provide the following information in the applicable form section (see *How to Navigate this Form*) to submit a complete application for HHAP-3 funding:

- 1. **Part I: Landscape Analysis of Needs, Demographics, And Funding**: the information required in this section will be provided in <u>Tables 1, 2, and 3 of the HHAP-3 Data Tables Template file</u> uploaded in the *Document Upload* section.
- 2. Part II: Outcome Goals and Strategies for Achieving Those Goals: the information required in this section will be provided in <u>Tables 4 and 5 of the HHAP-3 Data Tables Template file</u> uploaded in the *Document Upload* section, <u>AND</u> copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.
- 3. **Part III: Narrative Responses:** the information required in this section will be provided by <u>entering</u> <u>the responses to the narrative questions</u> within the *Narrative Responses* section of this application form. Applicants are <u>NOT</u> required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this Cognito form will be considered the official responses to the required narrative questions.
- 4. Part IV: HHAP-3 Funding Plans: the information required in this section will be provided in Tables

<u>6, 7 (as applicable), and 8 of the HHAP-3 Data Tables Template file</u> uploaded in the *Document Upload* section.

5. Evidence of meeting the requirement to agendize the information in Parts I and II at a meeting of the governing board will be provided as <u>a file upload</u> in the *Document Upload* section.

#### How to Navigate this Form

This application form is divided into **five sections**. The actions you must take within each section are described below.

- **Applicant Information**: In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.
- **Document Upload**: In this section, upload (1) the completed HHAP-3 Data Tables Template as an Excel file, (2) evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.
- **Outcome Goals and Strategies**: In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-3 Data Tables Template.
- **Narrative Responses**: In this section, enter your responses from Part III of the HHAP-3 Local Homelessness Action Plan & Application Template.
- **Certification**: In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

#### I have reviewed the HHAP-3 NOFA and application template documents Yes

# I am a representative from an eligble CoC, Large City, and/or County Yes

# **Applicant Information**

List the eligible applicant(s) submitting this application for HHAP-3 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

#### Eligible Applicant(s) and Individual or Joint Designation

Joint

This application represents the joint application for HHAP-3 funding on behalf of the following eligible applicant jurisdictions:

# **Joint Applicants Selection**

#### **Eligible Jurisdiction 1**

Eligible Applicant Name Alameda County

#### **Eligible Jurisdiction 2**

Eligible Applicant Name CA-502 Oakland, Berkeley/Alameda County CoC

Click + Add Eligible Jurisdiction above to add additional joint applicants as needed.

# **Administrative Entity Information**

Funds awarded based on this application will be administered by the following Administrative Entity:

#### **Administrative Entity**

Alameda County Health Care Services Agency

Contact Person Kerry Abbott

Title Director, Homeless Care and Coordination

**Contact Person Phone Number** (510) 914-1832

Contact Person Email Kerry.Abbott@acgov.org

# **Document Upload**

Upload the completed <u>HHAP-3 Data Tables Template</u> (in .xlsx format), evidence of meeting the requirement to agendize the local homelessness action plan and outcome goals at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

#### **HHAP-3 Data Tables**

HHAP-3 Data Tables Template-FINAL\_Alameda County.xlsx

#### **Governing Body Meeting Agenda or Minutes**

Alameda County Board of Supervisors Regular Meeting Agenda 6-7-22.pdf

#### **Optional Supporting Documents**

May 10 BOS Agenda\_HT 2026 Approval.pdf Revised - Final - Board Letter - Home Together Plan\_approved.pdf Alameda County Board Letter HHAP-3 Reports 6-7-22.pdf Home-Together-2026\_Report\_051022.pdf

# **Narrative Responses**

Copy and paste your responses to Part III. Narrative Responses from the <u>HHAP-3 Local Homelessness</u> <u>Action Plan & Application Template</u> into the form below.

# **Question 1**

A demonstration of how the jurisdiction has coordinated, and will continue to coordinate, with other jurisdictions, including the specific role of each applicant in relation to other applicants in the region.

#### **Question 1 Response**

The County of Alameda serves as the HHAP administrative entity on behalf of the County and CoC and continues to partner with both the CoC and the City of Oakland on all aspects of homeless system planning, including the use of HHAP funds, as evidenced by the activities described below.

County coordination efforts with the Continuum of Care and our cities to identify regional needs is built into the CoC governance structure through the use of both County and City-designated Board and committee seats and informed by core planning efforts outlined in the Home Together 2026 Community Plan.

In addition, to advance the County's collaboration with external partners, the County Board of supervisors created the Office of Homeless Care and Coordination (OHCC) in late 2019. Sitting within the County Health Care Services Agency (the County Health Jurisdiction comprised of the Departments of Behavioral Health, Public Health, and Environmental Health) OHCC serves as a point of contact across the county, leveraging system strengths in contracting, service delivery and established infrastructure, to improve efficiency and coordination within the County and with external partners. With the goal of building a robust, integrated, and coordinated system of homelessness and housing services, the office works across two key objectives:

1. Planning and Coordination, which includes:

a. Coordinating a planning and implementation process to incorporate System Modeling and gaps analysis in the Home Together 2026 Community Plan;

b. Facilitating increased partnership with cities;

c. Representing the County in the Continuum of Care and Coordinated Entry System

d. Supporting countywide collaboration in areas of governance – including facilitation of the County Department Head's Homelessness Roundtable, policy development, and data sharing; and

e. Working on sustainability and integration of homeless services.

2. Implementation of Service Expansions to include:

a. The expansion of coordinated countywide street outreach, building on existing outreach efforts to provide low-barrier access to physical and behavioral health services, and linkages to housing and services through Coordinated Entry;

b. Improving client experience and flow with increased interim housing options; and

c. Improving encampment health response, to be aligned and coordinated with existing county/city outreach and sanitation services.

In addition to the work of the OHCC, there are several activities undertaken by both the County and CoC to coordinate efforts to align and maximize homeless system resources. Throughout all activities, the County implements and oversees the systems (e.g. Coordinated Entry; HMIS), while the CoC convenes system stakeholders to set policy and ensure compliance with HUD. Activities include:

• The County is currently coordinating with its 14 cities to establish a joint framework for allocating funding that incorporates shared and measurable performance goals, incorporates sustainability planning, and honors shared jurisdictional priorities, as captured in the Home Together 2026 Community Plan.

• Monthly Coordination Meetings between the Cities of Oakland, Berkeley, Alameda County, and the CoC staffing organization to conduct system planning for permanent housing. Meetings are facilitated by HUD T.A. providers with a focus on aligning federal, state and local resources, including recent CARES

Act funding within the investment framework provided by our Home Together Plan.

• Our Continuum of Care's subcommittee that sets policies for our Homeless Response System ('System Coordination Committee') is a coordinating body with representation from county, city, CBO leadership, and people with lived expertise with a shared goal of increasing and aligning system resources.

• Regional Coordination Meetings for Coordinated Entry, including County, City, and CBO staff, with an eye to effectively allocating homeless system resources within each of the five geographic regions in Alameda County.

• The County Homelessness Roundtable (County Department Leadership) ensures alignment between County Departments and staff who administer a variety of local, state, and federal funding programs dedicated to ending homelessness. Representation includes Health Care Services, Housing and Community Development, Probation, Social Services, County Administrator's Office, General Services Agency, and Public Works.

• Monthly Supportive Housing Pipeline convening between City of Oakland, Oakland Housing Authority, and County staff (Health Care Services Agency and Housing and Community Development) to align funding efforts for supporting key development projects that include homeless set-aside units.

# Question 2

A demonstration of the applicant's partnership with, or plans to use funding to increase partnership with:

- Local health care and managed care plans
- Public health systems
- Behavioral health
- Social services
- Justice entities
- People with lived experiences of homelessness
- Other (workforce system, services for older adults and people with disabilities, Child Welfare, education system)

#### **Question 2 Response**

#### Managed Care Plans

OHCC has been actively engaged in partnership between the County and its 2 managed care plans. These partnerships were initially strengthened through our Whole Person Care (WPC) Pilot, where both MCPs contributed high-level leadership on the WPC Steering Committee as well as the Data Governance Committee, the latter tasked with oversight of the Social Health Information Exchange, a key development initiative supported by WPC funds. Partnership with the MCPs was further strengthened through a contractual relationship between Alameda County's Health Care Services Agency and the MCPs to deliver Health Homes-like services within its network of plan providers, ahead of the launch of Health Homes. This work paved the way for even deeper collaboration with CalAIM planning. Specifically, the Office of Homeless Care and Coordination began engaging the plans early in 2021 to plan for a successful transition of Housing Community Support services (Housing Navigation, Housing Deposits, Housing Tenancy Sustaining Services, and Recuperative Care) that were previously offered under WPC. OHCC negotiated agreements with both plans to serve as an administrator of 3 housing community supports, to maintain its current network of housing providers and consumers being served under WPC. This involved a lot of learning and sharing of each other's respective worlds- the plans learning about Coordinated Entry and how high priority households are supported through our local system to identify, move into, and stabilize in permanent housing; our OHCC staff learning (and continuing to learn) about operating housing services in a Medi-Cal regulatory environment which has necessitated shifts in workflow and operations.

We continue to meet weekly with the plans to troubleshoot CalAIM implementation and are now partnering on HHIP as well.

#### Public Health Systems

Alameda County's public hospital system is Alameda Health System, which includes several hospitals and outpatient clinics and rehabilitation centers. The County's Health Care Services Agency, and its homeless programs in particular (including the Health Care for the Homeless Program which is part of OHCC), have a longstanding relationship with Alameda Health System that is structurally supported through the County's HRSA FQHC grant. The Federally Qualified Health Center is comprised of mobile health, street health, dental health, and clinic-based outpatient health services for people experiencing homelessness that spans both County and Alameda Health System-run and staffed sites.

#### **Behavioral Health**

The Office of Homeless Care and Coordination (OHCC) and our County's Behavioral Health Department are located within the same agency (Health Care Services), so we have a built-in, structural relationship that gives us many opportunities to partner. We have a standing coordination meeting twice monthly that focuses on homeless coordination between our 2 departments. We frequently discuss overlapping funding, initiatives, and policy to help align the work. Examples of this include our office's use of MHSA funds to continue supporting housing services and board and cares. We have staff in OHCC who transitioned to our office from Behavioral Health to focus on these program areas specifically. We frequently collaborate on No Place Like Home applications and awards, and our county has been quite successful in securing NPLH funding for key housing projects. Our Office oversees the service commitments made to these NPLH-funded properties and both OHCC and ACBH staff conduct joint review for services planning. Other areas of significant overlap include our shared approach to street health outreach services and the collaboration between HHAP-funded street health outreach teams and the Behavioral Health department's ACCESS (Acute Crisis Care and Evaluation for Systemwide Services) program.

Furthermore, our entire agency is actively engaged in alignment and strategic planning efforts that aim to create cohesion and stronger partnerships throughout all the Health Care Services Agency.

#### Social Services

Through growing partnership with the County's Social Services Agency, they have shared redetermination dates for Medi-Cal with OHCC, affecting approximately 1,700 consumers enrolled in housing services/coordination under CalAIM. OHCC plans to work on sharing those dates with our sub-contracted housing providers to help with outreach efforts to enroll and maintain Medi-Cal coverage.

OHCC has identified a need for additional caregiver services for a subset of the homeless population (what we're referring to as 'PSH Plus' or 'Enhanced PSH', primarily focused on a population of older adults experiencing homelessness with additional caregiving needs). We continue to collaborate with Social Services to coordinate enrollment in IHSS as needed for this population of focus.

In addition, Social Services plays a key role in our homeless system with the provision of County contracts for emergency shelter. Health Care Services Agency staff provide key input on the shelter standards, winter shelter programming, and shelter health, a program within OHCC's Health Care for the Homeless designed to bring the front door directly to shelter and other human service sites.

Furthermore, our Social Services Agency receives HDAP funds from CDSS which, through MOU agreement, Health Care Services Agency administers on their behalf. This helps ensure strategic use of funds within our homeless response system.

#### **Justice Entities**

The Care First, Jails Last (CFJL) task force was formed by our County Board of Supervisors, and is chaired by the County's Behavioral Health Director, with the OHCC Director in an appointed seat on the task force. The goal of this task force is to develop a unified continuum across service areas for the justice-involved population. The CFJL policy affirmed that Alameda County values a comprehensive continuum of care for individuals with mental illness, substance use, and co-occurring disorders rather than incarceration. It also called for a just and equitable transformation of criminal justice, behavioral health, and

wraparound services that reduce the number of people with mental illness, substance use, and cooccurring disorders in Santa Rita jail.

Over the next 24 months, the task force will meet to expand upon existing policies to achieve a system that aims to provide treatment and services instead of arrest and jail to those in need in Alameda County. The committee will review data and existing interventions in order to develop plans to achieve this goal in accordance with the CFJL Policy Resolution. This newly formed Brown Act- covered body will also be informed by the Sequential Intercept Map that was developed through the multi-year Justice Involved Mental Health (JIMH) community planning process.

#### People with lived experience of homelessness

Current rounds of HHAP funding (and future planned uses) are supporting efforts within our Continuum of Care to uplift and enhance representation of individuals with lived expertise in our CoC's governance structure, including the CoC board, committees and ad hoc working groups. These funds are being used to recruit, train, and support members with lived expertise to participate fully in CoC governance. Our recently adopted governance charter calls for one-third of all CoC board seats be dedicated to people with lived expertise. A new program facilitated by our CoC support agency ('Emerging Leaders Program') supports cohorts of people with lived expertise with the needed training and mentorship to fill these seats ongoing and have access to information and decision-making, as well as technology to facilitate engagement. Through our CoC's recent Youth Homelessness Demonstration Project grant, Our Office of Homeless Care and Coordination along with other CoC partners are also collaborating closely with members of our Youth Advisor Board (YAB) that have lived experience of homelessness.

#### Other: Survivors of Intimate Partner Violence (IPV)

The CoC and OHCC meet regularly with survivor-serving agencies to develop and train staff on incorporating IPC into the County's CE system. As a result, when the homeless COVID response was developed, IPV providers were incorporated into the plan.

During the height of the COVID-19 pandemic the Marina Village Inn in the City of Alameda provided 51 rooms of temporary shelter for women and children to allow for decompression of Domestic Violence shelters (to comply with COVID-19 protocols). These guests, as with other Project Roomkey guests, are now prioritized for permanent housing. The 2021 HUD-funded Emergency Housing Voucher program, also part of the COVID-19 relief effort, includes a partnership with victim services providers and a set-aside of 87 vouchers for survivors of violence. Voucher recipients will also be provided tenancy sustaining support services, including coaching for independent living and community integration.

A new grant from HUD specifically for setting up Coordinated Entry to serve survivors will increase access to the rest of the homelessness response system resources.

#### Other: Education System

In 2018, the Alameda County Office of Education completed a needs assessment of McKinney Vento (MKV) that included CoC staff in strategic planning meetings to review the findings and develop a plan to address them. The MKV program is currently developing a capacity building initiative with the following key strategies: developing peer learning networks across districts and common practices; written protocols and guidance documents for MKV liaisons training district and school staff; and increasing knowledge and access to resources available to districts and homeless students.

#### Other: Public Housing Authorities

Alameda County's CoC coordinates closely with the PHA's in our county. The two largest, Oakland Housing Authority (OHA) and the Housing Authority of the County of Alameda (HACA), work directly with Coordinated Entry for referrals to units with homeless preferences. County staff meet monthly with the Oakland Housing Authority to review the pipeline of housing projects with homeless units, to consider potential projects for project-based vouchers, and to problem-solve projects with funding gaps. Additionally, OHA has brought projects to the county for partnership when a services commitment would allow the project to serve people who are homeless. OHA is a Moving-To-Work authority and is able to prioritize people who are homeless for direct program referrals. County staff also collaborate closely with HACA, which has taken on a subsidy administration role for the county for large, countywide projects for housing assistance and flexible subsidies.

#### Other: Child Welfare

OHCC and the CoC have been working in collaboration with Child Welfare Services (within the County's Social Services Agency) to develop programs and initiatives under our newly awarded federal Youth Homelessness Demonstration Program Grant that provides funding for homelessness prevention efforts for youth and young adults.

## **Question 3**

A description of specific actions the applicant will take to ensure racial and gender equity in service delivery, housing placements, and housing retention and changes to procurement or other means of affirming racial and ethnic groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services.

Note: These actions should be aligned with the equity-focused Outcome Goals and related strategies described in previous Parts, but should not need to be limited to those strategies.

#### **Question 3 Response**

Our HMIS data shows racial disparities in both first-time homelessness and returns to homelessness, with African Americans and Native Americans experiencing homelessness at a rate four times higher than Alameda County's general population.

Some of the actions already embedded in our service model that we will continue to implement to address these inequities include supporting evidence-based strategies, contracting with place-based CBOs that are representative of populations experiencing homelessness, incorporating peer specialists and people with lived experience in service teams and placing additional homelessness system access points in neighborhoods with higher populations of Black and Native American residents.

The majority of OHCC contracted providers are also contracted by the County Behavioral Health Department (ACBH). As such, our homeless system of care benefits from their requirement that all funded agencies participate in Trauma Informed Care (TIC) and National Culturally and Linguistically Appropriate Service Standards (CLAS) trainings. Further, all ACBH contracts require the use of a TIC approach and implementation of CLAS among providers, and all providers must include how they incorporate TIC and CLAS into their service structure in performance reports and quality improvement audits.

While many counties that received Whole Person Care Funds have implemented a version of a Community Health Record (CHR), Alameda County's is one of the most comprehensive systems in the state. Our CHR has more than 600 active users representing 120 health and housing programs and includes records for more than 700,000 individuals. The Social Health Information Exchange (SHIE), the engine that powers the CHR, is unique in the state as it enables integration with other core systems, including the electronic health record, the county Homeless Management Information System (HMIS), the county jail information database, case management, and claims. Using the SHIE, we are able to identify and analyze disparate data among the County population at risk of or experiencing homelessness and use this information to develop and execute services and initiatives to ensure system-wide racial and gender equity.

Moving forward, informed by the County racial equity and homeless response system modeling project, Centering Racial Equity in Homeless System Design, and included in our Home Together 2026 Community Plan, to specifically address racial disparities, we will focus efforts on decreasing short-term Rapid Re-Housing, and increasing long-term interventions like ongoing shallow subsidies that bridge the gap between earned income and the cost of housing and dedicated affordable housing for extremely lowincome households with low service needs.

Funded by a Domestic Violence Coordinated Entry Grant, OHCC is partnering with CBOs that provide services for survivors of intimate partner violence, sexual assault, and human trafficking to create a dedicated Coordinated Entry System (IV CES) which includes a network of access points to assist people fleeing violence to connect quickly with needed resources. We are in the process of developing a secure, stand-alone database system to allow anonymous integration for prioritization into housing. The IV CES will protect the confidentiality of survivors with safety measures to prevent further violence and include trauma-informed assessments to institute a more coordinated process where survivors are able to rebuild their lives through access to housing resources and reduce the time spent homeless and in danger.

Additionally, OHCC is working with the Behavioral Health Department to establish a Behavioral Health African American Wellness HUB which, when completed, will be a physical brick and mortar site that aims to contribute to the center of Black thought, voice, and healing by offering a menu of culturally affirming practices that advance health equity and the quality of services for African Americans

# **Question 4**

A description of how the applicant will make progress in preventing exits to homelessness from institutional settings, including plans to leverage funding from mainstream systems for evidence-based housing and housing-based solutions to homelessness.

Note: Such mainstream systems could include:

- Physical and behavioral health care systems and managed care plan organizations
- Public health system
- Criminal legal system and system for supporting re-entry from incarceration
- Child welfare system
- Affordable housing funders and providers
- Income support programs
- Education system
- Workforce and employment systems
- Other social services and human services systems

#### **Question 4 Response**

OHCC sits within the Alameda County Health Care Services Agency, the County Health Jurisdiction comprised of the Departments of Behavioral Health, Public Health, and Environmental Health. As such, OHCC is uniquely poised to leverage funding and partner on initiatives with internal and external mainstream systems to prevent exits to homelessness from institutional settings. Some examples of our collaborations include:

#### Managed Care Plans:

Working with and providing guidance to the County's two managed care plans to implement the transition of Whole Person Care services to CalAIM, with a specific focus on accessing enhanced care management and community supports funding (which includes one-time financial assistance with housing deposits) for people at-risk of homelessness. Potential Community Supports that may be implemented in future years include helping at-risk individuals exit health care settings to permanent housing through the support of housing navigators specializing in this population, who may require some ongoing nursing and homemaker services. The HHIP program through DHCS also provides additional funding through the managed care plans to support homeless system service and infrastructure needs.

County Behavioral Health Department, Probation Department, Sherriff's Office and the District Attorney's Office:

Using our Proposition 47 funding to provide and coordinate substance use disorder services, diversion opportunities and housing grants for the County reentry population across our systems.

The County Office of Education and Center for Healthy Schools and Communities: Tracking and coordinating Mckinney Vento, Mental Health Student Services Act and Student Behavioral Health Incentive Program funds to expand the county safety-net system for youth and families and enhance coordination with our homeless system of care.

County Social Services Agency, Court Appointed Special Advocates Program and the Probation Department (Juvenile Hall):

Developing programs and initiatives under our newly awarded federal Youth Homelessness Demonstration Program Grant to fund homelessness prevention efforts for youth including those exiting foster care and incarceration.

The County Safety-Net Hospital System, Federally Qualified Health Centers, Community Based Organizations, and Institutions of Higher Learning: Launching a Community Health Worker (CHW) Capacity Building Planning Initiative, funded by the California Health Care Foundation, to recruit, employ and retain black and brown people with lived experience (systems involvement), including lived experience of homelessness, as CHWs throughout the County Health System.

# Question 5

Specific and quantifiable systems improvements that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.

(II) Strengthening the data quality of the recipient's Homeless Management Information System.

(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.

(IV) Improving homeless point-in-time counts.

(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youthspecific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.

#### **Question 5 Response**

System improvements we are now able to implement using the Community Health Record (CHR) and the Social Health Information Exchange include: 1) the ability to conduct comprehensive population analysis such as accessing homelessness information alongside healthcare utilization to identify homeless

consumers that need specialty care for outreach and care coordination; 2) the ability to perform patient matching from different sectors of data enabling us to analyze services and care needs to better respond to health disparities; 3) the ability to conduct system-level analysis of services and outcomes to identify successful interventions, and support organizations with capacity development to improve care; 4) the ability to immediately and effectively take action to mitigate risk to the homeless population during pandemic situations, and 5) the ability to identify consumer program eligibility and connect consumers to services.

The Continuum of Care is working in partnership with the HMIS Lead to update and implement new data quality policies and procedures that strengthen the five pillars of data quality identified (timeliness, completeness, accuracy, consistency, and coverage). A workgroup meets regularly to implement these changes in concert with HMIS user agency liaisons, and our Continuum of Care is actively participating in HUD technical assistance focused on HMIS improvements that include a data quality workstream.

OHCC, as the County's centralized coordinating entity on homelessness, is uniquely situated to continue building capacity to both identify and analyze existing funding resources as well as support efforts to obtain new funding. OHCC is increasing capacity to do this work by using admin funds to expand staffing models. The results of these efforts are evidenced by commitments made to provide supportive services funding for new housing projects coming online through the leveraging of CalAIM Housing Community Supports, as one example. The continued partnership with our County's two Medi-Cal managed care plans is also helping to ensure health care funds can be leveraged to support the homeless system.

As previously mentioned, OHCC has been awarded IPV and YHDP grants, both of which are being leveraged to create population specific (IPV Survivors and Transition Age Youth) coordinated entry systems, add access points and improve assessment tools to ensure that it contemplates the specific needs of these populations experiencing homelessness.

To improve our adult point-in-time count methodology, we recruited more individuals to participate in the count and are increasingly incorporating people with lived experience, alongside known and trusted community providers, into our street count teams. These teams are generally comprised of at least one guide with lived experience of homelessness and up to three community volunteers. Guides assist the team in navigating their assigned count area and identifying locations where unsheltered individuals are likely to be encountered and providing additional support in identifying people experiencing homelessness for inclusion in the tally.

While our core PIT methodology remains unchanged, this year Alameda County implemented an additional methodology to better gather information about families experiencing unsheltered homelessness. Providers and school districts working directly with unsheltered families contacted these families in the week following the PIT Count to ask where that family slept the night of the PIT Count. This direct outreach and data collection improved our tracking of families and led to a higher count of families overall than previous counts due to the expanded methodology.

Further, the County has instituted a dedicated youth count to improve the representation of unaccompanied children and transition-age youth under the age of 25 experiencing homelessness. To conduct the count service providers recruit youth with lived experience of homelessness and knowledge of where to locate other young people experiencing homelessness to serve as youth guides. In 2022 Covenant House Oakland, Youth UpRising, UC Berkeley Suitcase Clinic, YEAH! Covenant House, REACH Ashland Youth Center, Beyond Emancipation, VOICES Youth Center, and the Alameda County Youth Action Board led the recruitment of youth guides and of their staff to accompany and transport youth guides during the count. Youth guides were compensated for their time, including time spent in training immediately prior to deployment. We aim to increase the number of these teams in the next count.

# **Question 6**

Evidence of connection with the local homeless Coordinated Entry System.

#### **Question 6 Response**

Alameda County's Health Care Services Agency (Office of Homeless Care and Coordination) is both the administrative entity for HHAP funds, as well as the Management Entity for the CA-502 Oakland, Berkeley/Alameda County CoC's Coordinated Entry System. This dual role helps ensure strong connectivity between HHAP funds and Coordinated Entry. As with all funds, including HHAP, the County requires that any contract utilizing county-administered homeless funding utilize Coordinated Entry for program access and referral. This is included in contract language.

Outreach teams are another example of how HHAP-funded programs connect closely with Coordinated Entry: Outreach services in Alameda County are covered by countywide Health Care for the Homeless Street Health outreach teams and supplemented by Coordinated Entry Access points as well as by citycontracted outreach. These teams include community health workers, social workers, navigators, and licensed medical staff to ensure they can triage immediate need and connect people to appropriate services. They distribute resources and provide basic medical care at the sites where unsheltered people are living. They coordinate closely with coordinated entry in every geographic zone to provide housing problem solving, connect people to crisis and housing assessments, and prioritization for housing resources. They also support the early steps of our CE workflow, prior to assessment and prioritization, including screening, HMIS data entry, and Housing Problem Solving.

HHAP funds have also been (and will continue to be) used to support CE access points (housing resource centers) and 'front door' services directly connected with CES. With our newest youth access point, we now have 12 access points across the County, with staff providing housing problem solving, flexible funds, crisis and housing assessment, and program referral.

One final example- HHAP funds are supporting consumers who are not eligible/enrolled in Medi-Cal managed care, but are prioritized for housing through CE, to receive CalAIM Housing Community Support services, specifically Housing Navigation and Tenancy Sustaining Services. We engaged our managed care partners early on to ensure that we could use CE prioritization to refer people to available Housing Community Support slots. This model allows for close alignment between anyone prioritized for a housing resource being able to begin working immediately with a housing navigator so they can access that resource as soon as its available. And the HHAP funds ensure that we can serve everyone who has been prioritized, regardless of insurance status.

# Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Yes

Table 1. Landscape Analysis o		
	People Experiencing Homelessness	Source and Date Timeframe of Data
Population and Living Situations		
TOTAL # OF PEOPLE EXPERIENCING HOMELESSNESS	19404	APR CY 2021
# of People Who are <b>Sheltered</b> (ES, TH, SH)	2612	2022 PIT Count
# of People Who are <b>Unsheltered</b>	7135	2022 PIT Count
Household Composition		
# of Households without Children	14333	APR CY 2021
# of Households with At Least 1 Adult & 1 Child	1214	APR CY 2021
# of Households with Only Children	116	APR CY 2021
Sub-Populations and Other Characteristics		
# of Adults Who are Experiencing Chronic Homelessness	6695	APR CY 2021
# of Adults Who are Experiencing Significant Mental Illness	7284	APR CY 2021
# of Adults Who are Experiencing Substance Abuse Disorders	3297	APR CY 2021
# of Adults Who are <b>Veterans</b>	1113	APR CY 2021
# of Adults with <b>HIV/AIDS</b>	386	APR CY 2021
# of Adults Who are Survivors of Domestic Violence	2925	APR CY 2021
# of Unaccompanied Youth (under 25)	1408	APR CY 2021
# of Parenting Youth (under 25)	135	APR CY 2021
# of People Who are Children of Parenting Youth	167	APR CY 2021
Gender Demographics		
# of Women/Girls	8675	APR CY 2021
# of Men/Boys	10055	APR CY 2021
# of People Who are <b>Transgender</b>	79	APR CY 2021
# of People Who are Gender Non-Conforming	43	APR CY 2021
Ethnicity and Race Demographics		
# of People Who are Hispanic/Latino	3201	APR CY 2021
# of People Who are Non-Hispanic/Non-Latino	15468	APR CY 2021
# of People Who are Black or African American	10649	APR CY 2021
# of People Who are <b>Asian</b>	469	APR CY 2021
# of People Who are American Indian or Alaska Native	622	APR CY 2021
# of People Who are Native Hawaiian or Other Pacific Islander	328	APR CY 2021
# of People Who are <b>White</b>	5020	APR CY 2021
# of People Who are Multiple Races	1342	APR CY 2021

				Table 2. Lan	dscape Analysis o	f People Being Serve			
	Permanent Supportive Housing (PSH)	Rapid Rehousing (RRH)	Transitional Housing (TH)	Intermin Housing or Emergency Shelter (IH / ES)	Diversion Services and Assistance (DIV)	Homelessness Prevention Services & Assistance (HP)	Outreach and Engagement Services (O/R)	Other: CE Enrollment	Source(s) and Timeframe of Data
Household Composition									
# of Households without Children	1951	1929	797	4187	1635	307	3546	2846	Q8A, APR 1/1/21-12/31/21
# of Households with At Least 1 Adult & 1 Child	231	363	78	231	272	10	15	375	Q8A, APR 1/1/21-12/31/21
# of Households with Only Children	0	2	2	81	0	0	19	1	Q8A, APR 1/1/21-12/31/21
Sub Populations and Other Characteristics									
# of Adults Who are Experiencing Chronic Homelessness	1455	1236	411	1921	1177	24	1855	1967	Q26b, APR 1/1/21-12/31/21
# of Adults Who are Experiencing Significant Mental Illness	1720	855	432	1105	1030	109	1651	1818	Q13a.1., APR 1/1/21-12/31/21
# of Adults Who are Experiencing Substance Abuse Disorders	879	341	154	569	549	18	850	955	Q13a.1., APR 1/1/21-12/31/21
# of Adults Who are Veterans	195	485	88	153	52	102	124	95	Q25a, APR 1/1/21-12/31/21
# of Adults with HIV/AIDS	141	40	9	20	53	1	56	96	Q13a.1, APR 1/1/21-12/31/21
# of Adults Who are Survivors of Domestic Violence	575	348	152	372	556	39	440	964	Q14a., APR 1/1/21-12/31/21
# of Unaccompanied Youth (under 25)	47	102	174	364	115	8	761	223	Q27, APR 1/1/21-12/31/21
# of Parenting Youth (under 25)	0	38	35	25	46	0	0	61	Q27b, APR 1/1/21-12/31/21
# of People Who are Children of Parenting Youth	0	50	48	26	61	0	0	83	Q27b, APR 1/1/21-12/31/21
Gender Demographics									
# of Women/Girls	1362	1412	402	2048	1104	172	1494	1997	Q10a, Q10b, APR 1/1/21-12/31/21
# of Men/Boys	1563	1778	618	3139	1211	165	2038	1815	Q10a, Q10b, APR 1/1/21-12/31/21
# of People Who are <b>Transgender</b>	15	12	9	29	7	2	18	18	Q10a, Q10b, APR 1/1/21-12/31/21
# of People Who are Gender Non- Conforming	1	4	10	13	8	2	12	17	Q10a, Q10b, APR 1/1/21-12/31/21
Ethnicity and Race Demographics									
# of People Who are Hispanic/Latino	445	599	159	915	422	47	617	648	Q12b, APR 1/1/21-12/31/21
# of People Who are Non- Hispanic/Non-Latino	2494	2590	874	4296	1792	290	2969	3064	Q12b, APR 1/1/21-12/31/21
# of People Who are Black or African American	1565	1762	679	2790	1184	237	1957	2112	Q12a, APR 1/1/21-12/31/21
# of People Who are Asian	73	79	22	149	56	9	87	98	Q12a, APR 1/1/21-12/31/21
# of People Who are American Indian or Alaska Native	91	90	30	197	45	13	152	100	Q12a, APR 1/1/21-12/31/21
# of People Who are Native Hawaiian or Other Pacific Islander	44	53	24	122	56	5	66	70	Q12a, APR 1/1/21-12/31/21
# of People Who are White	877	930	190	1610	674	61	1070	997	Q12a, APR 1/1/21-12/31/21
# of People Who are Multiple Races	290	261	78	322	148	10	227	257	Q12a, APR 1/1/21-12/31/21

				Table 3. I	Landscape Analysis of Sto	ate, Federal and Local Funding					
Funding Program (choose from drop down opt ons)	Fiscal Year (se ect al that apply)	Total Amount Invested into Homelessness Interventions	Funding Source*	Intervention Types Sup (select all th		Brief Description of Programming and Services Provided			<b>Population</b> (please x the approp		
	FY 2021-2022			Non-Congregate Shelter/		Utilizing Homekey R1, 2, to purchase hotels as well as scattered side residential homes				OPULATIONS (please "x" all that	apply)
Homekey (via HCD)		\$ 75,519,074.00	State Agency	Interim Housing Permanent Supportive and Service-Enriched Housing		to convert to perm. shared housing. Interim Housing is provided in the meantime, with a plan for those residents to stay as the site		ALL PEOPLE EXPERIENCING	X People Exp Chronic Homelessness	Veterans	Parenting Youth
						is converted to housing in the near future. Of the County's award, \$2,496,000 used for operating subsidies; \$27,049,500 in capital		HOMELESSNESS	People Exp Severe Mental Illness People Exp Substance	People Exp HIV/ AIDS	Children of Parenting Youth complications to COVID
	FY 2021-2022			Non-Congregate Shelter/		awards used to purchase sites in 2021. State ESG grant is awarded annually and is \$365,315 for the current grant year. We			Abuse Disorders	Unaccompanied Youth X OPULATIONS (please "x" all that	population, including seniors
Emergency Solutions Grants (ESG) -	FY 2022-2023			Interim Housing Rental Assistance		anticipate an increase with the most recent application submitted for \$395,117.		ALL PEOPLE	People Exp Chronic Homelessness		Parenting Youth
via HCD		\$760,432.00	State Agency	Administrative Activities		We have not estimated beyond the next grant cycle. State ESG funds are used to support emergency shelter and provide	x	EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	Veterans People Exp <b>HIV/ AIDS</b>	Children of Parenting Youth
						rental assistance via RRH programs that are attached to shelter as one possible exit strategy.			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
	FY 2021-2022			Non-Congregate Shelter/ Interim Housing		sidiegy.			TARGETED P	OPULATIONS (please "x" all that	apply )
Emergency Solutions Grants (ESG) - via HUD	FY 2022-2023	\$370,184.00	Federal Agency	Rental Assistance		Federal ESG is awarded annually and is currently \$185,092 annually. We have not estimated beyond the next grant cycle.	~	ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$370,164.00	rederal Agency	Administrative Activities		Federal ESG funds are used to support emergency shelter and provide rental assistance via RRH programs that are	Ŷ	HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
						attached to shelter as one possible exit strategy.			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
	FY 2021-2022			Rental Assistance		The bulk of ESG-CV funds have been used to support exits from Project Roomkey Operation Safer Ground sites to permanent				OPULATIONS (please "x" all that	apply )
Emergency Solutions Grants - CV (ESG- CV) - via HUD	FY 2022-2023	-		Administrative Activities		housing in the community (Project Roomkey Housing Transitions' program). In most instances, ESG-CV (unds bridge		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness People Exp Severe Mental	Veterans	Parenting Youth Children of Parenting
		\$5,769,334.00	Federal Agency			housing to PSH, and the emergency housing vouchers specifically. For those			lliness	People Exp HIV/ AIDS	Youth
						that cannot transition to EHV or other PSH opportunities, the ESG-CV funds will be backfilled with other sources to provide ongoing subsidies.			People Exp Substance Abuse Disorders	Unaccompanied Youth X	Other : High risk of complications to COVID population, including seniors
	FY 2021-2022			Rental Assistance		The bulk of ESG-CV funds have been used to support exits from Project Roomkey			TARGETED P	OPULATIONS (please "x" all that	apply )
Emergency Solutions Grants - CV (ESG- CV) - via HCD	FY 2022-2023			Non-Congregate Shelter/ Interim Housing		Operation Safer Ground sites to permanent housing in the community. In most instances, ESG-CV funds bridge housing to			People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$11,748,000.00	State Agency	Administrative Activities		PSH, and the emergency housing vouchers specifically. For those that cannot transition to EHV or other PSH opportunities, the ESG-		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
						CV funds will be backfilled with other sources to provide ongoing subsidies. State ESG-CV funds also funded Shetter Operations for Project Roomkey site			People Exp <b>Substance</b> Abuse Disorders	Unaccompanied Youth X	Other : High risk of complications to COVID population, including seniors
	FY 2021-2022					Amount represents total round 3 NPLH awards; County is still awaiting round 4 notification (county allotment should be				OPULATIONS (please "x" all that	apply )
No Place Like Home (NPLH) - via HCD		\$32.000.975.00	State Agency	Administrative Activities		\$21M). Funds will be issued as deferred payment loans to developers working in		ALL PEOPLE EXPERIENCING	X People Exp Chronic Homelessness	Veterans	Parenting Youth
		_		Permanent Supportive and Service-Enriched Housing		conjunction with counties to acquire, design, construct, rehabilitate, and preserve PSH. Funds don't include rental		HOMELESSNESS	X People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
		<b> </b>				assistance, however some of these units may be connected to PBVs. Due to the one-time nature, and the end of			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Homeless Housing, Assistance and	FY 2021-2022	4		Systems Support Activities	Diversion and Homelessness Prevention	whole person care and HEAP, most of these funds have continued expanding critical			TARGETED P People Exp Chronic	OPULATIONS (please "x" all that	apply )
Prevention Program (HHAP) - via Cal ICH	FY 2022-2023	\$150,128,618.00	\$150,128,618.00 State Agency	Administrative Activities C Non-Congregate Shelter/	Outreach and Engagement	countywide services, including street health outreach, housing navigation, and housing tenancy sustaining services.	x	ALL PEOPLE EXPERIENCING	Homelessness People Exp Severe Mental	Veterans	Parenting Youth Children of Parenting
	FY 2023-2024	4		Interim Housing		They've also been leveraged as part of planned CE access point expansion, with housing problem solving and flexible		HOMELESSNESS	Illness People Exp Substance	People Exp HIV/ AIDS	Youth Other (please enter
	FY 2024-2025 FY 2021-2022	<u> </u>		Rental Assistance Systems Support Activities		financial assistance. Interim housing Project Roomkey grant (2 allocations) has	$\vdash$		Abuse Disorders X	Unaccompanied Youth OPULATIONS (please "x" all that	here )
Project Roomkey and Rehousing - via	11 2021-2022	1		Non-Congregate Shelter/		been used to support non-congregate shelter operations for our hotel sites throughout the pandemic, as well as		ALL PEOPLE	People Exp Chronic		
CDSS		\$15,441,996.00	State Agency	Interim Housing		services to help rehouse those hotel guests into permanent housing in the community. Specific set asides have lso supported		EXPERIENCING HOMELESSNESS	Homelessness People Exp Severe Mental Illness	Veterans People Exp <b>HIV/ AIDS</b>	Parenting Youth Children of Parenting Youth
		1				services for those Roomkey guests who are part of our TAY system as well as impacted by gender-based violence.			People Exp Substance Abuse Disorders	Unaccompanied Youth X	Other (high vulnerability to COVID)

	FY 2021-2022			Non-Congregate Shelter/		Estimate only based on amount billed. No			TAPOFTE		PULATIONS (please "x" all the	at a	
FEMA Public Assistance Program	11 2021-2022	4		Interim Housing		FEMA funds for Project Roomkey have been received to date, and there may be			People Exp Chronic	1			, ,,,,,
Category B - via FEMA		\$19,450,474	Federal Agency	Systems Support Activities		additional funds discounted. Expenses billed to FEMA include PRK hotel leases,		ALL PEOPLE EXPERIENCING	Homelessness		Veterans	L	Parenting Youth
						nursing and caregiving costs, security, and transportation. Not included is shelter		HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
						operator contracts which aren't FEMA- reimbursable and have been supported by both PRK and ESG-CV arants.			People Exp Substance Abuse Disorders		Unaccompanied Youth	x	Other (high vulnerability to COVID)
	FY 2021-2022			Systems Support Activities		Program supports families to obtain or keep permanent housing. Funds are used for the			TARGETE	d po	PULATIONS (please "x" all the	iat aj	oply )
CalWORKs Housing Support Program (HSP) - via CDSS	FY 2022-2023	\$13,282,116.00		Rental Assistance		following: rental assistance, security deposits, utilities, moving costs, hotel vouchers, landlord recruitment, case		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness		Veterans		Parenting Youth
	FY 2023-2024	\$13,282,116.00	State Agency	Administrative Activities		management, outreach and placement, legal services, and credit repair.	<sup>*</sup>	HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
	FY 2024-2025								People Exp Substance Abuse Disorders		Unaccompanied Youth	x	Other: families with children
	FY 2021-2022			Systems Support Activities	Permanent Supportive and Service-Enriched Housing	Current amount reflects re-appropriated, competitive and non-competitive funds in FY 21/22. HDAP funds support a flexible			TARGETE	d po	PULATIONS (please "x" all the	iat aj	oply )
Housing and Disability Advocacy Program (HDAP) - via CDSS	FY 2022-2023	\$17,421,518.00	State Agency	Non-Congregate Shelter/ Interim Housing		housing subsidy pool to secure long-term subsidies and placements for HDAP clients;		ALL PEOPLE EXPERIENCING	X People Exp Chronic Homelessness		Veterans		Parenting Youth
	FY 2023-2024		sidle Agency	Rental Assistance		benefits advocacy, housing support and navigation for clients awaiting PSH; and		HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
	FY 2024-2025			Outreach and Engagement		safe-haven emergency housing.			People Exp Substance Abuse Disorders		Unaccompanied Youth	x	Other homeless, disabled
	FY 2021-2022			Systems Support Activities		The HUD CoC grants focus primarily on PSH rental assistance (and accompanying services) for formerly homeless households				D PO	PULATIONS (please "x" all the	iat a	oply )
Continuum of Care Program (CoC) - via HUD	FY 2022-2023	to / 011 /00 00	E. d. of the second	Rental Assistance		already in housing, with some funding focused on RRH and TH, including for some	x	ALL PEOPLE EXPERIENCING	X People Exp Chronic Homelessness		Veterans		Parenting Youth
		\$36,211,689.00	Federal Agency	Non-Congregate Shelter/ Interim Housing		subpopulations of focus.	î	HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
				Administrative Activities					People Exp Substance Abuse Disorders	x	Unaccompanied Youth	x	Other (Gender-Based Violence)
	FY 2021-2022			Rental Assistance		875 Housing Choice Vouchers awarded. Our CE prioritization policy				D PO	PULATIONS (please "x" all the	iat aj	oply )
Emergency Housing Vouchers (EHVs) - via HUD	FY 2022-2023	\$ 61,714,285,00	Fodoral Agonov			for COVID resources was used to match vulnerable households in Project Roomkey to permanent		ALL PEOPLE EXPERIENCING HOMELESSNESS	X People Exp Chronic Homelessness		Veterans		Parenting Youth
	FY 2023-2024	ф 61,714,203.00	Federal Agency			subsidies.	Â		People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
	FY 2024-2025								People Exp Substance Abuse Disorders	x	Unaccompanied Youth	x	Other (Gender-Based Violence)
	FY 2021-2022			Systems Support Activities		Funds the Health Care for the Homeless program which provides			TARGETE	d po	PULATIONS (please "x" all the	iat aj	oply )
Other (enter funding source under dotted line)	FY 2022-2023	\$15,600,000.00	Federal Agency	Administrative Activities		shelter health, FQHC services for homeless and disabled, street health	v	ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness		Veterans		Parenting Youth
	FY 2023-2024	\$13,000,000.00	reacidingency	Outreach and Engagement		outreach, and mobile health services. X	Â	HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
Health Resources and Services Administration (HRSA)	FY 2024-2025			Non-Congregate Shelter/ Interim Housing					People Exp Substance Abuse Disorders		Unaccompanied Youth		Other (please enter here )
_	FY 2021-2022			Outreach and Engagement	Rental Assistance					D PO	PULATIONS (please "x" all the	iat aj	oply )
Local General Fund		\$27,875,000	Local Agency	Non-Congregate Shelter/ Interim Housing	Permanent Supportive and Service-Enriched Housing	County Maintenance of Effort budget across several departments (Probation,	Y	ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness		Veterans		Parenting Youth
		\$27,070,000	Local rigoney	Diversion and Homelessness Prevention		Social Services, Community Development, Health Care) estimated using 2021 final budget, with approximately 25% of	Â	HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
(County General Fund)				Systems Support Activities		homeless funding in the County coming from local sources.			People Exp Substance Abuse Disorders		Unaccompanied Youth		Other (please enter here )
	FY 2021-2022			Systems Support Activities		DHCS funding through Medi-Cal Managed Care Plans for CalAIM Housing Community	II			D PO	PULATIONS (please "x" all the	iat aj	oply)
Other (enter funding source under dotted line)	FY 2022-2023	\$33,318,300.00	State Agency	Administrative Activities		Supports (Housing Navigation, Housing Tenancy and Stability services, and	x	ALL PEOPLE EXPERIENCING	X People Exp Chronic Homelessness		Veterans		Parenting Youth
	FY 2023-2024	ېن uu State Ager	orare rigency			Housing Deposits) for managed care enrollees. Actual funding will depend on # served and insurance status. Amount		EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	1	People Exp HIV/ AIDS		Children of Parenting Youth
CalAIM (Medi-Cal)	FY 2024-2025					estimated based on projected # MCP enrollees served in CY 2022.			People Exp Substance Abuse Disorders		Unaccompanied Youth		Other (please enter here)
	FY 2021-2022			Systems Support Activities			ΙĪ			D PO	PULATIONS (please "x" all the	iat aj	oply )
Home Safe - via CDSS		\$3,591,071.00	State Agency	Rental Assistance		Provides short-term supports, case management, and housing navigation assistance to prevent		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness		Veterans		Parenting Youth
		40,071,071,00	sidie Agency	Diversion and Homelessness Prevention		homelessness among APS clients, victims in a substantiated case of		HOMELESSNESS	People Exp Severe Mental Illness		People Exp HIV/ AIDS		Children of Parenting Youth
						rictims in a substantiated case of fraud, abuse, or self-neglect, and at risk of housing insecurity.		People Exp Substance Abuse Disorders		Unaccompanied Youth	x	Other (APS clients including older adults)	

	FY 2021-2022			Systems Support Activities	Permanent Supportive and Service-Enriched Housing				TARGETED	POPULATIONS (please "x" all th	at apply )
Local General Fund		\$18,342,989.00		Administrative Activities	Diversion and Homelessness Prevention	Amounts based off of FY 20/21 city	v	ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$10,342,909.00	Local Agency	Non-Congregate Shelter/ Interim Housing	Outreach and Engagement	local funding allocations from all 14 cities in Alameda County. Since FY 21/22 isn't closed out, unable to pull	Â	HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
City General Funds)				Rental Assistance		final allocation numbers for current fiscal year.			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here )
				Systems Support Activities	Permanent Supportive and Service-Enriched Housing				TARGETED	POPULATIONS (please "x" all th	at apply )
Other (enter funding source under dotted line)		fr ( 0/0 005		Administrative Activities	Diversion and Homelessness Prevention	Cities: Amounts based off of FY 20/21		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
ſ		\$54,269,385		Non-Congregate Shelter/ Interim Housing	Outreach and Engagement	city direct funding allocations from State and Federal sources combined. Since FY 21/22 isn't closed out, unable	Ŷ	HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
City direct allocations from State and ederal sources)				Rental Assistance		to pull final allocation numbers for current fiscal year.			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
	FY 2021-2022			Rental Assistance					TARGETED	POPULATIONS (please "x" all th	at apply )
Emergency Rental Assistance (ERA) - via Treasury		\$50,800,000	Federal Agency	Administrative Activities		Includes amounts allocated to the County, and cities of Fremont and Oakland. Not all funds will support		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
ſ		\$30,000,000	rederal Agency			individuals who are likely to become homeless if they lose their housing.		HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
						i i i i i i i i i i i i i i i i i i i			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other: at risk of homelessness
	FY 2021-2022			Rental Assistance					TARGETED	POPULATIONS (please "x" all th	at apply )
California COVID-19 Rent Relief Program - via HCD		\$53,000,000	State America	Administrative Activities		Includes amounts allocated to the County, and cities of Fremont and		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$33,000,000	State Agency			<ul> <li>Oakland. Not all funds will support individuals who are likely to become homeless if they lose their housing.</li> </ul>		HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
						nomoloss in moy loss more neosing.			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other: at risk of homelessness
	FY 2021-2022			Rental Assistance		All HOME funds used for tenant-based rental assistance this current fiscal	1		TARGETED	POPULATIONS (please "x" all th	at apply )
HOME Program - via HCD	FY 2022-2023					year. Future uses may change. Amounts estimated for 4 years based			People Exp Chronic Homelessness	Veterans	Parenting Youth
ſ	FY 2023-2024	\$ 2,200,000.00	State Agency			on current annual award amount. Not all funds will support individuals who are currently homeless (includes at-risk		ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025					populations, including low and very low-income families).			People Exp Substance Abuse Disorders	Unaccompanied Youth	Other: at risk of homelessness; low and very low-income v households
	FY 2021-2022			Outreach and Engagement		CDBG funds currently used across several different interventions.				POPULATIONS (please "x" all th	A
Community Development Block Grant (CDBG) - via HUD	FY 2022-2023			Systems Support Activities		including facility enhancements, to support people experiencing		ALL PEOPLE		Veterans	Parenting Youth
	FY 2023-2024	\$ 1,348,884.00	Federal Agency	Non-Congregate Shelter/ Interim Housing		homelessness, people at risk of homelessness, seniors, and people		EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Youth
	FY 2024-2025					who are homeless with HIV/AIDS. Amounts estiamted for 4 years based on current annual award amount			People Exp Substance Abuse Disorders	Unaccompanied Youth	w/ HIV/AIDS, homeless, x low-income
	FY 2022-2023			Systems Support Activities	Non-Congregate Shelter/ Interim Housing	Youth Homelessness Demonstration Program funds awarded by HUD to	1		TARGETED	POPULATIONS (please "x" all th	at apply )
Other (enter funding source under dotted line)	FY 2023-2024	t 1/ 100 00 · - ·	E. d. of the s	Administrative Activities	Rental Assistance	the CA-502 CoC support the development and implementation of		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	x Parenting Youth
	FY 2024-2025	\$ 16,422,396.54 Federal Ag	Federal Agency	Diversion and Homelessness Prevention		an in-depth plan to meet the needs of youth at-risk of or experiencing homelessness and to work towards		EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
outh Homelessness Demonstration rogram (YHDP)				Outreach and Engagement		ending youth homelessness in the community. Amount estimated over 4	4		People Exp Substance Abuse Disorders	K Unaccompanied Youth	Other (please enter here )
	_								TARGETED	POPULATIONS (please "x" all th	at apply )
		¢				]		ALL PEOPLE EXPERIENCING	People Exp Chronic Homelessness	Veterans	Parenting Youth
		φ -					1	HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
									People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here )

\* NOTE: Private funder(s) option here could include philanthropy, resources from managed care plans organizations, corporate funders, or other private sources of funding

Table	4. Outcome Goals	
Outcome Goal #1a: Reducing the number of persons experiencing he	omelessness.	
Baseline Data:	Outcome Goals	July 1, 2021 - June 30, 2024
Annual estimate of number of people accessing services who are experiencing homelessness	Decrease/Increase in # of People	Decrease/Increase as % Change from Baseline
9,081	Increase of 87%	
Or	otional Comments	
	rom what we believe is the real number of the	ose served in our homeless response system and what will our system and more coverage of people experiencing
Underserved Populations and Popula		/ Homelessness
Describe any underserved and/ or disproportionately impacted population(s focus on related to this Outcome Goal and how this focus has been informed		Describe the trackable data goal(s) related to this Outcome Goal:
Black and African American people experiencing homelessness are the largest popula system. This population has been consistently over-represented, compared to their rep Black and African American population is approximately 11% of Alameda County, but (according to HDIS data). We also see that this percentage has gradually increased or address the disproportionate impact and increase people served to eventually reduce in the general population. We have a baseline of 4,793 Black or African American serv increase of 32% from 2018-2020), and a goal of serving 10,000 Black or African America increase of 109% from 2020. At this rate in 2024 Black or African American people would services. In this instance, we want this population to be higher than in 2020, to reflect se Ensuring that people who are Black or African American are increasingly being served being matched with housing exits. Since we expect to be closer to a total population in 2024, we will set our goal based on % of population at that time.	resentation in the general population. The 53% of those experiencing homelessness ver time. It is imperative that we take steps to be the percentage to align with what we see red in our homeless system in CY 2020 (an n individuals in 2024, which would be an d comprise 59% of those receiving homeless erving this group at a higher rate than in 2020. in our homeless response system ensures	People who are Black or African American as a % of total persons served by our homeless response system. Our target will be to increase this percentage represented in homeless system programs to reach 59% of total population served by 2024.

Outcome Goal #1b: Reducing the number of persons experiencing ur	nsheltered homelessness on a daily b	pasis					
Baseline Data:	Outcome Goals	July 1, 2021 - June 30, 2024					
Daily Estimate of # of people experiencing unsheltered homelessness	Reduction in # of People	Reduction as % Change from Baseline					
6,312	Increase of 1,788 (8,100 total)	28% Increase					
Optional Comments							
decrease the current rate of increase in unsheltered homelessness, and to have no m 28% between 2020 and 2024, which is less than half of our current rate of increase fo result of one-time COVID resources, which has and continues to lead to increases in s	From 2018-2020 our CoC experienced a 63% increase in unsheltered homelessness and we continue to see an upward trajectory, in both number and % of the unsheltered homeless population, according to our 2022 PIT Count data. If we continue with the current trajectory, we would expect our unsheltered population to grow to 10,303 in 2024. We are setting a goal to decrease the current rate of increase in unsheltered homelessness, and to have no more than 8100 people unsheltered in 2024. This goal (8,100 unsheltered in 2024) would be an INCREASE of 28% between 2020 and 2024, which is less than half of our current rate of increase for this measure (63%). Rationale for this goal includes the impact of the increase in shelter capacity as a result of one-time COVID resources, which has and continues to lead to increases in sheltered homelessness. In addition, as COVID regulations are lifted, shelter capacity may expand back toward pre-COVID levels, also increasing capacity for shelter.						
Describe Underserved Populations and Popula	Your Related Goals for tions Disproportionately Impacted by	/ Homelessness					
Describe any underserved and/ or disproportionately impacted population(s focus on related to this Outcome Goal and how this focus has been informed		Describe the trackable data goal(s) related to this Outcome Goal:					
Our latest PIT Count (2022) shows that unaccompanied youth households (ages 18-24) CoC's total unsheltered population, which is higher than the percentage this populatio (8%). This overrepresentation of youth in unsheltered homelessness is also consistent with youth represented at 9% of the unsheltered population. We have seen this number red and believe that with targeted interventions including expanded access to Coordinate through our CoC's YHDP projects), as well as interim housing for youth which is coming of this number.	n represents within our total homeless system n data from our 2019 PIT Count which shows uced in the past (between 2017 and 2019), ed Entry through youth access points (and	Our goal is to bring the # of unaccompanied youth (ages 18-24) who are unsheltered down by 2.3% to 7% of the unsheltered population in 2024. This decrease would be a full percentage point lower from the current percent of the total homeless population that unaccompanied youth currently represent.					

Baseline Data:	Outcome Goals	; July 1, 2021 - June 30, 2024
Annual Estimate of # of people who become homeless for the first time	Reduction in # of People	Reduction as % Change from Baseline
3,967	51% Increase	
Op	tional Comments	•
becoming homeless for the first time in 2024. Homelessness response system mode homelessness in 2022 and 2023, with eventual stabilizing in 2024 and a slight dec		
homelessness, from 69% to 51% between 2020 and 2024. This goal would result in 6,000 our c Describe	) people becoming homeless for the first time current rate of increase. • Your Related Goals for	in 2024 instead of 6,699, which would be the projection of
homelessness, from 69% to 51% between 2020 and 2024. This goal would result in 6,000 our c	<ul> <li>people becoming homeless for the first time current rate of increase.</li> <li>Your Related Goals for tions Disproportionately Impacted by that your community will especially</li> </ul>	in 2024 instead of 6,699, which would be the projection of <b>Homelessness</b>

Outcome Goal #3: Increasing the number of people exiting homeless	ness into permanent housing.						
Baseline Data:	Outcome Goals	s July 1, 2021 - June 30, 2024					
Annual Estimate of # of people exiting homelessness into permanent housing	Increase in # of People	Increase as % Change from Baseline					
1,813         Increase of 137 (1950 total)         8% Increase							
Op	tional Comments	•					
that are exited/housed without any ongoing homelessness response system resources w resources and attention are going toward pathways where people are supported wi unsheltered homelessness, our system will have Describe Underserved Populations and Populat	ith system resources to maintain their housing e a growing number of people in shelter that Your Related Goals for	. In addition, given planned increases in shelter to reduce need housing exits.					
Describe any underserved and/ or disproportionately impacted population(s) focus on related to this Outcome Goal and how this focus has been informed	) that your community will especially	Describe the trackable data goal(s) related to this					
In alignment with our Home Together 2026 Community Plan to center race equity and r of any one single group disproportionately impacted according to the State HDIS data, percentages of all BIPOC served by the system and exiting to permanent housing, so th overall homeless system.	, we will set an intention to reach larger	To achieve equity in this measure for all BIPOC population experiencing homelessness, by 2024 at least 4% of housing exits should be American Indian or Alaska Native; 3% Asian; 53% Black or African American; and 2% Native Hawaiian or other Pacific Islander; and 7% with multiple races.					

Outcome Goal #4: Reducing the length of time persons remain homeless.

Baseline Data: Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven	Outcome Goals July 1, 2021 - June 30, 2024					
projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs"	Decrease in Average # of Days	Decrease as % Change from Baseline				
152 0 0%						
Op	ptional Comments					
historically this measure has been difficult to impact, that outliers for this measure c	can impact the average for the entire populat					
historically this measure has been difficult to impact, that outliers for this measure c pandemic, people have and continue to spend longer than typical durations in ES, large	can impact the average for the entire populat our goal is to maintain the current average le increases in this measure. <b>e Your Related Goals for</b>	tion, and that, due to conditions related to the COVID-19 ngth of time people remain homeless, and to prevent any				
historically this measure has been difficult to impact, that outliers for this measure c pandemic, people have and continue to spend longer than typical durations in ES, large	can impact the average for the entire populat our goal is to maintain the current average le increases in this measure. e Your Related Goals for ations Disproportionately Impacted b (s) that your community will especially	tion, and that, due to conditions related to the COVID-19 ngth of time people remain homeless, and to prevent any y Homelessness Describe the trackable data goal(s) related to this				

	Outeene Ceale I	uly 1 0001 June 20 0004				
Baseline Data: % of people who return to homelessness after having exited homelessness to permanent housing	Decrease in % of People who return to Homelessness	uly 1, 2021 - June 30, 2024 Decrease as % Change from Baseline				
8.64%	0% (holds at 9%) 0%					
C	Optional Comments					
	be Your Related Goals for	lomelessness				
	lations Disproportionately Impacted by H (s) that your community will especially D	escribe the trackable data goal(s) related to this				

Outcome Goal #6: Increasing successful placements from street outre	each.					
Baseline Data:	Outcome Goals	July 1, 2021 - June 30, 2024				
Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	Increase in # of People Successfully Placed from Street Outreach	Increase as % of Baseline				
24	24 (48 total)	100% Increase				
Oţ	otional Comments					
State HDIS data shows that successful placements from Street Outreach programs have increased by 71% between 2018 and 2020. At this rate of increase we would expect to reach 41 successful placements from Street Outreach by 2024. However, we believe we can aim higher as we expect an expansion of outreach teams using HMIS in our CoC beginning FY 2022/2023. There are more street health outreach teams who are also participating in housing problem solving and front door services as part of Coordinated Entry which should also positively impact thi measure.						
Describe	e Your Related Goals for					
Underserved Populations and Popula	tions Disproportionately Impacted by	/ Homelessness				
Describe any underserved and/ or disproportionately impacted population( focus on related to this Outcome Goal and how this focus has been informed		Describe the trackable data goal(s) related to this Outcome Goal:				
There was insufficient population data from HDIS on those included in this measure for of 24 (58%) successful placements from street outreach were for white people. While the up in the HDIS baseline numbers for the breakdown of additional races, we can conclude a data on the general population. Therefore, in the absence of a larger sample size to dra disproportionate impacts, and in alignment with the aim of our Home Together 2026 C reduce racial disparities, we will set an intention to reach larger percentages of all BIPC successful placements, so that it aligns with BIPOC representation in the overall homel.	his is not a large enough sample size to show ude that only 10 out of 24 people in this of BIPOC both in the overall homeless system aw conclusions from regarding ommunity Plan to center racial equity and OC served by street outreach and exiting to	To achieve equity in this measure for all BIPOC population experiencing homelessness, by 2024 at least 4% of successful placements from street outreach should be American Indian or Alaska Native; 3% Asian; 53% Black or African American; and 2% Native Hawaiian or other Pacific Islander; and 7% with multiple races.				

Table 5. Strategies to Achieve O	utcome Goals					
Strategy	Performance Measure to Be Impacted (Check all that apply)					
Description						
<b>Prevent Homelessness: Focus resources for prevention on people most likely to lose their</b> <b>homes</b> (Home Together Plan, Goal 1, Strategy 2)- Implement and expand shallow subsidies availability for people with fixed or limited income with housing insecurity to relieve rent	$\checkmark$ 1. Reducing the number of persons experiencing homelessness.					
burden and reduce the risk of becoming homeless. Track progress on this goal area through system performance measures and corresponding	2. Reducing the number of persons who become homeless for the first time.					
measures of increased racial equity.	3. Increasing the number of people exiting homelessness into permanent housing.					
Timeframe						
July 1, 2022 - June 30, 2024	4. Reducing the length of time persons remain homeless.					
Entities with Lead Responsibilities	5. Reducing the number of persons who return to homelessness aft exiting homelessness to permanent housing.					
Office of Homeless Care and Coordination (system connection); Alameda County Behavioral Health (Care First, Jails Last); Social Services Agency (workforce						
Measurable Targets	6. Increasing successful placements from street outreach.					
Add 830 shallow subsidies for households in our homelessness response system.	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.					

Strategy	Performance Measure to Be Impacted (Check all that apply)				
Description	✓ 1. Reducing the number of persons experiencing homelessness.				
Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving (Home Together Plan, Goal 1, Strategy 3) by adding resources to flexible funding pools for Housing Problem Solving, a practice of helping people newly homeless or on the verge of homelessness to identify rapid solutions to their situation with light financial support.	2. Reducing the number of persons who become homeless for the first time.				
	3. Increasing the number of people exiting homelessness into permanent housing.				
Timeframe					
July 1, 2022 - June 30, 2024	4. Reducing the length of time persons remain homeless.				
Entities with Lead Responsibilities	5. Reducing the number of persons who return to homelessness a				
OHCC as Coordinated Entry Management Entity	5. Reducing the number of persons who return to homelessness a exiting homelessness to permanent housing.				
Measurable Targets					
Increase current flexible funding for Housing Problem Solving by 20% from CY 2022 contract	6. Increasing successful placements from street outreach.				
amounts (an increase of \$100,000). Increase the centralized Housing Assistance Fund by 20% from CY 2022 levels (an increase of \$200,000).	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.				

Strategy	Performance Measure to Be Impacted (Check all that apply)				
Description	✓ 1. Reducing the number of persons experiencing homelessness.				
Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving (Home Together Plan, Goal 1, Strategy 3) by offering Housing Problem Solving training and funding to all CE access point providers and outreach staff throughout the system so that providers can quickly assist people when and where they seek	$\checkmark$ 2. Reducing the number of persons who become homeless for th first time.				
help.	3. Increasing the number of people exiting homelessness into permanent housing.				
Timeframe	_				
July 1, 2022 - June 30, 2024	4. Reducing the length of time persons remain homeless.				
Entities with Lead Responsibilities	$\checkmark$ 5. Reducing the number of persons who return to homelessness				
OHCC as Coordinated Entry Management Entity	exiting homelessness to permanent housing.				
Measurable Targets					
Facilitate at least one Housing Problem Solving training per year available to all CE providers.	6. Increasing successful placements from street outreach.				
	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.				

Strategy	Performance Measure to Be Impacted (Check all that apply)				
Description Connect people to shelter and needed resources: expand access in key neighborhoods and continue improvements to Coordinated Entry (Home Together Plan, Goal 2, Strategy 1). Activities include expanding neighborhood-based access points to the system's housing and shelter resources in places where people are most likely to lose housing or are currently experiencing homelessness; and continue to track and evaluate the impact of updates to CES to ensure impacts are effective and support reductions in racial disparities.	<ul> <li>1. Reducing the humber of persons who become homelessness.</li> <li>2. Reducing the number of persons who become homeless for the first time.</li> <li>3. Increasing the number of people exiting homelessness into permanent housing.</li> <li>4. Reducing the length of time persons remain homeless.</li> </ul>				
July 1, 2021 - June 30, 2024	5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.				
Entities with Lead Responsibilities         OHCC as CE Management Entity         Measurable Targets         Launch 2 Coordinated Entry Access Points for survivors of IPV and Youth.	<ul> <li>6. Increasing successful placements from street outreach.</li> <li>Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</li> </ul>				

Strategy	Performance Measure to Be Impacted  I. Reducing (Charle all that apply) noing homelessness.				
Description	2. Reducing the number of persons who become homeless for the				
Connect people to shelter and needed resources: Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable households and to reduce	first time.				
unsheltered homelessness (Home Together Plan, Goal 2, Strategy 4). New shelter will be primarily non-congregate and include access to support services; as new housing comes online, transition non-congregate shelters into permanent housing or remove these beds from	3. Increasing the number of people exiting homelessness into permanent housing.				
the system as demand is reduced.	4. Reducing the length of time persons remain homeless.				
Timeframe					
July 1, 2022 - June 30, 2024	5. Reducing the number of persons who return to homelessness aft exiting homelessness to permanent housing.				
Entities with Lead Responsibilities	$\checkmark$ 6. Increasing successful placements from street outreach.				
OHCC, County Housing & Community Development, County Social Services Agency					
Measurable Targets	populations disproportionately impacted by homelessness.				
Add 975 temporary additional non-congregate shelter beds to serve vulnerable adults, and families with children.					

Strategy	Performance Measure to Be Impacted 1. Reducing the number of persons experiencing homelessness. (Check all that apply)
Description	2. Reducing the number of persons who become homeless for the
Increase Housing Solutions: add units and subsidies for supportive housing, including new	└─┘ first time.
models for frail/older adults (Home Together Plan, Goal 3, Strategy 1). Activities include expanding the supply of supportive housing subsidies and units through prioritization and	$\checkmark$ 3. Increasing the number of people exiting homelessness into permanent housing.
matching strategies, and new development funding; and creating a new model of supportive housing for older/frail adults with more intensive health service needs.	, permanent i centra di
	$\checkmark$ 4. Reducing the length of time persons remain homeless.
Timeframe	5. Reducing the number of persons who return to homelessness aft
July 1, 2022 - June 30, 2024	exiting homelessness to permanent housing.
Entities with Lead Responsibilities	6. Increasing successful placements from street outreach.
County Housing & Community Development, OHCC	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Measurable Targets	populations disproportionately impacted by homelessness.
Add 575+ new supportive housing subsidies to our homelessness response system. Add 300+ new (additional) supportive housing subsidies for older adults.	

Strategy	Performance Measure to Be Impacted 1. Reducing (Checkrall that apply)ncing homelessness.
<b>Description</b> Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by providing affordable housing without time limits for approximately 30% of adult only households and 28% of family households in the homeless system (over a five-year period).	<ul> <li>3. Increasing the number of people exiting homelessness into permanent housing.</li> <li>4. Reducing the length of time persons remain homeless.</li> </ul>
Timeframe July 1, 2022 - June 30, 2024 Entities with Lead Responsibilities HCD, OHCC	<ul> <li>5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</li> <li>6. Increasing successful placements from street outreach.</li> <li>Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</li> </ul>
<b>Measurable Targets</b> Add 1,570 dedicated affordable housing subsidies available to households in the homelessness response system.	populations disploportionately impacted by nomelessness.
	1. Reducing the number of persons experiencing homelessness.

Strategy	Performance Measure to Be Impacted 2. Reducing (Checkial that apply) come homeless for the
Description	first time.
Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by adding capacity within the system to support new dedicated affordable units including staff for new local operating subsidy program, additional CE staffing and lighter and variable supportive services. Monitor race and ethnicity for those matched to dedicated affordable housing	✓ 3. Increasing the number of people exiting homelessness into permanent housing.
opportunities in the homeless system to ensure BIPOC populations are represented at or above their prevalence in the homeless system.	$\checkmark$ 4. Reducing the length of time persons remain homeless.
Timeframe	5. Reducing the number of persons who return to homelessness a exiting homelessness to permanent housing.
July 1, 2022 - June 30, 2024	
Entities with Lead Responsibilities	6. Increasing successful placements from street outreach.
HCD, OHCC	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Measurable Targets	populations disproportionately impacted by homelessness.
Launch a Local Operating Subsidy Pool operated by HCD with support from OHCC in 2023.	
	✓ 1 Reducing the number of persons experiencing homelessness

Strategy	2. Reducing the number of persons who become homeless for the first time: 
Description	permanent housing.
Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving HMIS	4. Reducing the length of time persons remain homeless.
coverage; and improving data quality and regularly reviewing system and program butcomes data disaggregated by race.	5. Reducing the number of persons who return to homelessness a exiting homelessness to permanent housing.
limeframe	6. Increasing successful placements from street outreach.
July 1, 2021 - December 31, 2023	Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
Entities with Lead Responsibilities	populations disproportionately impacted by nomelessness.
OHCC, County Housing & Community Development	
Measurable Targets	
ncrease HMIS licensed users by 5% (approx. 32 new users); increase HMIS participating agencies by 5% (approx. 4 new agencies) in 2023.	$\checkmark$ 1. Reducing the number of persons experiencing homelessness.
	2. Reducing the number of persons who become homeless for th first time.

Strategy	3.Reference Measure to Refundatedess into permanent h(Check all that apply)
Description         Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving the tracking of resources and inventory (e.g. development of a supportive housing pipeline tool) to support evaluation and reporting.         Timeframe	<ul> <li>4. Reducing the length of time persons remain homeless.</li> <li>5. Reducing the number of persons who return to homelessness a exiting homelessness to permanent housing.</li> <li>6. Increasing successful placements from street outreach.</li> <li>Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</li> </ul>
July 1, 2021 - December 31, 2023	
Entities with Lead Responsibilities	
OHCC	_,
Measurable Targets	
Develop tracking tools and provide one quarterly update on the Home Together Community Plan in CY 2022.	

						Table 6. Fundi	ng Plans					
Activity to be funded by	ty to be funded by Eligible Use Categories Used to Fund Activity											
(choose from drop down opt ons)	1. Rapid rehousing	2. Operating subsidies	3. Street outreach	4. Services coordination	5. Systems support	6. Delivery of permanent housing	7. Prevention and diversion	8. Interim sheltering (new and existing)	9. Shelter improvements to lower barriers and increase privacy	10. Administrative (up to 7%)	Total Funds Requested:	Description of Activity
Administrative Activities	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ 1,276,686.85	\$ 1,276,686.85	Indirect costs applied to HHAP Grant administration, related contract administration and programming
Rental Assistance	\$ 4,000,000.00	\$ -	\$-	\$-	\$ -	\$ -	\$-	\$-	\$-	\$-	\$ 4,000,000.00	\$2,000,000 rental assistance for one- time (housing deposits, landlard incentives) and \$2,000,000 shart- term/ongoing uses (incl. bridge housing previously funded by ESG-CV for consumers who have exited Project Roomkey)
Diversion and Homelessness Prevention	\$ -	\$ -	\$-	\$-	\$ -	\$ -	\$ 3,229,798.00	\$-	\$-	\$-	\$ 3,229,798.00	Housing Problem Solving at CE access points
Outreach and Engagement	\$-	\$-	\$ 5,055,323.00	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ 5,055,323.00	street health outreach teams (\$4.391,988); outreach through CE access points (\$463,335); TAY outreach and engagement at TAY access point (\$200,000)
Systems Support Activities	\$ -	\$-	\$ -	\$ 2,485,745.00	\$ 1,864,935.34	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,350,680.34	Services Coordination for housing navigation and tenancy supportive services once housed. Systems Support for supportive housing pipeline coordination (1 FTE for 2 years, \$351.878), emerging leaders program for people with lived experience (\$150.000), data analysis (1 FTE for 1 years, \$171.776), and youth program coordination (1 FTE for 2 years, \$351.878) and support for Youth Action Board (\$389.403.34, \$450.000 for HMIS System Administration
Non-Congregate Shelter/ Interim Housing	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ 5,300,000.00	\$ -	\$ -	\$ 5,300,000.00	Existing interim housing projects in collaboration with city partners (\$3.800,000), as well as operational support for TAY shelter (\$1,500,000) launched under previous rounds of HHAP.
	\$-	\$ -	\$-	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	\$ -	\$ -	
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$-	\$ -	\$ -	\$ -	
	\$ -	\$-	\$ -	\$ -	\$ -	\$-	\$-	\$ -	\$ -	\$-	\$-	
Totals:	\$ 4,000,000.00	\$-	\$ 5,055,323.00	\$ 2,485,745.00	\$ 1,864,935.34	\$ -	\$ 3,229,798.00	\$ 5,300,000.00	\$ -	\$ 1,276,686.85	\$ 23,212,488.19	

Explanation of How the Proposed Use of Funds Will Complement Existing local, state, and federal funds and equitably close the gaps identified in the Local Landscape Analysis

HHAP-3 funds, as with other rounds of HHAP, will be braided with local and HUD funds to continue supporting our CE access points through diversion efforts that include a robust housing problem solving program. Alameda County continues to expand access points to be community/neighborhood-based, and to build a more diverse network of providers who are neighborhood-based and trusted in the community. Our CE process was recently updated to help close equity gaps in who is prioritized for resources, while the access point network supports access in under-served/under-represented communities. HHAP funds are proposed to continue supporting housing tenancy sustaining services through CalAIM Housing Community Supports. Alameda County has implemented a model by which anyone prioritized for housing should be able to receive these housing community support services (housing navigation, housing deposits, tenancy sustaining services) regardless of insurance status. We have found that there is a large segment of our population who are either not on managed care at particular points in time, or are ineligible. By braiding HHAP with Medi-Cal funding, we can ensure full coverage of services for our homeless population. Tenancy sustaining services, in particular, are critical for Black or African American populations who disproportionately return to homelessness after being housed. Our Centering Race Equity in Homeless (system Design Report (system modeling) also showed us that, amongst other things, we need flexible rental assistance with varying levels of support attached, to meet the needs of BIPOC communities which has led to greater investment in shallow subisides, using RRH resources as bridge housing, and so on. HHAP funds will continue to support these uses of rental assistance through established programs like our Housing Assistance Fund.

#### Table 7. Demonstrated Need

#### Complete ONLY if you are selected Non-Congregate Shelter / Interim Housing as an activity on the Funding Plans tab.

Demonstrated Need				
# of available shelter beds	2937			
# of people experiencing unsheltered homelessness in the homeless point-in-time count	6312			
Shelter vacancy rate (%) in the summer months	49%			
Shelter vacancy rate (%) in the winter months	46%			
% of exits from emergency shelters to permanent housing solutions	39.18%			
Describe plan to connect residents to permanent housing.				
Shelter vacancy rates are artificially high due to maintaining pre-COVID inventory levels in HMIS (per discussion with HUD) even thoug congregate shelter sites have been offline due to decompression in 2021. Inventory/total beds were not reduced in our HIC per communi- all of the beds that remain unavailable in congregate settings. Since this may end up being a long-term situation, our CoC will be revisiting of HMIS in the future. The goal for use of new HHAP funds is to support more non-congregate shelter options that can replace beds no longe existing inventory. All shelter residents are connected to our Coordinated Entry system- those interested in crisis resources are put in the shelter beds, and those who screen as high priority are assessed further for matching to permanent housing. Most new interim housing p flexible funding/exit resources in their program budgets to support housing exits for those who aren't prioritized for a housing subsidy th bringing on more non-congregate shelter, as discussed in our Home Together 2026 Community Plan, is to invest in sites that can event housing (the Roomkey to Homekey model) with an assumption that resources for unsheltered homelessness will eventually decrease over to permanent housing.	ty decision, so vacancy rates reflect whether to remove those beds from er in use, as well as increase beyond e crisis queue which is used to fill rograms coming online also include rough CE. The community's goal in ually be converted to permanent			



#### HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP) - Round 3 **BUDGET TEMPLATE**

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23,212,488.19

#### APPLICANT INFORMATION

CoC / Large City / County Name:	CA-502 CoC// Alameda County	Applying Jointly? Y/N
Administrative Entity Name:	Alameda County Health Care Services Agency	Total Allocation

#### HHAP FUNDING EXPENDITURE PLAN

ELIGIBLE USE CATEGORY	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL	Initial	Remainder
Rapid rehousing	\$ -	\$ 2,000,000.00	\$ 1,500,000.00	\$ 500,000.00		\$ 4,000,000	<b>00</b> \$ 2,092,565.56	\$ 1,907,434.44
Rapid rehousing: youth set-aside	\$ -	\$-	\$-	\$-	\$-	\$	\$-	\$ -
Operating subsidies	\$ -	\$-	\$-	\$-	\$-	\$	\$-	\$-
Operating subsidies: youth set-aside	\$ -	\$ -	\$-	\$-	\$-	\$	\$-	\$ -
Street outreach	\$ -	\$ 2,427,662.00	\$ 2,527,661.00	\$ 100,000.00	\$-	\$ 5,055,323	<b>00</b> \$ 2,195,994.00	\$ 2,859,329.00
Street outreach: youth set-aside	\$ -	\$ -	\$ 100,000.00	\$ 100,000.00	\$-	\$ 200,000	00 \$ -	\$ 200,000.00
Services coordination	\$ -	\$ 1,242,873.00	\$ 1,242,872.00	\$-	\$-	\$ 2,485,745	<mark>00</mark> \$-	\$ 2,485,745.00
Services coordination: youth set-aside	\$ -	\$-	\$-	\$-	\$-	\$	\$-	\$-
Systems support	\$-	\$ 1,015,342.34	\$ 501,878.00	\$ 347,715.00	\$-	\$ 1,864,935	<b>34</b> \$ 1,034,588.05	\$ 830,347.29
Systems support: youth set-aside	\$ -	\$ 565,342.34	\$ 175,939.00	\$-	\$-	\$ 741,281	<b>34</b> \$ 584,588.05	\$ 156,693.29
Delivery of permanent housing	\$ -	\$-	\$-	\$-	\$-	\$	\$-	\$ -
Delivery of permanent housing: youth set-aside	\$-	\$ -	\$-	\$-	\$-	\$	\$-	\$-
Prevention and shelter diversion	\$ -	\$-	\$ 3,229,798.00	\$-	\$-	\$ 3,229,798	<b>00</b> \$-	\$ 3,229,798.00
Prevention and shelter diversion: youth set-aside	\$ -	\$-	\$ -	\$-	\$-	\$	\$-	\$-
Interim sheltering	\$ -	\$ 407,434.44	\$ 4,892,565.56	\$-	\$-	\$ 5,300,000	<b>00</b> \$ 407,434.44	\$ 4,892,565.56
Interim sheltering: youth set-aside	\$ -	\$ -	\$ 1,500,000.00	\$ -	\$-	\$ 1,500,000	<b>00</b> \$ -	\$ 1,500,000.00
Shelter improvements to lower barriers and increase privacy	\$ -	\$ -	\$-	\$-	\$-	\$	\$-	\$ -
Shelter improvements: youth set-aside	\$ -	\$ -	\$-	\$-	\$ -	\$	\$ -	\$ -
Administrative (up to 7%)	\$-	\$ 72,540.00	\$ 72,540.00	\$ 702,296.35	\$ 429,310.50	\$ 1,276,686	<b>85</b> \$ 72,540.00	\$ 1,204,146.85
	\$ 23,212,488	19 \$ 5,803,122.05	\$ 17,409,366.14					
	FY21/22	FY22/23	FY23/24	FY24/25	FY25/26	TOTAL		
Youth Set-Aside (at least 10%)	\$ -	\$ 565,342.34	\$ 1,775,939.00	\$ 100,000.00	\$-	\$ 2,441,281	34 \$ 584,588.05	\$ 1,856,693.29

COMMENTS:

A majority of HHAP3 funds will be used to continue supporting projects funded by prior rounds of HHAP: Coordinated Entry Access Points; Street Health Outreach teams; Housing Navigation and Tenancy Sustaining Services; Rental Assistance, both onetime support and bridge housing; potential new projects may be funded for interim sheltering- projects will be selected based on a procurement process through our Housing Vendor Pool and must meet certain criteria based on our Home Together Plan. Alameda County partners with each city in its jurisdiction (14 cities) to allocate project funds for interim sheltering using PIT Count methodology to ensure adequate resources are available based on need. Youth funds will continue funding projects launching under rounds 1 and 2, including a TAY shelter/navigation center in mid-county and access points/housing resource centers connecting youth to CE. In addition, HHAP3 will provide systems support funding for our Youth system as it continues to grow, including coordination staff and support to the Youth Action Board (youth with lived expertise to participate in designing our youth system).



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Without addressing the impact of racism in our society, homelessness will continue to disproportionately impact African Americans and other people of color. Creating a mix of housing and services in order to reduce these enormous racial disparities is a major focus of this Plan.

All of the photographs of people and of housing featured in this Plan were generously provided by photographer Steven Texeira or by providers in our community. Every person and building featured is from Alameda County and individuals pictured provided their permission for the photograph to be used.



# Acknowlegements

We would like to acknowledge all of those who contributed to developing the Home Together 2026 Community Plan.

First and foremost, we acknowledge all of the people whose lives have been impacted by homelessness in Alameda County and beyond. The Home Together 2026 Community Plan is a critical step towards ending homelessness and its associated adverse impacts.

The Home Together 2026 Strategic Planning Committee was co-chaired by Kerry Abbott of the Alameda County Office of Homeless Care and Coordination (OHCC) and Chelsea Andrews of EveryOne Home (EOH). The Committee included homelessness service providers, people with lived experience, Healthcare for the Homeless Community Consumer Advisory Board members, racial equity advisors, homelessness and housing advocates, Youth Action Board members, city and county staff, representatives from all Board of Supervisors offices, EveryOne Home staff, CoC leadership, and Abt Associates, a HUD technical assistance provider.

The process for the original Centering Racial Equity in Homeless System Design (CRE) report which this plan operationalizes was chaired by Mayor Libby Schaaf of Oakland, Alameda County Health Care Services Agency Director Colleen Chawla, and Doug Biggs, then Chair of the EveryOne Home CoC Committee. The Racial Equity Analysis was initiated by Darlene Flynn, Director, City of Oakland Department of Race and Equity. Focus groups were supported by Susan Shelton, Alameda County Public Health staff members, and EveryOne Home staff and consultants. [Additional contributors to the CRE are listed in that report.]

Stephanie Reinauer, Joyce MacAlpine and Kristy Greenwalt with Abt Associates, a HUD technical assistance provider, conducted the initial CRE needs analysis and provided support and guidance with the system modeling and Home Together 2026 planning. For the update, Dashi Singham, Katie Haverly, Tirza White, Joanne Karchmer and Nisha Behrman participated in modeling update considerations.

The Plan development team within the Health Care Services Agency's Office of Homeless Care and Coordination consisted of Colleen Chawla, Aneeka Chaudhry, Kerry Abbott, Suzanne Warner, Martha Elias, Jennifer Lucky, and consultant Katharine Gale. Jennifer Beales designed the final version of this report.

## Members of the Strategic Planning Committee

- Kerry Abbott Alameda County HCSA Office of Homeless Care and Coordination, Co-Chair
- Jamie Almanza Bay Area Community Services (BACS)
- Chelsea Andrews EveryOne Home, Co-Chair
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- Lara Tannenbaum City of Oakland
- James Vann Homeless Action Working Group (HAWG)
- Liz Varela Building Futures with Women and Children
- Vivian Wan Abode Services

Many people took the time to read the draft Plan, which was posted and circulated widely for public comment, and provide thoughtful feedback and suggestions. The final version reflects many of these suggestions and others will be used in the creation of local implementation plans, annual updates and other communications stemming from the Plan's adoption.

The Health Care Services Agency team invited all county Mayors to meet and discuss the plan and received important feedback in these sessions. The City County Homelessness Technical Working Group, made up of City Manager staff, city Homelessness Policy leads, and county staff from OHCC, HCD, and Supervisors' staff, met regularly to develop a shared framework for resource allocation under the plan and presented the plan and the allocation framework to joint sessions of the Board of Supervisors and the county's Mayors. These joint sessions were noticed public meetings.

Thank you to the countless other CoC partners in Alameda County for their contributions to the Home Together 2026 Community Plan, and for their dedication and tireless work towards ending homelessness in Alameda County.



# Executive summary



This Home Together 2026 Community Plan (the Plan) lays out the goals, strategies and investments needed to dramatically reduce homelessness in Alameda County by 2026 and combat racial disparities in homelessness by fully centering equity. The Plan's overarching goals and time frame align with Alameda County's Vision 2026, which holds as one of its primary objectives to "ensure the availability of diverse and affordable housing for all residents with the goal of eliminating homelessness in Alameda County."

## Alameda County

Alameda County is home to more than 1.6 million residents and includes 14 cities and six unincorporated communities. Nonprofit organizations, public entities, and a range of interested parties, including those with direct experience of homelessness, work together in a Continuum of Care (the Oakland-Berkeley-Alameda County Continuum of Care, or CoC) to seek new resources and coordinate housing and services funding for addressing homelessness. The CoC is led by a representative Leadership Board, supported by a number of committees and staffed by EveryOne Home.

The County's Office of Homeless Care and Coordination (OHCC), formed in early 2020 within the Health Care Services Agency, participates in CoC Leadership and coordinates with residents, providers, other County agencies and local jurisdictions around strategic planning and service delivery. Cities across Alameda County participate in the CoC and dedicate local resources to funding, siting and supporting shelters, housing, and services within their communities. This Plan seeks to serve as a playbook for all of these parties working together, recognizing that each jurisdiction will need to make specific decisions regarding the resources under their authority. Specific annual action plans are developed for the county and for cities in conjunction with this framework.

# Foundations for this plan

This Plan builds upon many sources and efforts, particularly the 2020 Centering Racial Equity in Homeless System Design report (CRE) prepared by partners in the Continuum of Care and informed by a homelessness response system needs analysis and focus groups with persons of color who have experienced homelessness. The CRE process modeled what an optimal system to respond to all homelessness and reduce racial disparities would look like and what gaps need to be filled. The Plan is also responsive to requirements laid out in the California Comeback Plan to draw down key state housing and health funding. It is informed by and consistent with other local and regional efforts, including the All Home Regional Action Plan, Plan Bay Area 2050 and local city plans to address homelessness. Companion county and city-specific plans that align with the Home Together 2026 Community Plan will speak to the specific roles of local jurisdictions in coleading efforts to address homelessness, and the key roles of County agencies, community partners and specific resources.

The community of Alameda County adopts this plan and vision at a time when the future is uncertain. New resources received, both onetime and ongoing, provide the groundwork for supporting this plan and its outcomes, but alone are not enough to realize its vision. The response to COVID-19 has shown that this community can pull together and work at speeds we have not seen before, a strong foundation to build from. However, we face continuing challenges including uncertainties from COVID-19, unpredictable housing markets, future state, federal and local budgets, and a strained public and non-profit sector with significant capacity needs. All of these challenges require continuing the current level of unprecedented collaboration and coordination, building on the progress made to unify the community response and forge an aligned response system centered in racial equity.

## Estimated number of housing solutions, by type, needed by 2026

4,195

Additional supportive housing units



New supportive housing units for older/frail adults

10,070

New dedicated affordable units or subsidies

New shallow subsidies



Total units & subsidy slots

Source: CA-502 System Model, Abt Associates, 1/20/2022

## Homelessness in Alameda County

On any given night over 8,000 people experience homelessness in Alameda County, a number that grows to approximately 15,000 people over the course of a year. More than 90% of homeless households in Alameda County are adults without minor children.

The homeless population does not reflect the demographics of the county. Dramatic racial disparities exist in Alameda County as in the nation, in which African Americans experience homelessness at more than four times their representation in the population (47% vs. 11%). Native Americans, multiracial people and Hawaiian Native/Pacific Islanders are also vastly overrepresented in homelessness, among those newly homeless, and in the rates at which they return to homelessness even after getting housing. These disparities call out the need to invest, both more and differently, in creating solutions that meet the needs of those overrepresented. Special populations such as transition age youth, veterans, older adults. survivors of intimate partner violence, people with behavioral health needs and people who have had involvement with the criminal justice system have additional risks and vulnerabilities leading to homelessness and require targeted resources and responses specific to their needs.

## Homelessness response system needs analysis

A systemwide needs analysis conducted in 2019-20 and updated in 2021 points to significant gaps in the current homelessness response system in the type and availability of housing resources to help people leave homelessness. Today, only an estimated 36% of those experiencing homelessness can be supported to end their homelessness with local resources or are able to find housing on their own. Each year, thousands of people remain homeless and new people who become homeless join them. Without significant effort and investment this trajectory will continue, and homelessness will continue to grow in Alameda County.

Importantly, focus groups with local stakeholders and people of color who have experienced homelessness and research on racial equity strategies informed the needs analysis. This expertise was used to develop the proposed new program models and pathways out of homelessness through new investments at every level. Housing investments needed to address the deep disparities include:

- Create significant additional affordable housing dedicated specifically for people experiencing homelessness
- Develop supportive housing for people who need increased supports, such as older and frail adults
- Grow the supply of transitional housing for youth
- Fund shallow and flexible rental assistance to fill gaps for people with limited incomes

- Expand current program models such as Rapid Rehousing and supportive housing<sup>1</sup>
- Expand targeted behavioral health services throughout the system
- Improve and expand targeted homelessness prevention

The 2021 update to the analysis explored different scenarios related to anticipated new homelessness and levels of investment to determine what will be required to fill significant system gaps. The scenario selected for this Plan seeks to reduce new entries to homelessness by prevention when possible, and to create a more robust response system with enough housing resources at the end of five years to provide a pathway out of homelessness to every person who does enter the homelessness response system.

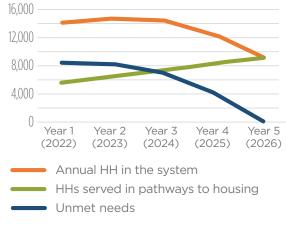
## Building a system where people are rehoused quickly

Overall, increased investment in prevention and the addition of more than 24,000 housing opportunities in a variety of program models are needed to reach a point within five years at which the number of people who become homeless in a year and the number who are able to leave homelessness in that time are in balance. These 24,000+ interventions include everything from short-term support to prevent homelessness to ongoing rental subsidies and supportive housing with services.

In addition to the significant need for housing, because 79% of people experiencing homelessness in Alameda County are unsheltered, the Home Together 2026 Community Plan proposes a significant increase in shelter in the first two years, followed by a slow decline in shelter as more housing resources become available and less shelter is needed. Some added shelter will be able to be converted to much needed housing in later years, as has been demonstrated by successful Project Roomkey to Project Homekey transitions, which have created new permanent housing by renovating hotels used as shelters during the COVID-19 pandemic. By Year 5 the amount of shelter needed on an ongoing basis is expected to be slightly less than what is available today if all housing resources are in place.

The total cost of increasing the shelter and housing inventory over the coming five years to fully meet the need would be approximately \$2.5 billion. This includes roughly \$430 million for additional shelter capacity, \$1.68 billion for permanent housing such as dedicated affordable housing and supportive housing, and

## Impact of increased investment on homeless system outcomes



Source: CA-502 System Model, Abt Associates, 1/20/2022

\$388 million for prevention, rapid rehousing and shallow (more limited) subsidies. This does not include the one-time development costs for acquiring or constructing new buildings, but covers operations and services, and subsidies to help people rent existing housing. The new investments should be made in alignment with the household types experiencing homelessness; roughly 10% (\$194 million) is needed for expanded inventory and resources for households with minor children, and 90% (\$2.3 billion) for the inventory and resources to serve adult only households, including transition age youth (ages 18-24 years). A range of federal, state and locally generated resources are needed to fill the gap. Without a significant federal investment in targeted Housing Choice Vouchers or similar rental assistance, meeting the dedicated affordable housing goal will be particularly challenging.

<sup>1</sup> This Plan uses the term "supportive housing" to refer to all housing types that include ongoing subsidy and continuously available services, often referred to as "permanent supportive housing" or "PSH" in other contexts.

## Goals and strategies

To reach the expansion goals while decreasing racial disparities, the Home Together 2026 Community Plan recommends specific action steps in four categories.

Taken together, the significant increase in investment and the creation of new program models and pathways out of homelessness will lead to decreases in new homelessness, improved racial equity in outcomes, shorter lengths of time being homeless, and a reduced rate at which people return to homelessness.

The Home Together 2026 Community Plan adopts bold, ambitious, and measurable goals for Alameda County, both for reducing homelessness and for achieving greater equity. To bring these new programs and solutions into being will take every partner committing every available dollar from various sources in ways that uphold performance and invest in working and desired models. With these commitments and agreements for joint accountability we will, by 2026, be home, together.

## Prevent homelessness for our residents

- 1. Address racial disparities in mainstream/upstream systems to prevent racially disproportionate inflow into homelessness
- 2. Focus resources for prevention on people most likely to lose their homes
- Rapidly resolve episodes of homelessness through Housing Problem Solving
- 4. Prevent racially disproportionate returns to homelessness

## Increase housing solutions

- Add units and subsidies for supportive housing, including new models for frail/ older adults
- 2. Create dedicated affordable housing subsidies for people who do not need intensive services
- 3. Create shallow subsidies for those who can exit or avoid homelessness with more limited assistance
- 4. Add new slots of rapid rehousing for those who can pay full rent over time
- 5. Ensure new housing funding is distributed across the county according to need
- 6. Reduce entry barriers to housing and ensure racial equity in referrals and placements

## Connect people to shelter and needed resources

- Expand access in key neighborhoods and continue improvements to Coordinated Entry
- 2. Lower programmatic barriers to crisis services such as prevention, problem solving, and shelter
- 3. Prevent discharge from mainstream systems to homelessness
- 4. Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable adults and families with children and to reduce unsheltered homelessness
- 5. Provide accessible behavioral health services to people with serious mental illness or substance use needs and who are unsheltered, in shelter, or in supportive housing programs



Strengthen coordination, communication and capacity

- Use data to improve outcomes and track racial equity impacts
- 2. Improve messaging and information availability
- 3. Build infrastructure to support and monitor new and expanded programs

# Background and introduction

This Home Together 2026 Community Plan (the Plan) lays out the goals and strategies needed to dramatically reduce homelessness in Alameda County by 2026 and combat racial disparities in homelessness through fully centering equity.

# Foundations for this Plan

The Plan builds on a variety of processes and planning that occurred during the last two years, including:

- The racial equity analysis and homelessness response system modeling process detailed in the January 2021 <u>Centering Racial Equity in</u> <u>Homeless System Design</u> (CRE) report<sup>2</sup>
- The Racial Equity Action Lab (convened by the Bay Area Regional Health Inequities Initiative), which centered lived expertise input and process recommendations on implementing the CRE
- The <u>Home Together Plan</u> framework adopted by the Alameda County Board of Supervisors in August of 2020

The Plan's overarching goals and time frame align with <u>Alameda County's Vision 2026</u>, which holds as one of its primary objectives to "ensure the availability of diverse and affordable housing for all residents with the goal of eliminating homelessness in Alameda County." The Plan includes five-year targets for the creation of significant quantities of new housing and shelter in order to meet the unmet need of all people experiencing homelessness in Alameda County by 2026 in line with the recommendations in the CRE report. In addition, this Plan is responsive to requirements laid out in the <u>California Comeback Plan</u> to draw down key state housing and health funding. It is also informed by and consistent with other local and regional efforts, including the <u>All Home Regional</u> <u>Action Plan</u>, and <u>Plan Bay Area 2050</u>.

A forthcoming companion Home Together County Implementation Plan speaks to the specific role of the county in co-leading efforts to address homelessness with cities and community partners, and the roles of specific County agencies and resources. This Implementation Plan will lay out yearly goals consistent with the Plan and be used to track and report progress. Cities within Alameda County have participated in the community process to inform this overarching Plan and are encouraged to develop and adopt similar jurisdictional implementation plans to align with the Home Together 2026 Community Plan.

The initial Centering Racial Equity report and this Plan were supported by in-depth needs analyses conducted by Abt Associates, a HUD-funded technical assistance provider. The recommendations were informed by an extensive community input process which included participation from system leaders, homeless program participants, service providers and other partners in the homelessness response system. The process included research using local data and multiple focus groups with people of color who were currently or recently homeless regarding their race-impacted experiences. The CRE report resulted in recommendations for significant system additions but did not include action steps to implement the recommendations.

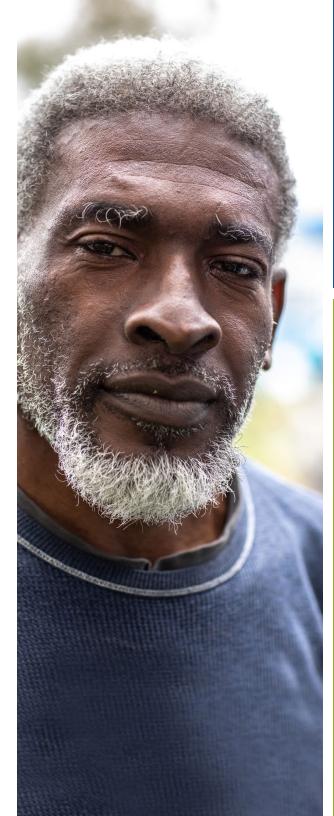
<sup>2</sup> For more detail on the stakeholders involved in the CRE, the process of developing pathways and recommendations, please see the Centering Racial Equity in Homeless System Design report, available at <u>https://</u> <u>everyonehome.org/centering-racial-equity.</u>

## Updating the homelessness response system needs analysis

As the Home Together 2026 Community Plan was developed it became clear that some updating to the original needs analysis was necessary. The COVID-19 pandemic, which began shortly after the CRE report was completed, has changed the landscape of resources, and some data used from 2019 was able to be updated with more complete information from the countywide Homeless Management Information System (HMIS). While some updates were made, there was a strong commitment to maintain the critical assumptions and decisions that were widely discussed in the CRE planning process.

To consider changes and updates to the homelessness response system modeling, a planning group was jointly convened by the Alameda County Office of Homeless Care and Coordination (OHCC) and EveryOne Home (EOH), which staffs the CoC. The Strategic Planning Implementation Committee met biweekly from July 2021 to November 2021 to inform the Home Together 2026 Community Plan. The group included city and county staff, people with lived experience of homelessness, service providers, nonprofit organizations, advocates, and CoC Leadership Board members.<sup>3</sup> Various technical staff also met with Abt Associates, a HUD technical assistance provider, to review updates to the homelessness response system modeling.

3 See <u>Acknowledgements</u> for list of Home Together Contributors, including the Strategic Planning Committee members.



Pathways out of homelessness recognize different levels of need — from those who can resolve their homelessness on their own, to those who will need shelter, interim support and ongoing subsidies and services in order to remain housed.

# Homelessness in Alameda County

Alameda County's most recently published full Point in Time Count (PIT) was conducted in 2019 and estimated a total of 8,022 persons were experiencing homelessness on a single day.<sup>4</sup> Based on an annualization of the PIT, it is estimated that 15,786 people in 13,135 households experienced homelessness in Alameda County in 2019.<sup>5</sup>

4 Alameda County conducts a homeless Point in Time (PIT) count every two years. Due to COVID-19, the scheduled PIT count for 2021 was postponed to 2022.

5 EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019. Homelessness occurs across the county, though it is concentrated most in the north and mid portions.<sup>6</sup> More than three-fourths of people experiencing homelessness (78%) report residing in Alameda County before becoming homeless.<sup>7</sup> Households of one or more adult(s) experiencing homelessness together without any minor children ("adult only") are estimated at 12,005 annually and make up 91% of households that are homeless over a year. Most such households are a single individual.

#### TABLE 1

## Annual estimates and geographic distribution of people and households experiencing homelessness in Alameda County

Geographic regions in Alameda County	Estimated people experiencing homelessness annually	Estimated households experiencing homelessness annually	Households with only adults	Households with minor children	Households with only children
Mid-County (Alameda, Hayward, San Leandro, Unincorporated)	2,920	2,430	2,221	182	27
North County (Albany, Berkeley, Emeryville)	2,605	2,167	1,981	163	24
Oakland	8,004	6,659	6,087	499	73
Tri-City (Fremont, Newark, Union City)	1,579	1,313	1,201	99	14
Tri Valley (Dublin, Livermore, Pleasanton)	679	565	516	42	6
Total	15,786	13,135	12,005	985	144

Source: Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021.

7 EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

<sup>6</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome. org/centering-racial-equity/</u>

People of color make up more than two out of three (69%) people experiencing homelessness in Alameda County. Most disproportionately affected are people identifying as Black or African American. and American Indian or Alaska Native.



Home Together 202

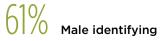
Families with minor children are estimated at 985 households annually, representing 7.5% of all homelessness households.<sup>8</sup> Child-only households (unaccompanied children, under age 18, who are homeless without any adults) represented less than 1% of the county's homeless population.<sup>9</sup>

People who identify as male make up more than 60% of the homeless population. Nearly three-fourths of the homeless population is between the ages of 25-59, though a growing percentage of people experiencing homelessness are seniors (14%) and nearly 10% are between 18 and 24, referred to as transition age youth (TAY).<sup>10</sup>

- 8 Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. https://everyonehome. org/centering-racial-equity/
- 9 EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.
- 10 EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR), 2019.

TABLE 2

## Gender of people experiencing homelessness





Transgender

2% Non-binary

TABLE 3

## Age of people experiencing homelessness

4% Under 18

9% 18-24

73% 25-59

60 and older

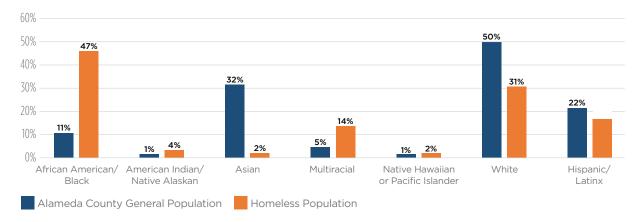
Source: EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

## Racial disparities in the homeless population

While homelessness is widespread in Alameda County, it disproportionately impacts people of color, especially African Americans. The 2019 Point in Time Count shows that people of color make up more than two out of three (69%) people experiencing homelessness in Alameda County. The groups most disproportionately affected are people identifying as Black or African American, and American Indian or Alaska Native. Black people account for 47% of the homeless population, compared to 11% of the general population in Alameda County. Native Americans make up four percent of the homeless population, compared with one percent of county residents. Homelessness also disproportionately affects Native Hawaiians/ Pacific Islanders and Multiracial people in Alameda County.<sup>11</sup>

Households with only adults are more disproportionately likely to be Black (58%) in comparison with the general population of Alameda County (11% Black).<sup>12</sup>

#### FIGURE 1



## Racial distribution of general population and homeless population (2019)

Source: Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021.

The many specific needs and experiences of people of color experiencing homelessness are described in the CRE report, often in the words of people who have experienced homelessness. Without addressing the impact of racism in our society, homelessness will continue to disproportionately impact African Americans and other people of color. Creating a mix of housing and services in order to reduce these enormous racial disparities is a major focus of this Plan.

## Special populations

Several special populations who experience homelessness merit particular attention due to their specific or additional vulnerabilities, overrepresentation in the homeless population, and/or dedicated resources for addressing their needs. These include transition age youth, older adults, veterans, people with behavioral health needs, people impacted by intimate partner violence and people impacted by the criminal justice system. The *Specific needs and resources for special populations* section covers key resources available to meet the needs of these specific groups.

<sup>11</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome.org/centering-racial-equity/</u>

<sup>12</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome. org/centering-racial-equity/</u>

# Homelessness response system needs analysis and modeling

People experiencing homelessness have a variety of needs, but the one commonality among all is the need for a home. The CRE process identified that Alameda County's homelessness response system does not have the interventions needed to permanently rehouse all people experiencing homelessness, and that reducing disparities and improving outcomes for the racial and ethnic groups most impacted by homelessness will require new types of housing programs, increasing all programs' availability, and improving program design and delivery.

Opportunities identified to increase racial equity in the homelessness response system include:<sup>13</sup>

- Increasing the availability of homeless housing and subsidy models for people with extremely low incomes and a range of service needs;
- Creating a variety of more flexible resources, including homelessness prevention and rapid resolution resources, and targeting these resources to those who can resolve their homelessness without ongoing supports;
- Increasing access to housing and other programs by lowering entry and participation barriers that unnecessarily impact privacy or independence, and ensuring resources are spread throughout the county; and
- Communicating clearly about available resources, eligibility criteria and the process for accessing resources.

It is important to note that adding enough housing opportunities to effectively end homelessness will not address the larger crisis of affordability or meet the rental housing gap for low-income households. The need for more housing and greater affordability at a wide range of income levels is critical and remains, even if this plan is fully funded. An "optimal" homelessness response system is not necessarily an "optimal" or racially equitable housing system, which would require a much larger and more universal response, such as Housing Choice Vouchers and affordable units for everyone who is income-qualified. Stakeholders for this Plan believe that safe, stable, and affordable housing should be available to all who need it, a goal that can only be reached with a national commitment.

## Building a system where people are rehoused quickly

The CRE process identified a set of "pathways" in an optimal homelessness response system to allow every homeless person to end their homelessness and reduce racial disparities in homelessness. These pathways out of homelessness recognize different levels of need - from those who can resolve their homelessness on their own, to those who will need shelter, interim support and ongoing subsidies and services in order to remain housed. The pathways envisioned for adults and for families are somewhat different, based on different vulnerabilities and economic needs, but all are designed to respond to the root causes of homelessness and barriers to housing stability. Among the critical pathways envisioned is the addition of significant affordable housing targeted specifically to those who are experiencing homelessness. These resources must be available in a highperforming homelessness response system to end homelessness for Black and Native American adults, who encounter the greatest barriers to housing, are vastly over-represented among those who experience homelessness, and disproportionately return to homelessness once housed.<sup>14</sup> [The original model and specific pathways for different population groups can be reviewed in the CRE report.]

14 For more detail about the CRE process to develop these pathways see Appendix A, C and D in the 2021 Centering Racial Equity in Homeless System Design Report. <u>https://everyonehome.org/centering-racial-equity/</u>

<sup>13</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome. org/centering-racial-equity/</u>

The homelessness response system model used in the CRE process was updated in 2021 to inform the Home Together 2026 Community Plan. Most of the original assumptions were retained, particularly regarding the types and proportions of needed new housing and program models.

Updates to the system model included:

- The decision to propose more shelter in addition to housing, to rapidly reduce unsheltered homelessness. This was not contemplated in the original system modeling but was highly recommended by the Strategic Planning Committee and jurisdictional partners;
- 2. Updates to the length of time people are anticipated to spend in shelter to reflect current conditions and impacts of future investments more accurately;
- 3. Updates to certain cost assumptions based on current data; and
- 4. The decision to model for a modest decrease in new entries into homelessness by the end of the planning period, with an increased investment in prevention.

The recommendations that follow reflect the decisions above, including to work toward making prevention resources available before people lose their housing to reduce new homelessness over time. If new homelessness increases beyond the modeling predictions, the gap between what the system is able to offer and what is needed to serve all homeless households will be greater, and more costly to fill. [See <u>Appendix C</u> for a description of different scenarios considered and <u>Appendix D</u> for comprehensive system model data outputs].

## Homelessness continues to grow unless we invest in prevention and housing

Every year new people experience homelessness in Alameda County, but the homelessness response system does not currently have enough capacity to keep up with annual inflow. This means that the increasing homeless population includes newly homeless people along with many people who became homeless in a prior year but could not get the assistance they needed to end their homelessness. In 2020 to 2021, just 36% (4.358) of adult only households experiencing homelessness exited homeless services, and 64% (7.647) remained in the homelessness response system. For households with minor children. 33% (321) of households exited the system in 2020-2021, while 67% (664) of households remained.<sup>15</sup>

15 HMIS Jul 1, 2020 to June 30, 2021. Data used in the CA-502 System Model, Abt Associates, 1/20/2022. FIGURE 2

## Impact of investment level on unmet need

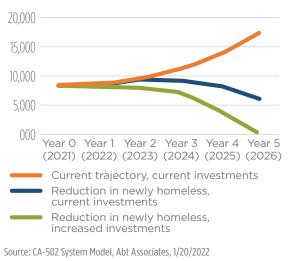


Figure 2 illustrates that without significant changes in both approach and rate of investment, homelessness is likely to grow dramatically (orange line). Even if the community successfully achieves a modest decrease in new homelessness over time, the current level of investment will not be enough to meet the need, and homelessness will remain high (blue line). However, with a significant increase in investment into the homelessness response system and a modest decrease in new homelessness, by year 5 (2026) the homelessness response system would be able to serve all of the need among homeless households, leaving no annual unmet need (green line).16

<sup>16</sup> This is the point at which the system is right-sized, though recurring resources are still needed to address new inflow each year and to continue supporting ongoing system operations.

## Increased investments result in people finding housing quickly, not remaining homeless

Figure 3 shows that with the modeled increase in investment and a modest decrease in new homelessness over time, in 5 years (by 2026) the total number of homeless households that need to be served annually by Alameda County's homelessness response system decreases by over 3,800 from 2021. In this scenario there is capacity to serve and assist 9,200 households into permanent housing by the homelessness response system in vear 5 (2026). This is estimated to effectively eliminate unmet need (sometimes referred to as "functional zero"). Having no unmet need does not mean that new people do not continue to become homeless, but rather that for every new household that becomes homeless there are the appropriate resources available to help them back into housing within an average of 90 days.

**Table 4** shows numerically how these decreases in inflow and increases in capacity might occur over time, until the need is equal to the resources available.

#### TABLE 4

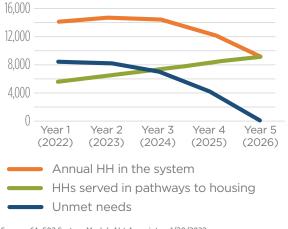
## Impact of investments on unmet need over 5 years

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
New homeless	4,000	4,800	5,300	5,300	4,700	4,300
Annual HH in the system	13,000	14,000	14,700	14,400	12,600	9,200
HHs served in pathways to housing	4,700	5,600	6,500	7,400	8,310	9,200
Unmet need	8,300	8,400	8,200	7000	4,200	0
% unmet need	64%	60%	56%	49%	33%	0%

Source: CA-502 System Model, Abt Associates, 1/20/2022

FIGURE 3

## Impact of increased investment on homeless system outcomes



Source: CA-502 System Model, Abt Associates, 1/20/2022

"Something like [Rapid Re-Housing] would do me good. I'm a commercial truck driver. It would put me in a position that would help me. I would not have to worry about rent for six months. I could get my bank account, my necessities... I would be able to regroup."

CRE Focus Group Participant, Latino man, age 50-64

## Additions to housing inventory

To meet the reduction targets, a combination of new subsidy slots and housing units is needed. **Table 5** details the specific inventory growth in different program models and housing types needed to meet existing and anticipated future need among homeless households. **Table 5** also shows that in 2021 (the baseline year, or Year O) Alameda County had 3,215 supportive housing units and 535 Rapid Rehousing slots for households experiencing homelessness, and in order to serve all of the current and projected need of homeless households, our system will need an inventory of 25,910 permanent housing units and short and long-term subsidies by year 5 (2026) of the implementation plan.

#### TABLE 5

#### 5-Year homelessness response system inventory needs

	Baseline inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	56	140	160	190	260	230
Crisis response beds (emergency shelter, transitional housing, safe haven)	1,785*	2,760	3,410	3,140	1,810	1,390
TH for youth	153	100	120	140	200	170
Rapid re-housing	535	1,180	1,370	1,560	2,180	1,940
Permanent housing resources						
Supportive housing (PSH)	3,215	3,790	4,500	5,290	6,490	7,410
Supportive housing (PSH) for older/frail adults	0	520	1,090	1,690	2,530	3,190
Dedicated affordable housing	0	1,570	3,320	5,240	7,870	10,070
Shallow subsidies	0	830	1,740	2,750	4,090	5,240

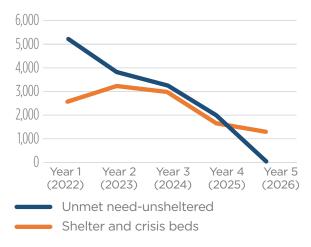
\*Note that a decreased inventory of shelter is reflected here, and in the 2021 system modeling, to account for shelter decompression that occurred due to COVID-19 regulations. Source: CA-502 System Model, Abt Associates, 1/20/22

# Additions to shelter inventory

In addition to the significant expansion of housing resources, reducing unsheltered homelessness will require short-term growth in shelter availability. This Plan includes an immediate surge in shelter during the first two years, followed by a leveling off and then small decrease in shelter beds (orange line). This strategy, when combined with the addition of housing modeled above, results in a rapid and then sustained decline in unsheltered homelessness (blue line). It is important to note that the estimated result, effectively ending unsheltered homelessness in Alameda County, only occurs when both housing and shelter capacity grow.

#### FIGURE 4

## Impact of shelter increase on unsheltered homelessness\*



\*For Adult Only Households | Source: CA-502 System Model, Abt Associates, 1/20/2022

"The people that bring food help. And outreach people do a good job. Showers and laundry are very helpful."

CRE Focus Group Participant, White woman, age 25-39



#### 5-year operations cost for homelessness response system inventory\*

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$2,502,000	\$3,022,000	\$3,533,000	\$5,055,000	\$4,680,000	\$18,792,000
Crisis response (shelter/interim)	\$85,667,000	\$109,121,000	\$103,566,000	\$61,480,000	\$48,402,000	\$408,236,000
Transitional for youth	\$3,796,000	\$4,549,000	\$5,344,000	\$7,777,000	\$7,107,000	\$28,573,000
Rapid re-housing	\$26,166,000	\$31,374,000	\$36,824,000	\$52,978,000	\$48,683,000	\$196,025,000
Supportive housing (PSH)	\$95,786,000	\$117,213,000	\$142,068,000	\$179,312,000	\$210,917,000	\$745,296,000
Supportive housing-seniors & medically fragile	\$15,630,000	\$33,557,000	\$53,819,000	\$83,004,000	\$107,846,000	\$293,856,000
Dedicated affordable housing	\$33,099,000	\$72,010,000	\$116,971,000	\$180,761,000	\$238,329,000	\$641,170,000
Shallow subsidies	\$9,050,000	\$19,666,000	\$31,881,000	\$48,613,000	\$64,196,000	\$173,406,000
Total	\$271,696,000	\$390,512,000	\$494,006,000	\$618,980,000	\$730,160,000	\$2,505,354,000

\*Operations only, not development. | Source: CA-502 System Model, Abt Associates, 1/20/2022

# New investment needed

The total cost of scaling up both the shelter and housing inventory over the coming five years is an estimated \$2.5 billion. This includes roughly \$430 million for additional shelter capacity, \$1.68 billion for permanent housing such as dedicated affordable and supportive housing, and \$388 million for prevention, rapid rehousing and shallow (more limited) subsidies. These estimates include the ongoing operations of programs and buildings, and the services and subsidies to help people rent existing housing. They do not include the onetime development costs for constructing or acquiring new buildings.

The investments need to align with the household types in the homeless population: roughly 10% (\$194 million) for households with minor children and 90% (\$2.3 billion) for the resources to serve adult only households, including transition age youth.

Based on the system modeling, costs should drop substantially in years six and beyond, or whenever the unmet need is eliminated, as only those newly becoming homeless or returning to homelessness after housing need to be served.

# Services outside the model

Although not represented in in the system modeling, there are many critical services and resources that serve people during the time they are unhoused. These include Coordinated Entry, street outreach, housing navigation and landlord liaison programs, among others. These programs contribute to outcomes such as shortening the length of time that households remain homeless, improving health outcomes and behavioral health support, and increasing exits to housing. Some increases in these services are anticipated within this Plan as well.

# Goals and strategies

Drawing from the CRE recommendations to reduce racial disparities, the need for resources demonstrated by the system model and the feedback of people experiencing homelessness, the Home Together 2026 Community Plan calls for a focus on four primary goal areas. Each area below includes goals and action steps that align with the system model and overall homelessness reduction strategy.

These core goal areas largely correspond to critical system performance measures required by HUD and by the State of California, which will be tracked and reported on annually. In addition, the Alameda County community has determined to also measure its impact on rates of unsheltered homelessness and racial disparities in homelessness. Specific targets for reductions and improvements for each of the system performance measures below will be set in consultation with the community and with the State of California during FY 21-22 and adopted as an addendum to this Plan.

# Prevent homelessness for our residents

Many of the people experiencing homelessness in Alameda County have been homeless for long periods of time or have had multiple episodes of homelessness. However, every year people experience homelessness for the first time and seek assistance from the homelessness response system, which lacks adequate resources to meet the needs of people who are already homeless. Data from the 2019 PIT count indicates approximately 31% of the people who are homeless at a point in time have become homeless for the first time. Racial disparities among newly homeless households are even more extreme than among the homeless population overall, especially for African Americans, Native Americans, Native Hawaiian and Pacific Islanders and multiracial people.

#### TABLE 7

#### Racially disparate rates of new homelessness

	African Americans	Native Americans	Multiracial	Native HI/ Pacific Islander
Percent of county population	11%	1%	5%	1%
Percent of newly homeless	58%	5%	6%	2%
Rate of new homelessness compared to population	5.3x	5x	1.2x	2x

Source: Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021.

## Prevent homelessness for our residents

Prevention assistance is typically administered outside the homelessness response system and covered by social service and community development funding streams. Research shows that while many low-income people experience housing crises that could lead to homelessness, people who are most likely to become homeless have specific risk factors including extremely low incomes, histories of homelessness, and living in highly impacted neighborhoods.<sup>17</sup> To be effective, resources to prevent homelessness must target those with the greatest likelihood of becoming homeless. To reduce new incidents of homelessness, we must direct resources to those closest to becoming homeless who also lack assistance, and to those who have lost housing but can recover it with timely support.

Another contributing factor to continuing homelessness is that some households assisted into permanent housing through the homelessness response system may lose their housing again when program resources run out or circumstances change. Returns to homelessness in Alameda County are higher among African Americans and Native Hawaiian/ Pacific Islanders.

17 Center for Evidence-based Solutions to Homelessness. Homelessness Prevention, A Review of the Literature. January 2019.

#### TABLE 8

## Disparities in rates of return to homelessness, FFY 2019

000 System average



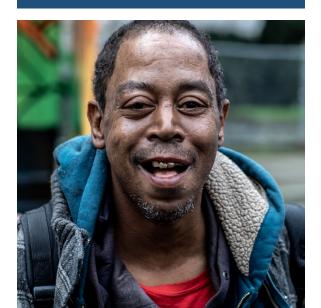
O African Americans

## Native Hawaiian/Pacific

Source: Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021.

The Home Together 2026 Community Plan proposes to reduce the rates of return to homelessness by half, from 21% in 2022 (Year 1 of the Plan) to 9% in 2026 (Year 5 of the Plan).<sup>18</sup> To address racial disparities in new homelessness and returns to homelessness, programs will be targeted and tailored to specific household needs and the county's providers and administrators will target and track these disparities.

18 Source: Adult Only Household Model. CA-502 System Model, Abt Associates. 1/20/22. Note rates are for Adult Only households. To address racial disparities in new homelessness and returns to homelessness, programs will be targeted and tailored to specific household needs and the county's providers and administrators will target and track these disparities.



#### **STRATEGY 1**

Address racial disparities in mainstream/ upstream systems to prevent racially disproportionate inflow into homelessness.

- Partner with school districts, social services agencies, child welfare, community health organizations and others to connect people to prevention and economic supports in a timely manner and through trusted sources.
- 2. Work with criminal justice institutions to create housing planning and homelessness prevention resources.
- 3. Ensure that workforce services are accessible to and structured to support people whose housing is unstable.

#### **STRATEGY 2**

## Focus resources for prevention on people most likely to lose their homes.

- Work with government and private funders to increase targeted prevention for people most likely to become homeless. Highlight risk factors including extremely low incomes, histories of homelessness, and living in neighborhoods with high rates of poverty and evictions.
- 2. Tailor outreach and prioritization to reach those at highest risk and coordinate these efforts in all areas of the county.
- Implement and expand shallow subsidy availability for people with fixed or limited income with housing insecurity to relieve rent burden and reduce the risk of becoming homeless.

#### **STRATEGY 3**

## Rapidly resolve episodes of homelessness through Housing Problem Solving.

- Add resources to flexible funding pools for Housing Problem Solving, a practice of helping people newly homeless or on the verge of homelessness to identify rapid solutions to their situation with light financial support.
- 2. Offer Housing Problem Solving training and funding throughout the system so that providers can quickly assist people when and where they seek help.

#### **STRATEGY 4**

## Prevent racially disproportionate returns to homelessness.

To reduce disparities based on race, learnings from the CRE process demonstrate that providing ongoing or renewed support to people who have been homeless will improve equitable housing outcomes. Some specific areas highlighted as effective include:

- Target time-limited Rapid Rehousing resources to serve households with an ability to increase income. Given the high cost of rent in Alameda County, time-limited resources should be matched with people who have a feasible plan to pay market-rate rent or identify a replacement subsidy.
- 2. Partner with educational, vocational and employment services to ensure that people moving toward employment have strong support in obtaining and maintaining employment. Build connections to educational programs with career pathways,

supported employment for people who are formerly homeless, and job placement assistance for people seeking new roles.

- 3. Establish a flexible funding pool for preventing homelessness, including a shallow subsidy option.
- 4. Review and evaluate methods for determining types of housing placements to ensure high rates of success and avoid unsustainable housing placements.
- Provide additional support services, such as behavioral health care and case management, in existing sites and programs for people who have transitioned from homelessness to permanent housing.

Progress on this goal area will be tracked using two system performance measures and corresponding measures of increased racial equity.

**System Performance Measure:** Reduce the number who become homeless for the first time.

**Racial Equity Measure:** Reduce the racial disparities among people overrepresented within who becomes homeless for the first time: African Americans, Native Americans, Multi-racial people, and Native Hawaiian/Pacific Islanders.

**System Performance Measure:** Reduce the number of persons who return to homelessness after exiting homelessness.

**Racial Equity Measure:** Reduce the racial disparities among people overrepresented within who returns to homelessness: African Americans, and Native Hawaiian/Pacific Islanders.

# 2 Connect people to shelter and needed resources

People experiencing homelessness need access to shelter and critical service supports while in crisis and while in the transition to housing. This will require expanding and supporting the network of agencies that serve as entry points for the homelessness response system and provide housing problem solving and housing navigation services. It necessitates reducing the barriers to entry to services for people experiencing homelessness. It will also require continued collaboration between local cities and the county to provide more robust and responsive services for both sheltered and unsheltered people experiencing homelessness.

In 2020 and 2021, Alameda County's homelessness response system significantly expanded access points and undertook improvements to the Coordinated Entry process which connects people experiencing homelessness to shelter and housing. Changes were made to increase the availability of Housing Problem Solving services targeting creative housing solutions and allowing Housing Resource Centers (designated access points) to support everyone who is experiencing homelessness who access their services. A separate crisis queue and process for shelter and transitional housing resources was recently established to shorten the time people in need wait for shelter. Greater transparency was built into the new process, with access points providing real-time communication to participants about available housing resources, their likelihood of receiving a match, and support to identify and pursue appropriate next steps.

Continued oversight and improvement of the Coordinated Entry system is a priority for the future, and monthly Regional Housing Coordination meetings and Learning Communities are currently focused on improving coordination of care and increasing collaboration.

While this Plan focuses primarily on expanding housing availability to end homelessness, it also plans for a significant increase in shelter to provide homeless households safe places to be off the street and to connect to the rest of the homelessness response system's resources. During the 2019 PIT Count, nearly 80% of the population experiencing homelessness in Alameda County was unsheltered. During the COVID-19 pandemic the community rapidly stood up over 1,200 temporary shelter units in non-congregate settings such as hotels and trailers. People sheltered in these sites were connected to housing at much higher rates than those in traditional (congregate) shelter and unsheltered settings.<sup>19</sup>

An analysis of the unsheltered population using homelessness data and health system data indicates at least 48% of unsheltered people contacted by a street outreach program have one or more vulnerabilities such as advanced age, a health or mental health condition, and/ or barriers to housing like eviction history or criminal justice system contacts. Vulnerable unsheltered people in the county are also more likely to be African American than any other race or ethnic group. Shelter resources will be added to the portfolio of resources in the county for vulnerable adult only and family households, while still focusing most of the homelessness response system resources on housing additions to ensure homeless households can move quickly from shelter to housing. It is the goal of the Home Together 2026 Community Plan to gradually repurpose non-congregate shelter sites to be used as housing as the immediate need for additional shelter capacity subsides.

Behavioral health services are a critical component of service delivery in all areas of the homelessness response. Efforts are being made to increase clinical support available through Street Health, Shelter Health, and other teams as part of Health Care for the Homeless programs, in housing planning, and in tenancy sustaining services, in order to prevent returns to homelessness. Connections to mental health services are built into pathways to housing in the homelessness response system through emergency shelter, Rapid Re-Housing and supportive housing.

<sup>19</sup> Zeger, Cody. Evaluating Project Roomkey in Alameda County: Lessons from a Pandemic Response to Homelessness. May, 2021. Available at: <u>https:// homelessness.acgov.org/reports.</u>

## Five activity areas specifically helping to connect people experiencing homelessness to shelter and needed resources

#### **STRATEGY 1**

## Expand access in key neighborhoods and continue improvements to Coordinated Entry.

- Expand neighborhood-based access points to the system's housing and shelter resources in places where people are most likely to lose housing or are currently experiencing homelessness.
- 2. Add access point outreach staff to connect people to these services in the field.
- 3. Set up monthly training for 211 operators.
- 4. Develop the capacity for 211 to track and follow up with people seeking resources.
- 5. Continue to track and evaluate the impact of updates to the Coordinated Entry System to ensure impacts are effective and support reductions in racial disparities.

#### **STRATEGY 2**

## Lower programmatic barriers to crisis services such as prevention, problem solving and shelter.

- 1. Ensure that emergency shelters reduce unnecessary program requirements that discourage use or exclude people who need shelter.
- 2. Add additional resources such as laundry facilities, storage options, hygiene, harm reduction, health care and safety resources and available services that meet needs of sheltered and unsheltered people.

- 3. Prioritize using a harm reduction approach and making efforts to meet the specific and varied needs of people experiencing unsheltered homelessness. Improve communication to advertise the availability of resources for households experiencing homelessness.
- 4. Provide training systemwide on diversity, equity, and inclusion, harm reduction, housing strategies, and other foundational topics.

#### **STRATEGY 3**

## Prevent discharge from mainstream systems to homelessness.

- Increase medical and mental health respite by 300 beds and include resources for rehousing. Stabilize and expand the board and care portfolio through new state funding and land trust to correspond with needs identified in the behavioral health system gaps analysis.
- 2. Implement an exit strategy for all unhoused criminal justice clients that includes shelter, housing, and supportive and behavioral health services.<sup>20</sup>
- Connect transition age youth leaving foster care to youth-dedicated rapid and supportive housing programs through ongoing resources targeted to youth nearing exit from foster care.

#### **STRATEGY 4**

Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable adults and families with children and to reduce unsheltered homelessness.

- Add 1,625 temporary additional shelter beds to serve vulnerable adults and families with children. New shelter should be primarily non-congregate and include access to support services including behavioral health and health care to provide more supportive environments for residents.
- 2. As new housing comes online, transition non-congregate shelters into permanent housing or remove these shelter beds from the system as demand is reduced.
- 3. Ensure health and safety conditions in shelter programs through countywide standards and track and monitor input by shelter residents.

#### **STRATEGY 5**

Provide accessible behavioral health services to people with serious mental illness or substance use needs who are unsheltered, in shelter, or in supportive housing programs.

- Ensure crisis response and support is accessible for unsheltered people, and that mental health and harm reduction services are available for people in shelters and other programs in the homelessness response system.
- 2. Allocate resources towards increased behavioral and support services that will help people who are in permanent housing to maintain their housing.

<sup>20</sup> Evidence indicates a promising model in low-barrier non-congregate shelter for people exiting criminal justice settings, paired with housing navigation and tenant-based vouchers.

Progress on this goal area will be tracked using the two measures above related to new and returning homelessness, and these two measures of reductions in unsheltered homelessness.

**System Performance Measure:** Increase successful placements from street outreach to indoor locations.

**Racial Equity Measure:** Monitor for racial disparities in placements from street outreach and address any disparities.

Additional Measure: Reduce the number of people who are unsheltered at a point in time.

**Racial Equity Measure:** Reduce the racial disparities among people overrepresented among those who are unsheltered.



Vulnerable unsheltered people in the county are more likely to be African American. Shelter resources will be added to vulnerable adult only and family households, while focusing most resources on housing additions to ensure homeless households can move quickly from shelter to housing.

# 3 Increase housing solutions

Both the homelessness response system modeling and interviews with people experiencing homelessness indicate that the single most important step to reduce homelessness dramatically and permanently is to create permanent housing opportunities for people experiencing homelessness throughout the county.

New projects to increase inventory include expansions in pathways and resources to exit homelessness such as Rapid Rehousing and supportive housing, as well as significant investment in newer program models such as dedicated affordable housing and shallow subsidies that provide people with housing that allows them independence and autonomy — a strategy recommended to be more effective in reducing racial disparities.

At publication of this Plan, a pipeline of new subsidies and housing projects in development are expected to increase available inventory by approximately 1,500 units in the first two years, but resources must be identified for thousands more units in order to achieve the inventory goals set forth in this Plan. New one-time resources are anticipated from both the federal and state governments which will assist with this goal, but ongoing local resources will be needed to meet the ambitious targets that are necessary to bend the curve.

#### TABLE 9

Estimated number of housing solutions, by type, needed by 2026

4,195 Additional supportive housing needed
3,190 New supportive housing for older/frail adults
0,070 New dedicated affordable

.40 New shallow subsidies

045 Additional rapid rehousing slots

Total units and subsidy slots

Source: CA-502 System Model, Abt Associates, 1/20/22

"It [supportive housing] will put me in a basic stable environment, compared to something temporary. It would help me work on my longterm issues. Go back to the root."

CRE Focus Group Participant, Latino man, age 25-39



#### **STRATEGY 1**

Add units and subsidies for supportive housing, including new models for frail/older adults.\*

- Expand the supply of supportive housing subsidies and units through prioritization and matching strategies, and new development funding.
- Create a new model of supportive housing for older/frail adults with more intensive health service needs.
- 3. Provide services funding for supportive housing and supportive housing for frail/ older adults through expansions of Medi-Cal enrollment and the California Advancing and Innovating Medi-Cal (CalAIM) program.

#### **STRATEGY 2**

Create dedicated affordable housing subsidies for people who do not need intensive services.

- The CRE report and system model includes providing affordable housing without time limits for approximately 30% of the adult only households and 28% of family households in the homelessness response system.
- 2. Add capacity within the homelessness response system to support new dedicated affordable units including staff for a new flexible local operating subsidy program, additional Coordinated Entry staffing and lighter and variable supportive services.

#### **STRATEGY 3**

Create shallow subsidies for those who can exit or avoid homelessness with more limited assistance.

 Develop shallow subsidies that provide fixed levels of support for those who are precariously housed or who have been previously homeless and need longer term but limited support.

#### **STRATEGY 4**

Add new slots of Rapid Rehousing for those who can pay full rent over time.

1. Couple Rapid Rehousing resources with expansions in employment programs.

#### STRATEGY 5

Ensure new housing funding is distributed across the county according to need.

 The numbers of people and the significant subpopulations in each region are different. As much as possible, housing resources should be distributed based on the regional needs.

#### **STRATEGY 6**

Reduce entry barriers to housing and ensure racial equity in referrals and placements.

Progress on this goal area will be tracked using two system performance measures and corresponding measures of increased racial equity.

- System Performance Measure: Increase the number of people exiting homelessness into permanent housing.
- Racial Equity Measure: Monitor for any emerging disparities and maintain racial equity within people exiting homelessness into permanent housing.
- System Performance Measure: Reduce the length of time persons remain homeless.
- Racial Equity Measure: Monitor for racial disparities in length of time homeless and address disparities.

\*See Table 9 for numbers of units.

# A Strengthen coordination, communication and capacity

This plan emerges at a time of great uncertainty. While new resources to expand Alameda County's homelessness response system are anticipated, how much will become available when, and what may happen with COVID-19 and other factors which may impact homelessness, are unknown. For this reason, this Plan must be closely tracked and refined over time and its projections will be updated as new resources become available. A communitywide commitment to improve and use the community's HMIS data for tracking and accountability is a central tenet of the Plan.

Improved communication about efforts to reduce homelessness and impacts are also key to keeping the buy-in of partners and the confidence of the community. This includes expanding the range of partners from other systems of care that overlap with the homelessness response system (such as health care, child welfare, and criminal justice), and ensuring that both housed and unhoused people have access to the best information about current and anticipated homeless resources. Finally, the network of homeless programs and providers will have to be strengthened and will need to grow to reach the goals of the Home Together 2026 Community Plan. Alameda County benefits from a strong network of nonprofit agencies committed to addressing homelessness and delivering services and housing to those in need. But these agencies are stretched to close to capacity, are often under resourced, and do not fully represent the communities that experience homelessness. Support will be needed to help these partners recruit and retain staff. In particular, resources must be targeted to strengthen providers and partners and to expand contracts for organizations that serve, employ and are led by historically marginalized communities and Black, Indigenous and People of Color.

The network of homeless programs and providers will have to be strengthened and will need to grow to reach the goals. In particular, resources must be targeted to strengthen providers and partners and to expand contracts for organizations that serve, employ and are led by historically marginalized communities and Black, Indigenous and People of Color.



## Three activity areas are planned to expand data, track equity, improve messaging and build capacity and infrastructure

#### **STRATEGY 1**

## Use data to improve outcomes and track racial equity impacts.

- Improve HMIS coverage and confidence in HMIS to be the primary method for future data tracking.
- Consider increasing the frequency of the PIT Count to annual (currently biennial) so that impacts to both sheltered and unsheltered homeless populations are able to be tracked and monitored more quickly.
- 3. Improve tracking of resources and inventory to support ongoing evaluation and reporting.
- 4. Improve data quality and regularly review system and program outcome data disaggregated by race.
- 5. Work to incorporate a Results Based Accountability framework systemwide when tracking and measuring performance metrics.

#### STRATEGY 2

#### Improve messaging and information availability.

- Centralize homeless related resource information and provide regular system updates to a wide variety of partners.
- 2. Provide an annual Home Together 2026 Community Plan update on progress and challenges with proposed modifications to the following year's action plan.
- Complete a full inventory of current and anticipated resources for all key partners in order to identify gaps in funding and strategies to fill these gaps.

#### **STRATEGY 3**

## Build infrastructure to support and monitor new and expanded programs.

- 1. Develop and strengthen career pathways in housing and service provider organizations.
- 2. Provide support to service providers, clinics, outreach teams and nonprofit organizations serving homeless populations to improve their ability to hire, train and retain staff.
- 3. Prioritize supporting the advancement of people with lived experience of homelessness in our county's systems of care.
- 4. Expand provider networks to incorporate historically marginalized communities and more organizations led by and serving communities of color and support increased capacity within these networks.

- 5. Ensure public and community agencies have staffing to meet expanded contracting and capacity needs.
- 6. Ensure behavioral health services are accessible and resources are available to smaller service provider organizations.

There are no state required system performance measures that correspond to this goal area. The community will use the improved data collection process to track progress on all the other outcomes for this Plan. The partners will also track resources and investments to meet the Plan goals and to identify outstanding gap areas.

In addition, community partners will collect data to track the capacity of system partners and especially to expand resources for provider organizations serving historically marginalized communities and communities of color.

## The sum of the activities undertaken in this Plan are expected to result in:

- System Performance Measure: Reduce the number of persons experiencing homelessness.
- Racial Equity Measure: Reduce the overrepresentation of African Americans, Native Americans, Multi-racial people and Native Hawaiian/Pacific Islanders among persons experiencing homelessness.

# Specific needs and resources for special populations

Several special populations who experience homelessness merit attention due to their particular vulnerabilities, overrepresentation in the homeless population, and/or specific needs and resources for addressing their needs. These include transition age youth, veterans, older adults, people impacted by intimate partner violence, people with behavioral health needs and people impacted by the criminal justice system. The housing pathways and resources described above are intended to meet the needs of all of Alameda County's homeless populations. Some resources are specifically targeted to certain subpopulations such as supportive housing for older/frail adults, and transitional housing for young adults in a transitional period of life.

Needs assessments conducted for each of these populations point to certain additional needs that the strategies of this Plan seek to encompass within the overall framework of increases in housing, shelter capacity and services inventory.

## Transition age youth

Youth ages 18-24 comprised 9% of the overall population experiencing homelessness in Alameda County in the 2019 PIT count (702 individuals). Unaccompanied children, under age 18, represented less than 1% of the homeless population (29 individuals).<sup>21</sup> These numbers represent a point in time and only include youth who were counted as sheltered in the homelessness response system or as unsheltered. During the 2019-2020 school year, public schools in Alameda County reported 4,445 homeless students, a number that includes young people under 18 who were doubled up or in hotel settings as well as those in shelter or unsheltered situations.<sup>22</sup>

TABLE 10

## Characteristics of Alameda County homeless youth

Characteristic	% of general population	% of homeless TAY population
African- American	11% (Alameda County Youth)	63%
LGBTQ	10% (Alameda County)	42%
Experiencing mental health issues	25% (California)	43%

Source: Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

Youth who experience homelessness in Alameda County are very disproportionately African American, identify as LGBTQ and experience behavioral health issues at much higher rates than county or state residents.<sup>23</sup>

The 2019 PIT Count shows that 82% of TAY experiencing homelessness in Alameda County are unsheltered.<sup>24</sup>

Transition Age Youth (TAY) experiencing homelessness have particular needs due to their stage of development, and often include youth who have been impacted by the foster care system, the juvenile justice system, or both.

<sup>21</sup> EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

<sup>22</sup> Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

<sup>23</sup> Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

<sup>24</sup> EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

Youth report a need for greater access to all resources, increased supports to maneuver through and transition from program to program within the homelessness response system, and increased youth development trainings for service providers. Youth and providers have indicated that the homelessness response system should be improved to be more welcoming to youth, that stronger housing and employment connections for youth are needed so that youth can find and sustain housing, and that increased access to youth dedicated permanent housing and long-term subsidies would significantly build capacity to serve youth.

In work done to identify the specific needs of youth for Alameda County's application to HUD's Youth Homelessness Demonstration Program (YHDP), the following issues were identified as contributing to youth homelessness in Alameda County:<sup>25</sup>

- Lack of affordable housing
- Lack of supports and resources to successfully transition out of institutional systems such as foster care and the juvenile justice system and into permanent housing
- Stigma, trauma and marginalization that creates barriers to accessing resources and maintaining housing
- Risk of return to homelessness from timelimited programs, especially for African-American and parenting youth
- Symptoms related to PTSD or other mental health issues that make it difficult to navigate the homelessness system and maintain stable housing
- 25 Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

- Lack of safety at home or in home communities due to gender identity or sexual orientation
- High risk for commercial and sexual exploitation
- Unique challenges affecting the ability of unaccompanied immigrant youth to maintain safe and stable housing
- The impacts of racism, discrimination, and institutional racism for youth of color and Black and Native American youth in particular

## Resources for youth

Currently, some shelter and housing inventory is set aside to meet young people's unique needs, and Alameda County's homelessness response system model for adult only households also includes specific pathways for TAY.<sup>26</sup>

Additional resources currently available for TAY in Alameda County include the THP-Plus program and dedicated Continuum of Care grants.<sup>27</sup> The State of California requires that communities set aside at least eight to ten percent (in different funding rounds) of their Homeless Housing, Assistance and Prevention (HHAP) funds for the needs of Transition Age Youth. Alameda County and the CoC have used initial HHAP funding on increasing system access, additional interim housing, and services paired with housing subsidies dedicated to TAY.

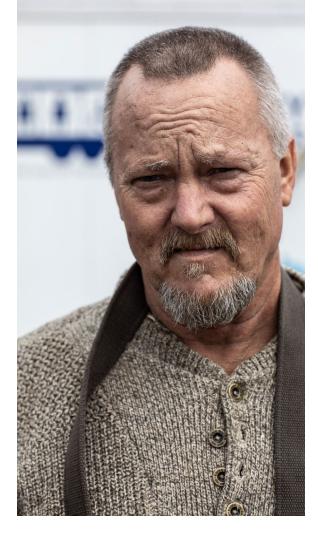


"I was trying to go to school but also needed to find housing, so I went to transitional housing. I dropped out of school and [am] trying to work full time and find housing."

CRE Focus Group Participant, Black man, age 18-24

<sup>26</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome.org/centering-racial-equity/</u>

<sup>27</sup> Transitional Housing Program for young adults who exited foster care (including those supervised by Probation) on or after their 18th birthday and are not yet 24 years of age.



In September 2021, the U.S. Department of Housing and Urban Development (HUD) awarded Alameda County CoC a \$6.5 million Youth Homelessness Demonstration Program (YHDP) grant. The funding will be used to create an in-depth plan and establish programs to meet the needs of youth at-risk of or experiencing homelessness and to work towards ending youth homelessness in the community.

# Veterans

Historically, veterans have experienced homelessness at much higher rates than their proportion of the population. Recent resources and efforts have brought down the population of homeless veterans, however, they continue to be a significant part of the population. During the 2019 PIT Count in Alameda County, 692 veterans were experiencing homelessness, representing 9% of the county's homeless population. Of those, 690 were single individuals, and 79% of veterans were unsheltered.<sup>28</sup>

Veterans experience additional needs and challenges based on their veteran status and, for many, their experiences in the military are linked to conditions such as Post-Traumatic Stress Disorder (PTSD). In the 2019 PIT Count survey, unsheltered veterans most frequently cited mental health issues as the primary cause of their homelessness (18%), while sheltered veterans most frequently cited a rent increase (13%) as the primary cause of their homelessness. Unsheltered veterans attributed their homelessness to job loss at nearly twice the rate as sheltered veterans (15% and 8% respectively).

### Resources for veterans

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits may involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. Assistance to obtain these resources is critical, and not all veterans qualify.

In addition to these supports, the VA and HUD partner to provide targeted housing and support services to veterans currently experiencing homelessness or at risk of experiencing homelessness. These include the VASH (Veterans Affairs Supportive Housing) and SSVF (Supportive Services for Veteran Families) programs which provide permanent subsidies with services, and transitional subsidies, shallow subsidies and prevention support to veterans and their families. These resources provide a critical piece of the homelessness response system for most veterans, though some must still rely on general population resources as they are precluded from accessing VA supports based on discharge status or length of service.

<sup>28</sup> EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

# Older adults

Data from the 2019 PIT Count found that 14% of Alameda County's homeless population was over the age of 60. Thirteen percent (13%) of 2019 PIT Count survey respondents indicated that they were between 50 and 64 years old when they first experienced homelessness, and 3% were over the age of 65.<sup>29</sup>

Recent national research predicts that the number of older adults experiencing homelessness will increase significantly over the next decade.<sup>30</sup> This population has unique and often complex needs that require consideration in homelessness response system design.<sup>31</sup> Geriatric conditions are common among older adults experiencing homelessness, and their health and risk of adverse impacts are comparable to housed adults who are 20 years older.<sup>32</sup> Services and housing that address geriatric conditions are needed for older homeless adults.

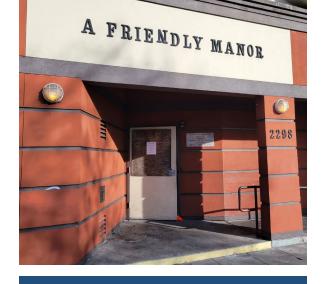
# 29 EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

- 30 "The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?" (2019) | Culhane et al | University of Pennsylvania. <u>https://aisp. upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf</u>
- 31 Geriatric Conditions in a Population-Based Sample of Older Homeless Adults (2017) | Kushel et al | The Gerontologist, Volume 57, Issue 4, August 2017, Pages 757–766. <u>https://academic.oup.com/gerontologist/ article/57/4/757/2631974</u>
- 32 Geriatric Conditions in a Population-Based Sample of Older Homeless Adults (2017) | Kushel et al | The Gerontologist, Volume 57, Issue 4, August 2017, Pages 757–766. <u>https://academic.oup.com/gerontologist/</u> <u>article/57/4/757/2631974</u>

## Resources for older adults

Recognizing that older adults often have additional and specific service needs, supportive housing for older/frail adults is included as a future inventory need for the homelessness response system as a more service-intensive version of supportive housing for formerly homeless adults who can no longer live independently. Stakeholders in the CRE process determined that our ideal homelessness response system should include enough inventory to serve 10% of adult only households with supportive housing for older/ frail adults.<sup>33</sup> In addition, the model recognizes that many older adults live on fixed incomes which are often low and stagnant compared to housing costs. Dedicated affordable housing for older adults can ensure that many formerly homeless older adults will be able to live independently on fixed incomes. Alameda County's homelessness response system model includes pathways out of homelessness for older adults through access to dedicated affordable housing from both sheltered and unsheltered homeless living situations.

33 Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome. org/centering-racial-equity/</u>



"I first became homeless when I was 59. I had a bad heart attack and couldn't work. I had savings, then the money ran out and I had no place to go."

CRE Focus Group Participant, Black man, age 50-64

"I am still looking [for housing] and two years into it.... Antioch and other places are miles away. I built a life here for myself and want to stay here. I want to be close to my son and grandsons. Nothing has come up in Oakland.

Participant 30, Black woman, age 65+

# People impacted by intimate partner violence (IPV)

Histories of domestic violence and partner abuse (referred to in this plan as intimate partner violence) are prevalent among individuals experiencing homelessness and can be the primary cause of homelessness. Survivors of intimate partner violence (IPV) often lack the financial resources required for housing, as their employment history or dependable income may be limited.

For individuals in families with children surveyed in the 2019 PIT Count, the most frequently reported cause of homelessness was family or domestic violence (26%). Six percent (6%) of respondents from the 2019 Homeless PIT Count survey reported currently experiencing domestic violence or abuse. There was no difference observed between unsheltered and sheltered respondents (6% each). Domestic violence did vary by gender, as 4% of male respondents reported current experience compared to 10% of females. While there were very few transgender and gender non-conforming respondents, 8% and 3% reported currently experiencing domestic violence, respectively.

Twenty-six percent (26%) of 2019 PIT Count survey respondents reported a history of ever experiencing physical, emotional, or sexual abuse by a relative or by a person with whom they have lived, such as a spouse, partner, sibling, parent, or roommate. This also varied by gender, with 17% of male, 40% of female, 39% of transgender, and 16% of gender non-conforming respondents experiencing domestic violence in their lifetime. Persons fleeing or impacted by intimate partner violence (IPV) have similar needs to others experiencing homelessness when it comes to housing and services but have other needs and circumstances that make their engagement with the homelessness response system even more challenging. Most victims of IPV often do not have access to unmonitored technology, making seeking help and client follow-ups difficult.

The COVID-19 pandemic has impacted IPV providers and programs significantly and the population fleeing violence that they serve.

- $\bullet$  Crisis hotlines have seen a 30-70% increase in calls  $^{\rm 34}$
- Some providers are reporting increases of up to 150% in requests for mental health services (from 44,000 to 109,000)
- To address health concerns and follow COVID-19 protocols, shelter capacity including in domestic violence shelters has been decreased, and leaving some providers to serve between 30-50% fewer clients

These impacts have made access to the kind of support survivors need, including temporary crisis assistance, affordable housing, and supportive housing even more difficult. The Alameda County Health Care Services Agency's Office of Homeless Care and Coordination, Building Futures, Family Violence Law Center, and Eden I&R 211 have created a program design to establish a parallel and connected Coordinated Entry System for survivors of domestic violence, sexual assault, and human trafficking in Alameda County so they can better access needed support services, health care, and housing resources to begin to live a life free from abuse and homelessness.

# Resources for survivors of intimate partner violence (IPV)

Resources for programs that meet the needs of survivors of IPV include dedicated shelters and transitional programs. Since COVID-19, Project Roomkey was created to use hotels to provide non-congregate shelter for people who are homeless and at high risk for complications from the disease. The Marina Village Inn in the City of Alameda provided 51 rooms of temporary shelter for women and children to allow for decompression of Domestic Violence shelters (to comply with COVID-19 protocols). These guests, as other Roomkey guests, are now prioritized for permanent housing.

The 2021 HUD-funded Emergency Housing Voucher program, also part of the COVID-19 relief effort, includes a partnership with victim services providers and a set-aside of 87 vouchers for survivors of violence. Voucher recipients will also be provided tenancy sustaining support services, including coaching for independent living and community integration. A new grant from HUD specifically for setting up Coordinated Entry to serve survivors will increase access to the rest of the homelessness response system resources.

<sup>34</sup> Family Violence Law Center. Presentation to the Alameda County Board of Supervisors. "Gender-Based Violence COVID-19 Coordinated Response." October 25, 2021.

# People with behavioral health needs

According to the 2019 PIT Count, adults with serious mental illness (SMI) comprised nearly one-third (32%) of Alameda County's homeless population, compared to 29% in 2017 and 18% in 2015. As reflected in the overall homeless population, close to 80% of homeless adults with SMI were unsheltered. The most frequently reported health conditions among survey respondents were psychiatric or emotional conditions (39%), followed by post-traumatic stress disorder (30%) and substance use (30%). Twelve percent (12%) of PIT Count survey respondents cited the primary event or condition that led to their current homelessness as mental health issues, and 10% said substance use issues. Twenty-one percent (21%) indicated that mental health services might have helped them retain their housing and 38% cited the need for behavioral health services (e.g., mental health and substance use counseling).

Structural racism and racial disparities in homelessness contribute to and exacerbate mental health needs. A wide body of research points to links between racial discrimination and negative effects on mental health.<sup>35</sup> Additional research also links the adverse impacts of experiencing homelessness such as stress, anxiety, isolation, and sleep loss to worsening mental health problems.<sup>36</sup> An analysis of people experiencing unsheltered homelessness in Alameda County that had encounters with street outreach indicates that nearly half (48%) are particularly vulnerable due to advanced age and/or one or more health or behavioral health conditions including mental health and substance use disorders.<sup>37</sup>

California's Department of Health Care Services (DHCS) recently conducted a needs assessment for behavioral health care services statewide and surveyed consumers and family members on needed housing supports. Many of the comments corresponded closely to the Alameda County CRE report findings. Unmet needs cited as priorities included:

- Additional housing capacity, due to low vacancy rates and lack of affordability
- Additional supportive housing options for adults that provide wraparound behavioral health services, such as Full Service Partnerships
- Additional capacity in longer-term adult residential facilities, sober living and recovery residences
- Efforts to address barriers to building or siting housing for individuals living with mental health issues and individuals living with substance use disorders (SUD), and to ensuring that housing providers are willing to accept behavioral health clients<sup>38</sup>

- 37 From a 2021 Analysis of SHIE and HMIS data for unsheltered persons with a street outreach contact.
- 38 State of California Department of Health Care Services, Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications, January 10th, 2022

# Resources for those with behavioral health needs

Alameda County (through Alameda County Behavioral Health and Berkeley Mental Health) receives specific funding to meet the needs of homeless and formerly homeless people with behavioral health needs. This includes Mental Health Services Act (MHSA) funding. which supports 13 Full Service Partnership contracts (representing \$31m) with behavioral health providers. Full Service Partnerships provide intensive services and supports and coordinate access to housing, education, and employment for formerly homeless people with severe mental illness (SMI). The State's No Place Like Home program provides funding for housing dedicated for people with SMI and Alameda County has secured \$129m. For several years the Whole Person Care program provided significant support for housing and for navigation and tenancy sustaining services. As this resource transitions to CalAIM. Alameda County is working with health plans to continue to provide these community-based services and to provide some of the clinical and other supports for supportive housing.

<sup>35</sup> American Public Health Association. Structural Racism is a Public Health Crisis. APHA Policy Statement. October 24, 2020. <u>https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policydatabase/2021/01/13/structural-racism-is-a-public-health-crisis</u>

<sup>36</sup> Mental health problems are often a consequence—not a cause—of homelessness. KALW San Francisco. Published December 7, 2016. <u>https:// www.kalw.org/show/crosscurrents/2016-12-07/mental-health-problems-</u> are-often-a-consequence-not-a-cause-of-homelessness#stream/0

# People impacted by criminal justice system involvement

Nine percent (9%) of respondents to the 2019 Homeless PIT Count survey reported being on probation at the time of the survey, and 3% reported being on parole.

Homelessness and incarceration are often correlated. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities. Research has found that formerly incarcerated people were almost ten times more likely to experience homelessness than the general public.<sup>39</sup>

Structural racism and widespread racial discrimination have resulted in stark racial disparities in the criminal justice system as people of color are more often targeted, profiled and arrested for minor offenses, especially in high poverty areas. A criminal history can be a barrier to securing both housing and employment, and rates of homelessness among people exiting jails and prisons is high as they often face significant challenges accessing safe and affordable housing.<sup>40</sup>

Focus groups of people with lived experience of homelessness convened to inform Alameda County's original homelessness response system model (detailed in the CRE report) discussed how incarceration impacted their ability to find and keep housing. While incarceration is a barrier to housing and employment for anyone, the well-documented mass incarceration of Black, Latinx, and other people of color means that incarceration is a barrier to housing that is disproportionately impacting people of color. Focus group participants also highlighted the impact of structural racism in systems such as mass incarceration, and how involvement in these systems makes it difficult to increase income.<sup>41</sup>

# Resources for formerly incarcerated people

Currently, the Probation Department receives direct funding for Rapid Rehousing and transitional housing programs for people re-entering the community from incarceration (reentry).

In May 2020, the Alameda County Board of Supervisors directed the Alameda County Health Care Services Agency Behavioral Health Department to develop a plan to reduce the number of incarcerated individuals with behavioral health conditions within the jail. The multi-year plan, estimated to cost \$50 million, includes extensive stakeholder engagement, internal county department research, and consultation. One primary area of focus is to strengthen connections between and across sectors to close any gaps and improve postrelease service participation. Strategies include expansion of access to urgent care and crisis services, expansion of forensic linkage programs, and development of a Transition Age Youth Full Service Partnership. The plan will prioritize the care of "high utilizers" of county behavioral health and county forensic services to ensure that justice involved people are connected to appropriate treatment and facilities, and are able to access short term housing, permanent housing and board and care facilities.

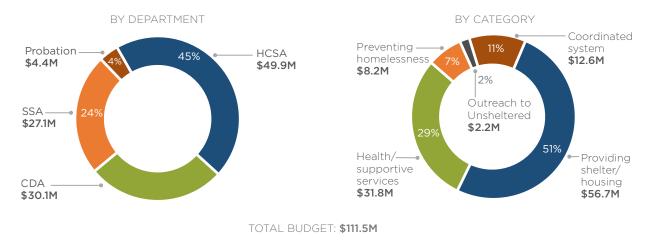
<sup>39</sup> EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

<sup>40</sup> National Alliance to End Homelessness. Homelessness and Racial Disparities. <u>https://endhomelessness.org/homelessness-in-america/whatcauses-homelessness/inequality/</u>

<sup>41</sup> Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <u>https://everyonehome. org/centering-racial-equity/</u>

Resources, gaps and allocation plan Today, homelessness in Alameda County is addressed through a wide variety of both homelesstargeted and general population resources from federal, state, and local government funds as well as private sources. In FY 20-21, the estimated Maintenance of Effort (MOE) budget for funds identified and allocated toward the homelessness response system just for the county exceeded \$110 million.

#### FIGURE 5



### FY 20-21 homelessness budget by County department and category

This does not include funding that cities invest directly in their own efforts or in nonprofit programs, nor private dollars that nonprofit organizations raise. It is estimated that all together the resources in the homelessness response system annually are over \$184 million, apart from one-time COVID funds.

In FY2O-21, Cities across Alameda County collectively allocated \$73 million in funding to address homelessness across the categories of shelter and housing, coordinated system, health and supportive services, outreach, and prevention.

To achieve the needed level of expansion will take a significant investment of new resources. Some of these resources could come from increases in federal supports and from state investment in expanding affordable housing and ending homelessness. With resources from a notable budget surplus, the State of California has recently committed to a one-time investment of more than \$12 billion over two years to tackle the homelessness crisis.<sup>42</sup> As a result, Alameda County and the City of Oakland anticipate new funds from the state Homeless Housing, Assistance and Prevention (HHAP) grant, and potentially from Project Homekey and other new programs such as the Encampment Resolution Funds and Family Homelessness Challenge Grants.

42 Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of \$100 Billion California Comeback Plan. (July 19, 2021). https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historichousing-and-homelessness-funding-package-as-part-of-100-billioncalifornia-comeback-plan/

## City allocations to address homelessness in FY 20/21

City	DIRECT Federal/ State/County	General fund	Total FY 20-21	% of total
Oakland	\$20,220,000	\$8,130,000	\$28,350,000	15.35%
Berkeley	\$20,729,241	\$4,458,540	\$25,187,781	13.64%
Fremont	\$7,750,806	\$1,847,336	\$9,598,142	5.20%
Hayward	\$3,944,207	\$2,030,740	\$5,974,947	3.23%
Alameda	\$936,971	\$189,856	\$1,126,827	0.61%
Livermore	\$456,661	\$490,547	\$947,208	0.51%
Union City	\$190,726	\$341,132	\$531,858	0.00%
Albany	\$395,000	\$53,000	\$448,000	0.24%
San Leandro	\$258,206	\$121,000	\$379,206	0.21%
Emeryville	\$0	\$368,500	\$368,500	0.20%
Pleasanton	\$O	\$275,000	\$275,000	0.15%
Dublin	\$O	\$37,338	\$37,338	0.02%
Total City	\$54,881,818	\$18,342,989	\$73,224,807	39.64%
Total County			\$111,500,000	60.36%
Total funding			\$184,724,807	100%

These new funds will build on investments already in the inventory pipeline for homeless housing units from the state's No Place Like Home program and Alameda County's Measure A1, which contribute to new housing units set to open in the first few years of the Plan.

Due to the advent of COVID-19, a range of one-time funds to provide shelter and housing have also already been put to work. The federal FEMA program, state Project Roomkey and matching local funds opened hundreds of hotel rooms for people impacted by or at risk of COVID-19, and the state's Project Homekey and federal Emergency Housing Vouchers have helped transition some of these hotels to permanent housing while providing housing vouchers for 900 people experiencing homelessness. The investment from these programs has expanded capacity for more than 1,400 people in permanent housing, just from the initial allocations through 2021.

This unprecedented infusion of funding will help to jump start the Plan goals for both housing and shelter expansion, but the one-time nature of most the funding and the growing gap in the later years of the plan still leave a significant gap that will need to be filled. Locally generated resources will be needed along with sizeable expansions in federal resources. In particular, it will be extremely challenging to meet the dedicated affordable housing goal in this Plan without a significant expansion of federal Housing Choice Vouchers with specific targets for people currently experiencing and at high risk of homelessness. In addition to the need for significantly more funding and resources to expand housing and program capacity, resources will need to be distributed throughout the County, aligned to these joint goals and with built-in accountability. In 2021, representatives from cities and County agencies proposed a method for allocating funds that pass through the county, intended for homelessness response. [See <u>Appendix B</u>]

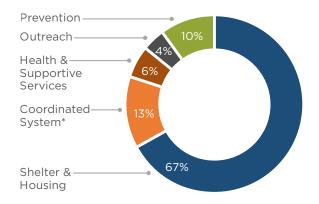
Because the county is a direct recipient of many funds and has the ability to support efforts throughout the entire geography, Alameda County and CoC partners will coordinate a countywide effort to leverage city and county resources. The cities will play a critical role, both through the provision of local, and some dedicated federal and state resources, and as overseers of land use planning for shelters and permanent housing. Together these partners will work to align efforts and stretch both the existing resources and new funding as it emerges.

Project funding through this collaborative allocation plan will be directed to programs meeting the performance goals outlined in this Plan, and programs that show a plan for targeted capacity in small, emerging and/or BIPOC led (and serving) agencies, and new innovative programs.

Completing a full inventory of current and anticipated resources is a next step to access state funding and to track investments in the Plan. Resource tracking will be reported annually. The county and city partners will create plans with two-year cycles including anticipated investments and timelines for unit and program creation, which will be updated and reported during each two-year cycle.

#### FIGURE 6

# FY 20–21 City homelessness funding by category







# Conclusion

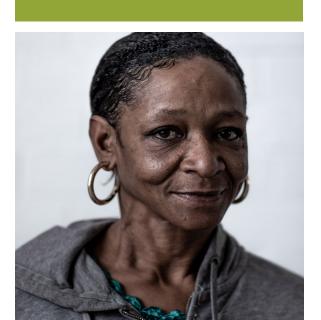


The Home Together 2026 Community Plan is the result of bold visioning and commitment across all county stakeholders to look critically at what is happening today in Alameda County's homelessness response system, and to recognize that without significant new investment and effort, homelessness will not decrease and will in fact continue to grow. The human cost of continued widespread homelessness, and the vast racial disparities among those most impacted, are not acceptable. The situation requires unprecedented coordination, commitment, and investment.

To reverse the trend and make dramatic progress on reducing homelessness, the Home Together 2026 Community Plan adopts bold, ambitious, and measurable goals, both for reducing homelessness and for achieving greater racial equity. The Plan builds from results of system modeling and racial equity analysis to lay out new program models and pathways to help people back into housing. To bring these new programs and solutions into being will take committing every available dollar from the county and its partners in ways that uphold performance and invest in working and desired models. The countywide allocation plan envisions alignment between the county, cities, and other funders to make these investments possible.

The community adopts this Plan and vision at a time when the future is uncertain. New resources, both one time and ongoing, received in 2021 and anticipated in the future provide the foundation for achieving the Plan, but alone are not enough to realize its vision. The response to COVID-19 has shown that the community can pull together and can work at speeds we have not seen before; a strong foundation to build from. However, we face continuing challenges including uncertainties from COVID-19, unpredictable housing markets and future state, federal and local budgets, and an overtaxed public and non-profit sector with significant capacity needs.

These opportunities and challenges require sustaining a level of unprecedented collaboration and coordination, building on the progress made during the last two years and through COVID-19 to unify the community response and to build an aligned response system. With these commitments and agreements for joint accountability we will, by 2026, be home, together. The human cost of continued widespread homelessness, and the vast racial disparities among those most impacted, are not acceptable. The situation requires unprecedented coordination, commitment, and investment.



# Appendices

APPENDIX A

# Glossary of Terms

## Key Terms and Definitions

Adult Only Household: Represents one or more adult(s) experiencing homelessness together without minor children.

BIPOC: Black, Indigenous and People of Color

**Continuum of Care (CoC):** A regional or local planning body that coordinates housing and services funding for homeless families and individuals.

**Coordinated Entry System:** Alameda County's Coordinated Entry System is used to connect residents experiencing homelessness to resources in our county's homelessness response system.

**Emergency Shelter:** Any facility that provides temporary shelter for people experiencing homelessness.

#### Homeless Management Information System

**(HMIS):** A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

#### First time homelessness (or new

**homelessness):** A person or household who has lost housing and become homeless for the first time.

#### Homelessness Response System Model:

A model for the optimal homelessness response system that effectively and equitably allocates resources and prioritizes investments to end homelessness.

**Homeless:** People who are residing in emergency shelter, transitional housing, on the street, or in another place not meant for human habitation.

Household with minor children: Represents one or more adult(s) experiencing homelessness together with minor children.

Housing Inventory Count (HIC): Required by HUD, the HIC is a point-in-time inventory of all of the dedicated beds and units within a Continuum of Care's homeless services system, categorized by type of project and population served.

**Inflow:** The number of people entering the homeless services system each year. Inflow is not synonymous with the number of people newly experiencing homelessness, as it also captures people with previous episodes of homelessness and homeless people with unmet needs carrying over from the previous year.

**Non-congregate Shelter:** Locations where each individual or household has living space that offers some level of privacy such as hotels, motels, or dormitories.

Housing Choice Vouchers: Funded by the U.S. Department of Housing and Urban Development, Housing Choice Vouchers assist low-income families, or those with disabilities, in finding safe and affordable housing in the private market. Local Public Housing Agencies issue Housing Choice Vouchers to qualified families. Housing Navigation: Housing Navigation involves helping a household that is homeless develop a housing plan, address the barriers identified during the plan, and acquire documentation and complete forms required for housing.

Housing Pathway: The set of programs and resources expected to be used by a household experiencing homelessness in order to be temporarily sheltered and to become permanently housed. The modeling for the Home Together 2026 Community Plan uses assumptions about a variety of different housing pathways to determine the resource needs and gaps.

Housing Problem Solving: Housing Problem Solving is an approach to help homeless households use their strengths, support networks, and community resources to find housing; a person-centered, housing-focused approach to explore creative, safe, and cost-effective solutions to quickly resolve a housing crisis.

Housing Resource Center: Dedicated Housing Resource Centers (also referred to as "Access Points") are located throughout Alameda County and are locations where people experiencing homelessness can connect with available resources and services.

**Long-Term Subsidy:** A housing subsidy of long-term (more than five years) or unlimited duration that continues typically as long as the receiving household remains eligible based on income.

**Older Adults:** Adults aged 55 and older; also referred to as Seniors.

#### Permanent Supportive Housing (PSH):

Permanent subsidized housing based on income and services to keep tenants in stable housing. In this Plan PSH is referred to as supportive housing.

**Point in Time (PIT) Count:** An unduplicated one-night estimate of both sheltered and unsheltered homeless populations (to be distinguished from the number of people experiencing homelessness annually).

**Project Homekey:** Through Project Homekey the state awards funding that allows municipalities to purchase and rehabilitate hotels, motels, vacant apartment buildings and other properties, and convert them into permanent, long-term housing.

**Project Roomkey:** Established in March 2020 as part of the state response to the COVID-19 pandemic, the purpose of Project Roomkey is to provide non-congregate shelter options for people experiencing homelessness, protect human life, and minimize strain on health care system capacity.

**Racial Equity:** The systemic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity, or the community in which they live.

**Racism:** A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority or inferiority of a particular race; behavior or attitudes that reflect and foster this belief.

**Rapid Re-Housing (RRH):** Time-limited rental subsidy and support services with the intention of the household taking over lease and sustaining on their own.

**Sheltered homelessness:** A person experiencing homelessness who is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement.

**Results Based Accountability:** A framework that uses a data-driven, decision- making process to help communities and organizations identify population level results and monitor their programs' performance in order to determine how to improve their impact on the clients they serve.

**Returns to homelessness:** The rate at which people who have been homeless and become rehoused lose that housing and return to the homelessness response system.

**Shallow Subsidy:** A housing subsidy that is typically less than the amount of a full or deep subsidy such as a Housing Choice Voucher, and which is usually calculated at a flat monthly amount or a specific percent of rent. Shallow subsidies can be time limited or can be indefinite.

**Street Health Outreach:** Street Health Outreach teams provide access to care that meets the unique needs of people experiencing homelessness through regularly scheduled outreach services offered to unsheltered people living in homeless encampments, vehicles, and RVs. Street Health Outreach teams engage people living on the streets with highly accessible, patient-centered care. They strive to build relationships that lead to long-term health through connections to primary care, social services, housing, and other resources.

**Structural Racism:** A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.

**System Performance Measure:** Measures defined by HUD to evaluate and improve homeless assistance programs by understanding how programs are functioning as a whole and identifying where improvements are necessary.

**Transition Age Youth (TAY):** Youth between the ages of 18 and 24.

**Unsheltered homelessness:** A person with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

## Acronyms used in the Home Together 2026 Community Plan

BIPOC: Black, Indigenous and People of Color

**CoC:** Continuum of Care

**CRE:** Centering Racial Equity (from the report Centering Racial Equity in Homeless System Design)

**DHCS:** California's Department of Health Care Services

EOH: EveryOne Home

ES: Emergency Shelter

FFY: Federal Fiscal Year

HCSA: Health Care Services Agency

**HHAP:** Homeless Housing, Assistance and Prevention Program

HIC: Housing Inventory Count

HMIS: Homeless Management Information System

HRC: Housing Resource Center

**HUD:** US Department of Housing and Urban Development

IPV: Intimate Partner Violence

**LGBTQ:** Lesbian, gay, bisexual, transgender, queer/questioning

**OHCC:** Alameda County's Office of Homeless Care and Coordination

PIT: Point-In-Time

**PSH:** Permanent Supportive Housing

PTSD: Post-traumatic stress disorder

**RBA:** Results Based Accountability

**RRH:** Rapid Re-Housing

SH: Safe Haven

SMI: Serious Mental Illness

**SUD:** Substance Abuse Disorder

TAY: Transition Age Youth

TH: Transitional Housing

**THP:** Transitional Housing Program

UIY: Unaccompanied Immigrant Youth

VA: U.S. Department of Veterans Affairs

**YHDP:** Youth Homelessness Demonstration Program

APPENDIX B

# Detail on County Allocation Plan

## Framework for City-County partnership on resources to end homelessness

Adopted on February 24, 2022 at the joint meeting of Alameda County Board of Supervisors and Alameda County Mayors

#### Preamble:

The Alameda County Board of Supervisors and Mayors across the county's fourteen cities are committed to ending homelessness. We recognize that homelessness is a regional problem that requires a regional solution, with coordinated leveraging of city and county resources.

Alameda County is the jurisdiction best equipped to coordinate an overall, countywide effort, for the following reasons:

 While cities have increased local spending on homelessness to historic levels over the past several years, many of the largest sources of real and potential funding to address homelessness are administered primarily at the county level, including Continuum of Care (CoC) and other federal funding; state Homeless Housing, Assistance, and Prevention (HHAP); and other dedicated health and social services funding.

- In California, counties are the seat of the social safety net system and administer Medi-Cal, mental health, public health, and substance use disorder programs, CalFresh, and other federal and state welfare benefits. Ending homelessness, especially for people with high needs, requires a holistic, whole-person approach that draws on all these programs.
- Alameda County administers a Social Health Information Exchange and associated Community Health Record that facilitates whole-person care through data and care coordination across housing and health care providers.
- Alameda County manages the Coordinated Entry System, the federally-mandated mechanism for allocating homeless housing, shelter, and services.
- Alameda County administers the Homeless Management Information System (HMIS), the source of data for homelessness response system outcomes reporting to the federal and state governments.

The cities also play a critical role in ending homelessness through the provision of local and dedicated federal and state resources, and as overseers of land use planning for shelters and permanent housing. Cities have innovated programs and services and their capacity to fund/augment programs must be considered alongside local and regional priorities.

This document provides a framework to address shared jurisdictional priorities and resource capacity while acknowledging the county as the leader in coordinating regional funding initiatives aimed at ending homelessness. The framework is built on a countywide strategic plan to address homelessness and to reduce racial and ethnic inequities among people experiencing homelessness.

#### Framework:

Federal regulations and state law (AB 140) now both tie homeless funding levels to demonstrated progress toward reduction of homelessness using Federal System Performance Measures (HUD measures). Alameda County partners plan to meet these requirements by executing the Home Together 2026 Community Plan, the Community's strategic plan to implement the recommendations in the Centering Racial Equity in Homeless System Design report.

#### Existing programs/projects:

- In order to be eligible for homelessness funding that originates or passes through Alameda County, a homelessness program must demonstrate how it meets the measurable performance goals outlined in the Home Together 2026 Community Plan. Alameda County, through its procurement mechanisms and based on funding regulations, makes the final determination of program eligibility for county-administered funding, which will be allotted to each CoCdefined region of the county proportionally to that region's share of the county's overall homeless population as per the most recent federal Point-In-Time Count (PIT).
- To best leverage city resources during each funding cycle, the county will provide to representatives from each region-city a list or "menu" of the services or programs it will be considering for county-allocated funding: specifically, the existing (or new) types of projects the county plans to invest in either because they clearly meet the recommendations in the Centering Racial Equity report/Home Together 2026 Community Plan, or because they are meeting clear performance thresholds in reducing homelessness.

- A city or region<sup>43</sup> can recommend programs to be considered for county-administered funds. Projects must:
- Demonstrate how they already meet performance goals in the Home Together 2026 Community Plan; OR
- Show a plan for targeted capacity (for small, emerging and/or BIPOC led (and serving) agencies or new, innovative programs), AND
- Agree to:
  - » Participate in county referral systems that prioritize vulnerable people for the most intensive services;
  - » Use a "Housing First" approach;
  - » Provide data in HMIS or, for domestic violence service providers, an equivalent data system
- Programs and referrals will reflect consumer choice and geographic ties.

43 A "region" can be either:

a. The grouping of cities and unincorporated areas of the county as currently defined by the CoC for the purposes of Coordinated Entry implementation; OR

b. Two or more cities that, by formal MOU or contract, decide to partner together to provide a particular service or administer a particular program.

- Projects currently receiving countyadministered funding that meet performance benchmarks will receive priority consideration (within applicable procurement guidelines) for future County administered funding, with the goal of preventing disruptions in service. Similarly, if a city's direct allocation of state or federal resources is one-time or discontinued, projects funded by such sources that meet performance benchmarks will also receive priority consideration to prevent service disruption and any reduction in systemwide capacity.
- If a program is not found to be eligible for funding or fails to meet performance benchmarks, the city and county work together on a transition plan for impacted participants.
- When measuring the performance of a candidate program/project, the county will:
- Utilize data entered into the Homeless Management Information System (HMIS) as the chief data source.
- Weight programs by vulnerability of the population the project serves. This could be accomplished by, among other things, cross-walking the households in the project's roster to their vulnerability score on Coordinated Entry assessments or to other information on vulnerability recorded in the Social Health Information Exchange.

#### *New projects/programs:*

- Cities or regions will be primarily responsible for "seed funding" for new projects. If the new project/program can meet a benchmark performance measure consistent with the Home Together 2026 Community Plan over the ensuing two years, the county agrees to prioritize it for future funding or match, if consistent with procurement requirements.
- The county agrees, at the request of the city or region, to consult with the city/ region before it launches a new program, in order to confer on how that program can be best positioned to become eligible for future funding.
- If the County is successful in drawing down HHAP "bonus funding" pursuant to AB 140, the county may use some of its "bonus funds" from the state:
  - To match new city proposed programs/ projects in the future;
- To make targeted efforts to resolve encampments in the most-impacted census tracts in the county.

APPENDIX C

# System modeling overview and update

In 2019-2020 through the process of developing the Centering Racial Equity in Homeless System Design (CRE) report and recommendations for Alameda County's homelessness response system. Abt Associates, a HUD technical assistance provider, worked with local CoC stakeholders to model an optimal homelessness response system through a system modeling process. Data on system usage was analyzed and extensive focus groups were conducted with people with lived expertise and representing populations served by the homelessness response system in order to develop recommendations about pathways to housing and system inventory needs for various household types and subpopulations. More on this system modeling process and recommendations can be found in the 2021 Centering Racial Equity in Homeless System Design report and appendices.

The homelessness response system model developed for the CRE process was updated in 2021 to inform the Home Together 2026 Community Plan. Updates to the system model included:

- The decision to propose more shelter in addition to permanent housing, to rapidly reduce unsheltered homelessness. This was not addressed in the original system modeling but was highly recommended by the Strategic Planning Committee and jurisdictional partners;
- The decision to model for a decrease in new entries into homelessness by the end of the planning period, with an increased investment in prevention;
- Updates to length of time spent in shelter to more accurately reflect current conditions and impacts of future investments; and
- Updates to certain cost assumptions based on current data.

## System Modeling data updates

In order to conduct this system modeling update, Abt Associates worked with local partners from the Alameda County CoC including the Alameda County Health Care Services Agency's Office of Homeless Care and Coordination, EveryOne Home and All Home. The following table details the indicators reviewed by the Data Committee for the 2021 modeling update and reflects any changes to the data used to inform the updated system model.

# System Modeling data update notes

- Unless new data was available and could be justified for use, data, assumptions, and estimates used in the system modeling update maintained what was used for original Alameda County homelessness response system modeling (more detail available in the CRE report).
- All indicators used were defined for households with adults only as well as households with minor children.
- Housing inventory was only "counted" in the model when it has been occupied/leased up.
- Dashboard tables were presented in rounded numbers where possible.
- Turnover is calculated in the model and only new/recurring investments are added to the model.
- The system model only captures resources dedicated to the homelessness response system; it does not account for services and resources from behavioral health, criminal justice, child welfare systems, etc. unless resources are dedicated for individuals experiencing homelessness.

# Annual estimates and geographic distribution of people and households experiencing homelessness in Alameda County

Indicator	Data used in original system modeling	Data used in 2021 update	Data source	Data timeframe	Justification
Number of homeless households (HH) in the homelessness response system	• 12,005 adult only (AO) HH • 985 HH with children	Same	Annualized PIT Count	2019 (PIT Count)	<ul> <li>In original System modeling stakeholders agreed on using annualized PIT count to ensure that unsheltered were accounted for.</li> </ul>
					• Since more recent PIT Count data was not available, the 2019 annualized estimate was used in the system modeling update.
Annual percentage of households remaining	Baseline was 63% for AO and HH with minor	• AO HH: 64% • HH with minor	HMIS	• Updated System Model: FY 2021	Rates were calculated based on numbers served (in the current
homeless	children	children: 67%		<ul> <li>Original System Model: PIT self-reported data on length of time homeless</li> </ul>	data set).
HH served that led to an exit from the system	37% served used for both AO and HH with minor children	• AO HH: 36% • HH with minor children: 33%	• Updated system model: July 1, 2020-June 20, 2021	HMIS	From the original System Model "63% homeless more than a year" this was used to get to the 37% exited as the difference — 63% remained and the
			<ul> <li>Original system model: 2019</li> </ul>		rest exited.
Annual % increase in homeless households (returns to homelessness + first time homeless)	20%	<ul> <li>20% (Year 1)</li> <li>10% (Year 2)</li> <li>0% (Year 3)</li> <li>-10% (Year 4)</li> </ul>	2017 + 2019 PIT Count	County FY (July-June)	• Estimate was developed for the original model, looking at the rate of PIT increase 2015–2017 (39%) and 2017–2019 (42%). This was used to estimate an annual increase of 20%.
		• -10% (Year 4)			<ul> <li>In the update, a more specific growth and decline rate were used that assumes continuing increases in the first years followed by modest declines.</li> </ul>
% of baseline HH that	• AO HH: 45%	• AO HH: 31%	• 2021 update used	• July 1, 2020-June 30,	HMIS data provided a more detailed
are considered first time homeless	• HH with minor children: 43%	• HH with minor children: 26%	HMIS • Original System Modeling used 2019 PIT Count data	2021 (HMIS) • 2019	and accurate look at new homelessness.

Indicator	Data used in original system modeling	Data used in 2021 update	Data source	Data timeframe	Justification
Shelter cost assumptions	\$70/ bed night for congregate shelter	\$85/ bed night is used as an estimate for all	Estimate of costs taking congregate and non-congregate	n/a	<ul> <li>Congregate shelter cost estimate remains unchanged from 2019 system modeling.</li> </ul>
		shelter units	shelter costs into account		<ul> <li>Non-congregate shelter is new to our homelessness response system as of 2020.</li> </ul>
Baseline length of	• AO HH: 90 days	• AO HH: 5	• For 2021 update,	For 2021 update: July	Changed to use more reflective LOS
shelter stay (LOS)	• HH with minor Children: 90 days	months • HH with minor children: 7	estimate is based on HMIS data for "leavers"	2019-June 2020	data instead of the target stay.
		months	• For 2019 model, 90 days was an aspirational LOS		
Shelter inventory	1,335 Emergency Shelter Units	• AO HH: 1648 units	• 2021 data: 2021 HIC + additional	Housing Inventory Count (1/27/2021)	<ul> <li>Includes non-congregate shelter additions.</li> </ul>
		• HH with minor	inventory		• Leaves out all seasonal shelter.
		children: 137 units	• 2019 data: 2019 HIC + additional inventory		• Reduces some of the capacity in the congregate shelters (per changes due to COVID-19).
					• Does not include transitional housing.
Housing inventory turnover rate	<ul> <li>8% turnover rate used for Permanent Supportive Housing (PSH)</li> </ul>	Same	FFY 2019	HMIS, APR report	Rates for PSH based on current information and did not change. Rates for new program models were predictions based on estimates for PSH.
	<ul> <li>5% turnover rate used for Dedicated Affordable and Shallow Subsidy programs</li> </ul>				

# System Modeling scenario updates

The scenarios in the original system modeling compared two different system responses that considered anticipated need throughout the system as well as existing racial disparities. The updated system modeling used the information about current homelessness response system outcomes and the suggested pathways out of homelessness designed by the CRE process to make estimates about the programs and inventory needed to achieve an optimal homelessness response system that has the capacity to serve the needs of everyone experiencing homelessness within the next five years. The update used this information to explore three potential scenarios that respond to various external influences:

#### **SCENARIO 1**

Steady continued increases in the annual number of people experiencing homelessness: Growth at the same level as the four years prior to 2019 PIT Count (on average 20% increase in new homelessness per year). To meet the needs of all households in the homelessness response system takes a very significantly increased response.

#### **SCENARIO 2**

Dramatic increase in the number of people experiencing homelessness: New homelessness grows at an unprecedented rate (20% to 40%) in Year 1 of the model (2022) due to the impacts of COVID-19 and as eviction moratoria are lifted, and then rates of inflow into homelessness continue as predicted in Scenario 1 (20% annual increase in years 2 and beyond). Meeting this need takes an extraordinary level of response that is not likely to be achievable over a five-year period.

#### SCENARIO 3

**Gradual decrease in the number of new people experiencing homelessness:** New homelessness experiences a similar increase to the past several years in Year 1 (2022) (a 20% increase in new homelessness), and then begins to decrease to a 10% increase in new homelessness in Year 2 (2023) and continues to decrease by -10% in Years 4 (2025) and 5 (2026). Meeting this need takes a significantly increased response including a focus on prevention, though the total resources needed are not as large as in Scenario 1 and Scenario 2.

The system modeling outputs for this Plan focus on Scenario 3 [see <u>Appendix D</u>, System modeling 5-year dashboards for adult and family households], as this scenario reflects the community's understanding of the importance of making prevention resources available before people lose their housing and addressing homelessness before it starts whenever possible to reduce the rate of new homelessness. If new homelessness increases beyond the modeling predictions, the gap between what our existing system is able to offer and what is needed to serve all homeless households in our system will be greater, and more costly to fill. APPENDIX D

# System modeling 5-year dashboards for adult and family households

The system modeling was conducted as two separate models, based on household types and different assumptions about likely pathways, and then brought together in a summarized form. Unless otherwise noted, the Home Together 2026 Community Plan presents the information in summary form covering both household types, adult only households and households with minor children.

The following tables show the initial system modeling by household type using the scenario which includes a modest projected decrease in new homelessness over 5 years and a significant increase in investment into the homelessness response system (resulting in an estimated 0% unmet need by Year 5).<sup>44</sup>

44 Source: CA-502 System Model, Abt Associates, 1/20/22

## 5-year inventory needs, households with adults only

	Baseline inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	53	130	152	173	244	216
Crisis response (ES, TH, SH)	1,648	2,562	3,221	2,964	1,652	1,253
Transitional housing for youth	153	104	121	138	195	173
Rapid re-housing	427	1,120	1,305	1,488	2,100	1,857
Supportive housing (PSH)	2,736	3,351	4,054	4,837	6,013	6,914
Supportive housing (PSH) for older/frail adults	0	521	1,086	1,691	2,532	3,194
Dedicated affordable housing	0	1,459	3,085	4,869	7,359	9,411
Shallow subsidies	0	677	1,432	2,260	3,416	4,368
Total permanent housing units needed annually	2,736	6,008	9,657	13,657	19,320	23,887
New units needed each year		3,272	3,649	4,000	5,663	4,567

# 5-year inventory costs (operations only, not development), households with adults only

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$2,340,000	\$2,818,080	\$3,303,643	\$4,799,257	\$4,375,978	\$17,636,958
Crisis response (ES, TH, SH)	\$79,550,100	\$103,012,412	\$97,636,961	\$56,050,994	\$43,788,652	\$380,039,119
Transitional housing for youth	\$3,796,000	\$4,548,995	\$5,343,753	\$7,777,484	\$7,107,025	\$28,573,258
Rapid re-housing	\$24,920,000	\$29,907,338	\$35,124,277	\$51,057,669	\$46,504,054	\$187,513,338
Supportive housing (PSH)	\$84,780,300	\$105,643,186	\$129,828,804	\$166,235,357	\$196,878,728	\$683,366,375
Supportive housing (PSH) for older/frail adults	\$15,630,000	\$33,557,400	\$53,819,457	\$83,003,543	\$107,846,254	\$293,856,654
Dedicated affordable housing	\$30,201,300	\$65,775,285	\$106,926,307	\$166,456,524	\$219,257,783	\$588,617,200
Shallow subsidy	\$6,770,000	\$14,749,600	\$23,976,340	\$37,327,554	\$49,162,225	\$131,985,719
Total	\$247,987,700	\$360,012,295	\$455,959,543	\$572,708,383	\$674,920,700	\$2,311,588,621

# 5-year investment impact dashboard, households with adults only

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Households returning from previous year	n/a	21%	18%	15%	12%	9%
Increase in new homelessness	n/a	20%	10%	0%	-10%	-10%
Number new homeless	3,722	4,466	4,912	4,912	4,421	3,979
Annual HHs in the system	12,005	13,028	13,666	13,421	11,750	8,651
HHs served in pathways to housing	4,358	5,213	6,068	6,923	7,778	8,633
Unmet need	7,647	7,815	7,598	6,498	3,972	19
Unmet need — sheltered		2,605	3,799	3,249	1,986	9
Unmet need — unsheltered	6041	5,210	3,799	3,249	1,986	9
% served in pathways to housing	36%	40%	44%	52%	66%	100%
% unmet need	64%	60%	56%	48%	34%	0%

# 5-year inventory needs, households with adults and children

	Baseline Inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	3	9	11	12	13	15
Crisis response (ES, TH, SH)	137	197	191	180	160	132
Rapid re-housing	108	56	64	72	79	87
PSH	479	435	444	456	473	493
Dedicated affordable housing	0	112	234	366	506	655
Shallow subsidies	0	149	312	487	675	873
Total permanent housing units needed annual	479	696	990	1,309	1,654	2,021
New units needed each year		217	294	319	345	367

# 5-year inventory costs (operations only, not development), households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$162,000	\$203,940	\$229,154	\$255,698	\$303,887	\$1,154,680
Crisis response (ES, TH, SH)	\$6,116,850	\$6,108,467	\$5,929,370	\$5,428,668	\$4,613,010	\$28,196,365
Rapid re-housing	\$1,246,000	\$1,466,720	\$1,699,562	\$1,920,741	\$2,178,704	\$8,511,726
Supportive housing (PSH)	\$11,005,500	\$11,570,196	\$12,239,391	\$13,076,555	\$14,038,359	\$61,930,001
Dedicated affordable housing	\$2,897,440	\$6,235,187	\$10,045,047	\$14,304,037	\$19,071,578	\$52,553,289
Shallow subsidies	\$2,279,700	\$4,916,808	\$7,904,872	\$11,285,138	\$15,033,309	\$41,419,827
Total	\$23,707,490	\$30,501,318	\$38,047,396	\$46,270,836	\$55,238,847	\$193,765,887

# 5-year investment impact dashboard, households with adults and children

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Households returning from previous year		8%	8%	8%	8%	8%
Increase in new homelessness		20%	10%	0%	-10%	-10%
Number new homeless	256	307	338	338	304	274
Annual HHs in the system	985	997	992	939	804	591
HHs served in pathways to housing	321	373	425	477	529	581
Unmet need	664	624	567	462	275	10
% served in pathways to housing	33%	37%	43%	51%	66%	98%
% unmet need	67%	63%	57%	49%	34%	2%

# Estimates of inventory needs and investment impact by geography

The breakdown of annual households in the homeless response system is based on the geographic distribution from the 2019 PIT count. The corresponding estimates of household composition and household needs are based on the assumptions that households in each geographic region have similar compositions and needs. In the future, additional data collection might inform a more nuanced understanding of needs in each community, for example, whether some communities have higher percentages of families with children, or whether some communities have a higher percent of people who need supportive housing. This homelessness response system modeling assumes the rates of inflow and rates of returns to homelessness are consistent across Alameda County's sub-geographies. Without detailed baseline inventory data disaggregated by region, it is also difficult to predict the number of additional units that would be needed in each sub-geography. The estimations in this Appendix are based on an even distribution according to the 2019 PIT Count, and should not be taken as precise predictions of units needed in each jurisdiction.

# Total new units needed by year 5 by geography, households with only adults

	All CoC	East County	Mid- County	North County	Oakland	South County
PIT % by geo.	100%	4.3%	18.5%	16.5%	50.7%	10.0%
Supportive housing (PSH)	4,178	180	773	689	2118	418
Supportive housing (PSH) for older/frail adults	3,194	137	591	527	1619	319
Dedicated affordable housing	9,411	405	1741	1553	4772	941
Shallow subsidy	4,368	188	808	721	2214	437
Total units needed	21,150	909	3,913	3,490	10,723	2,115

## Entire CoC 5-year inventory needs, households with only adults

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	53	130	152	173	244	216
Crisis response (ES, TH, SH)	1,648	2,562	3,221	2,964	1,652	1,253
Transitional housing for youth	153	104	121	138	195	173
Rapid re-housing	427	1,120	1,305	1,488	2,100	1,857
Supportive housing (PSH)	219	834	971	1,107	1,563	1,382
Supportive housing (PSH) for older/frail adults	0	521	607	692	976	864
Dedicated affordable housing	0	1,459	1,699	1,938	2,734	2,420
Shallow subsidy	0	677	789	899	1,269	1,123
Total shelter inventory	1,801	2,666	3,342	3,102	1,847	1,426
Total housing inventory	699	4,741	5,523	6,297	8,886	7,862

# East County 5-year investment impact dashboard, households with only adults

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
4.3%	4.3%	4.3%	4.3%	4.3%
21%	18%	15%	12%	9%
20%	10%	0%	-10%	-10%
560	588	577	505	372
224	261	298	334	371
336	327	279	171	1
60%	56%	48%	34%	0%
	4.3% 21% 20% 560 224 336	4.3%4.3%21%18%20%10%560588224261336327	4.3%4.3%21%18%20%10%560588577224261336327	4.3%4.3%4.3%21%18%15%12%20%10%0%-10%560588577505224261298334336327279171

# East County 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	6	7	7	10	9
Emergency shelter	110	139	127	71	54
Transitional housing	4	5	6	8	7
Rapid re-housing	48	56	64	90	80
Supportive housing (PSH)	36	42	48	67	59
Supportive housing (PSH) for older/frail adults	22	26	30	42	37
Dedicated affordable housing	63	73	83	118	104
Shallow subsidy	29	34	39	55	48
Total shelter inventory	115	144	133	79	61
Total housing inventory	204	237	271	382	338

# Mid-County CoC 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	18.5%	18.5%	18.5%	18.5%	18.5%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	2,410	2,528	2,483	2,174	1,600
Annual exits	964	1,123	1,281	1,439	1,597
Annual remaining	1,446	1,406	1,202	735	3
% unmet need	60%	56%	48%	34%	0%

# Mid-County CoC 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	24	28	32	45	40
Emergency shelter	474	596	548	306	232
Transitional housing	19	22	26	36	32
Rapid re-housing	207	241	275	389	344
Supportive housing (PSH)	154	180	205	289	256
Supportive housing (PSH) for older/frail adults	96	112	128	181	160
Dedicated affordable housing	270	314	359	506	448
Shallow subsidy	125	146	166	235	208
Total shelter inventory	493	618	574	342	264
Total housing inventory	877	1022	1165	1644	1454

# North County 5-year investment impact dashboard, households with only adults

Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
16.5%	16.5%	16.5%	16.5%	16.5%
21%	18%	15%	12%	9%
20%	10%	0%	-10%	-10%
2,150	2,255	2,214	1,939	1,427
860	1,001	1,142	1,283	1,424
1,290	1,254	1,072	655	3
60%	56%	48%	34%	0%
	16.5% 21% 20% 2,150 860 1,290	16.5%       16.5%         21%       18%         20%       10%         2,150       2,255         860       1,001         1,290       1,254	16.5%16.5%21%18%20%10%2,1502,2552,1502,2552,148601,0011,2901,254	16.5%16.5%16.5%21%18%15%12%20%10%0%-10%2,1502,2552,2141,9398601,0011,1421,2831,2901,2541,072655

# North County CoC 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	21	25	29	40	36
Emergency shelter	423	531	489	273	207
Transitional housing	17	20	23	32	29
Rapid re-housing	185	215	246	347	306
Supportive housing (PSH)	138	160	183	258	228
Supportive housing (PSH) for older/frail adults	86	100	114	161	143
Dedicated affordable housing	241	280	320	451	399
Shallow subsidy	112	130	148	209	185
Total shelter inventory	440	551	512	305	235
Total housing inventory	782	911	1039	1466	1297

# Oakland 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	50.7%	50.7%	50.7%	50.7%	50.7%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	6,605	6,929	6,804	5,957	4,386
Annual exits	2,643	3,076	3,510	3,943	4,377
Annual remaining	3,962	3,852	3,295	2,014	9
% unmet need	60%	56%	48%	34%	0%

# Oakland 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	66	77	88	124	110
Emergency shelter	1,299	1,633	1,503	838	635
Transitional housing	53	61	70	99	88
Rapid re-housing	568	662	754	1,065	941
Supportive housing (PSH)	423	492	561	792	701
Supportive housing (PSH) for older/frail adults	264	308	351	495	438
Dedicated affordable housing	740	861	983	1,386	1,227
Shallow subsidy	343	400	456	643	569
Total shelter inventory	1352	1694	1573	936	723
Total housing inventory	2404	2800	3193	4505	3986

# South County 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	10.0%	10.0%	10.0%	10.0%	10.0%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	1,303	1,367	1,342	1,175	865
Annual exits	521	607	692	778	863
Annual remaining	782	760	650	397	2
% unmet need	60%	56%	48%	34%	0%

# South County 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	13	15	17	24	22
Emergency shelter	256	322	296	165	125
Transitional housing	10	12	14	20	17
Rapid re-housing	112	131	149	210	186
Supportive housing (PSH)	83	97	111	156	138
Supportive housing (PSH) for older/frail adults	52	61	69	98	86
Dedicated affordable housing	146	170	194	273	242
Shallow subsidy	68	79	90	127	112
Total shelter inventory	267	334	310	185	143
Total housing inventory	474	552	630	889	786

# Total new units needed by year 5 by geography, households with adults & children

	All CoC	East County	Mid-County	North County	Oakland	South County
PIT % by geo.	100%	4.3%	18.5%	16.5%	50.7%	10.0%
Supportive housing (PSH)	60	3	11	10	30	6
Dedicated affordable housing	655	28	121	108	332	66
Shallow subsidy	873	38	161	144	443	87
Total units needed	1588	68	294	262	805	159

## Entire CoC 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	100%	100%	100%	100%	100%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual HH in the system	997	992	939	804	591
Annual exits	373	425	477	529	581
Annual remaining	624	567	462	275	10
% unmet need	63%	57%	49%	34%	2%

# East County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	4.3%	4.3%	4.3%	4.3%	4.3%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	43	43	40	35	25
Annual exits	16	18	21	23	25
Annual remaining	27	24	20	12	0
% unmet need	63%	57%	49%	34%	2%

# East County 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	0	0	1	1	1
Emergency shelter	8	8	8	7	6
Rapid re-housing	2	3	3	3	4
Supportive housing (PSH)	2	2	2	2	2
Dedicated affordable housing	5	6	6	7	7
Shallow subsidy	6	7	8	9	10
Total shelter inventory	8	8	8	7	6
Total housing inventory	16	18	20	22	24

# Mid-County CoC 5-year investment impact dashboard, households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	18.5%	18.5%	18.5%	18.5%	18.5%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	184	183	174	149	109
Annual exits	69	79	88	98	108
Annual remaining	115	105	85	51	2
% unmet need	63%	57%	49%	34%	2%

## Mid-County CoC 5-year inventory needs, households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	2	2	2	2	3
Emergency shelter	36	35	33	30	24
Rapid re-housing	10	12	13	15	16
Supportive housing (PSH)	7	8	9	10	11
Dedicated affordable housing	21	24	26	29	32
Shallow subsidy	28	31	35	39	43
Total shelter inventory	36	35	33	30	24
Total housing inventory	67	77	86	95	105

# North County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	16.5%	16.5%	16.5%	16.5%	16.5%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	164	164	155	133	98
Annual exits	62	70	79	87	96
Annual remaining	103	93	76	45	2
% unmet need	63%	57%	49%	34%	2%

## North County CoC 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	1	2	2	2	2
Emergency shelter	33	32	30	26	22
Rapid re-housing	9	11	12	13	14
Supportive housing (PSH)	6	7	8	9	10
Dedicated affordable housing	18	21	24	26	29
Shallow subsidy	25	28	32	35	38
Total shelter inventory	33	32	30	26	22
Total housing inventory	60	69	77	85	93

# Oakland 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	50.7%	50.7%	50.7%	50.7%	50.7%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	505	503	476	408	300
Annual exits	189	216	242	268	295
Annual remaining	316	287	234	139	5
% unmet need	63%	57%	49%	34%	2%

# Oakland 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	5	6	6	7	8
Emergency shelter	100	97	91	81	67
Rapid re-housing	28	32	37	40	44
Supportive housing (PSH)	19	22	24	27	29
Dedicated affordable housing	57	65	73	81	88
Shallow subsidy	76	86	97	107	118
Total shelter inventory	100	97	91	81	67
Total housing inventory	184	211	236	262	287

# South County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	10.0%	10.0%	10.0%	10.0%	10.0%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	100	99	94	80	59
Annual exits	37	43	48	53	58
Annual remaining	62	57	46	27	1
% unmet need	63%	57%	49%	34%	2%

## South County 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	1	1	1	1	2
Emergency shelter	20	19	18	16	13
Rapid re-housing	6	6	7	8	9
Supportive housing (PSH)	4	4	5	5	6
Dedicated affordable housing	11	13	14	16	17
Shallow subsidy	15	17	19	21	23
Total shelter inventory	20	19	18	16	13
Total housing inventory	36	42	47	52	57

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