

Home Together 2026

DRAFT Implementation Plan

A 5-year Implementation Framework to Dramatically Reduce Homelessness, Centering Racial Equity in Alameda County

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DRAFT

EXECUTIVE SUMMARY

This **Home Together 2026** Implementation Plan (the Plan) is a community-wide plan for Alameda County which lays out the goals, strategies and investments needed to dramatically reduce homelessness by 2026 and reverse racial disparities in homelessness through 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."

Home Together 2026 builds upon many sources and efforts, particularly the 2020 [Centering Racial Equity in Homeless System Design](#) report (CRE) prepared by community partners and informed by system modeling and extensive interviews 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. Home Together 2026 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 implementation plans that align with the Home Together Community Plan speak to the specific roles of local jurisdictions in co-leading efforts to address homelessness, and the key roles of county agencies, community partners and specific resources.

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, including nearly 10% who are between the ages of 18 and 24.

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

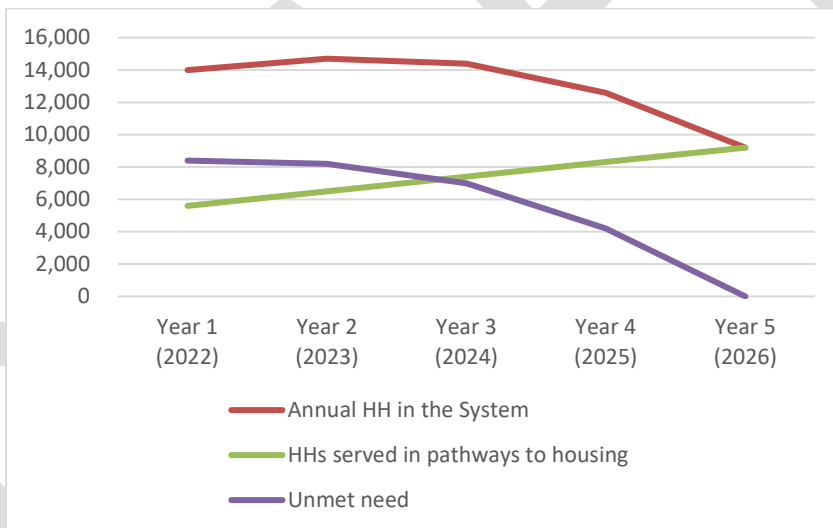
A systemwide needs analysis conducted in 2019-20 and updated in 2021 points to significant gaps in the current system in the type and availability of housing resources. Today, only an estimated 36% of those in need can be supported by local resources or are able to find housing or leave homelessness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

Importantly, focus groups and research on racial equity strategies informed the modeling and the proposed pathways to ensure the deep disparities in our system are addressed through new investments at every level. These investments include creating extensive new program models and pathways out of homelessness, using affordable housing dedicated for people experiencing homelessness, PSH for people who need more supports, targeted behavioral health services, improved and expanded homelessness prevention, transitional housing for youth and shallow and flexible rental assistance to fill gaps for people with limited incomes in addition to expanding current program models such as Rapid Rehousing and Permanent Supportive Housing (PSH)..

The 2021 planning update explored different scenarios related to levels of anticipated new homelessness and of investment to determine the gaps in the current system and what it will take to fill them. The community selected to sponsor a scenario approach that seeks to reduce new entries to homelessness by preventing it when possible, and to create a more robust response system with enough resources at the end of five years to provide a housing exit to every person who does become homeless.

Building a system where people are rehoused quickly

Figure 1. Impact of Increased Investment on Homeless System Outcomes



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

Overall, more than 24,000 additional housing exits are needed over five years to reach a point at which the numbers of people who become homeless in a year and the numbers who leave homelessness in that time are in balance. These 24,000 interventions include everything from short-term prevention to permanent subsidies and housing with services, depending on the needs of the households.

In addition to the significant need for housing, because of the high rate of unsheltered homelessness (an estimated 79% people experiencing homelessness in Alameda County are unsheltered) the Plan includes 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 of the planned 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, creating permanent housing by

renovating hotels used as shelters during the 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 \$2.5 billion. This includes roughly \$430 million for additional shelter, \$1.68 billion for permanent housing such as dedicated affordable housing and permanent supportive housing, and \$388 million for prevention, rapid rehousing and shallow (more limited) subsidies within the homelessness response system. This does not include the one-time development costs for new buildings, but covers operations and services, and subsidies to help people rent existing housing. Similar to their proportion of the homeless population, the new investments are roughly 10% (\$194 million) for 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.

To reach these goals while decreasing racial disparities, the Home Together Plan recommends specific action steps in four categories:

1) Prevent Homelessness for our Residents

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

2) Connect People to Shelter and Needed Resources

- a. Provide neighborhood-based access where people are most likely to lose housing
- b. Lower programmatic barriers to crisis services such as prevention, problem solving, and shelter
- c. Prevent discharge from mainstream systems to homelessness
- d. Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable adults and families with children and to reduce unsheltered homelessness.
- e. 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.

3) Increase Housing Solutions

- a. Add units and subsidies for permanent supportive housing
- b. Create units with more intensive health services for seniors and medically fragile residents
- c. Create dedicated affordable housing subsidies for people who do not need intensive services
- d. Create shallow subsidies for those who need more limited assistance
- e. Add new slots of rapid rehousing for those who can take over their full rent given time
- f. Ensure new housing funding is distributed according to need
- g. Reduce entry barriers to housing and ensure racial equity in referrals and placements

4) Strengthen Coordination, Communication and Capacity

- a. Use data to improve outcomes and track racial equity impacts
- b. Improve messaging and information availability
- c. Build infrastructure to support new and expanded programs

Taken together, the significant increase in investment and the creation of new models and pathways out of homelessness will lead to decreases in new homelessness, improved racial equity in outcomes, shorter time being homeless, and a reduced rate at which people return to homelessness. Specific measurable targets for reducing homelessness altogether, and for achieving greater equity in results, are included in the plan.

The community of Alameda County 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 this 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, future State, Federal and local budgets, and an overtaxed public and non-profit sector with significant capacity needs. All these challenges require continuing the current level of unprecedented collaboration and coordination and building on the progress made to unify the community response and build an aligned response system centered in racial equity.

Home Together 2026 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 committing every available dollar 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.

1. Background and Introduction

This Home Together Implementation Plan (the Plan) is a community-wide plan for Alameda County which lays out the goals and strategies needed to dramatically reduce homelessness by 2026 and combat racial disparities in homelessness through 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." The Home Together Plan covers a five-year time frame, beginning January 2022 and ending December 2026.

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

- The racial equity analysis and system modeling process that is detailed in the January 2020 [Centering Racial Equity in Homeless System Design](#) (CRE) report
- Racial Equity Action Lab (convened by the Bay Area Regional Health Inequities Initiative) which centered lived expertise input and process recommendations on implementing CRE
- The [Home Together Plan](#) adopted by the Alameda County Board of Supervisors in August of 2020

Home Together 2026 provides a strategic roadmap for implementing the Centering Racial Equity recommendations generated during 2019-2020. This Community-wide 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 by 2026. A companion Home Together County Action Plan speaks to the specific role of the County in co-leading efforts to address homelessness with cities and community partners, and the key roles of specific county agencies and resources. Cities within Alameda County have participated in the community process for this overarching Community Plan and are encouraged to develop and adopt similar jurisdictional implementation plans to align with the Community plan. CRE and recent strategy sessions to create this plan have been informed by a diverse group of stakeholders.

The initial Centering Racial Equity report, and this Plan, were supported by in-depth needs analysis conducted by national technical assistance provider Abt Associates. The recommendations were informed by an extensive community input process which included participation of system leaders, program participants, service providers and other partners in homelessness response. 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.

As the Home Together 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 modeling 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 also 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 model, a planning group was jointly convened by County's Office of Homeless Care and Coordination (OHCC) and EveryOne Home (EOH), the CoC backbone

organization. The Strategic Planning Implementation Committee met bi-weekly from July 2021 – November 2021 to inform the community plan. The group included city and county staff, people with lived expertise, service providers, nonprofit organizations, advocates, and CoC Leadership Board members.¹ Various technical staff also met with Abt Associates to review modeling updates.

The primary changes to the system modeling are:

1. The decision to propose more shelter in addition to permanent housing, to rapidly reduce unsheltered homelessness. This was not addressed in the original modeling but was highly recommended by the Implementation Committee and jurisdictional partners;
2. 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;
3. Updates to length of time spent in shelter to more accurately reflect current conditions and impacts of future investments; and
4. Updates to certain cost assumptions based on current data.

In addition to implementing recommendations from the CRE report and updated system model, this Home Together Plan is responsive to requirements laid out in the California Comeback Plan for community plans to draw down key State housing and health funding. It is also informed by and consistent with other local and regional efforts, including the [All Home Regional Action Plan](#), and [Plan Bay Area 2050](#).

2. Population Description

Alameda County's most recent Point in Time Count (PIT) which included an unsheltered count was conducted in 2019 and estimated a total of 8,022 persons were experiencing homelessness on a single day.² Based on an annualization of the PIT, it is estimated that 15,786 people in 13,135 households experienced homelessness in Alameda County in 2019.³

Homelessness occurs across the County, though it is concentrated most in the north and mid portions.⁴ More than three-fourths of people experiencing homelessness (78%) report residing in Alameda County before becoming homeless.⁵

Table 1: Annual Estimates and Geographic Distribution of People and Households Experiencing Homelessness in Alameda County

¹ See Appendix X for list of Home Together Contributors, including the Strategic Planning Implementation Committee

² Alameda County conducts a homeless point in time count (PIT) every two years. Due to COVID-19, the scheduled PIT count for 2021 was postponed to 2022.

³ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

⁴ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

⁵ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

Annual Estimates and Geographic Distribution of People & 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.

Adult only households represent one or more adult(s) experiencing homelessness together without minor children. Most such households are a single individual. Adult only households are estimated at 12,005 annually and make up 91% of households that are homeless over a year.

Families with minor children are estimated at 985 annually, representing 7.5% of homelessness households.⁶ Child-only households (that is minor children who are homeless without any adults) are 1.5% of the county’s homeless population.

Males 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 (14%) are seniors and nearly 10% are between 18 and 24, referred to as transition age youth (TAY).⁷

Table 2: Gender

Gender of people experiencing homelessness	
Male identifying	61%
Female identifying	35%
Transgender	2%
Non-binary	2%

Table 3: Age

Age of people experiencing homelessness	
Under 18	4%
18-24	9%
25-59	73%
60 and older	14%

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

Racial Disparities in the Homeless Population

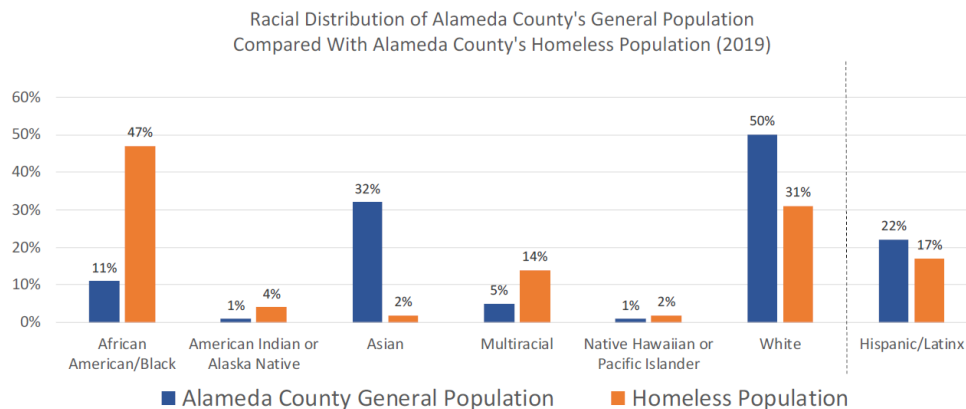
While homelessness is widespread in Alameda County, it disproportionately impacts people of color, especially African Americans. The 2019 Homelessness Point in Time Count shows that people of color make up more than 2 out of 3 (69%) people experiencing homelessness in Alameda County. The groups most 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

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

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

population, compared with one percent of county residents. Homelessness also disproportionately affects Native Hawaiians/Pacific Islanders and Multiracial people in Alameda County.⁸

Figure 2: Racial Distribution of General Population and Homeless Population



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

Households with only adults are even more disproportionately likely to be Black (58%) and Native American (three percent) in comparison with the general population of Alameda County (11% Black, one percent Native American).⁹

The many specific needs and experiences of people of color experiencing homelessness are described in the CRE report, often in the words of people interviewed. Without addressing the impact of race 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 disparities is a major focus of this plan.

Special Populations

Several special populations of people who experience homelessness merit particular attention due to particular vulnerabilities, overrepresentation in the population, and/or specific needs and resources for addressing their needs. These include transition age youth, veterans, people impacted by intimate partner violence and people impacted by the criminal justice system.

Transition Age Youth

Youth ages 18-24 were 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).¹⁰ These numbers represent a point in time and only tally youth who were counted as sheltered in the homeless system or as unsheltered. During the 2019-2020 school year, schools in Alameda County reported 4,445 “homeless students” attended public schools in Alameda County, a number that includes young people under 18 who were doubled

⁸ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

⁹ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

¹⁰ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

up or in hotel settings as well as those in shelter or unsheltered situations.¹¹

Youth who experience homelessness in Alameda County are very disproportionately African American, identify as LGBTQ and experience mental health issues at much higher rates than County or State residents.¹²

Table 4: Characteristics of Alameda County Homeless Youth

Characteristic	% County Population	% Homeless TAY Population
African-American	11% (Alameda County Youth)	63%
LGBTQ	10% (Alameda County)	42%
Experiencing mental health issues	25% (CA)	43%

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

The 2019 PIT Count shows that 82% of TAY experiencing homelessness in Alameda County are unsheltered.¹³

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 Homeless 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 seventy-nine percent (79%) of veterans were unsheltered.¹⁴

Many U.S. veterans experience conditions that place them at increased risk for homelessness, including higher rates of PTSD, traumatic brain injury, sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to be unsheltered, and often remain unsheltered for extended periods of time.

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 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 65.¹⁵

¹¹ Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

¹² Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

¹³ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

¹⁴ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

¹⁵ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

Recent national research predicts that the number of older adults experiencing homelessness will increase significantly over the next decade.¹⁶ This population has unique and often complex needs that require consideration in homeless system design.¹⁷

People Impacted by Intimate Partner Violence (IPV)

Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness and can be the primary cause of homelessness. Survivors 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 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.

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.

12% of PIT survey respondents cited the primary event or condition that led to their current homelessness as mental health issues and 10% said substance use issues. 21% of survey respondents indicated that mental health services might have helped them retain their housing. Unsheltered veterans frequently cited mental health issues as the primary cause of their homelessness (18%).

An analysis of people experiencing unsheltered homelessness in Alameda County indicates that nearly half (48%) of those contacted by street outreach are vulnerable due to advanced age and/or one or more health or behavioral health conditions including mental health and substance use disorders.¹⁸

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

¹⁶ "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. <https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>

¹⁷ 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. <https://academic.oup.com/gerontologist/article/57/4/757/2631974>

¹⁸ Analysis of SHIE and HMIS data for unsheltered persons with a street outreach contact.

mental health.¹⁹ Additional research also links the adverse impacts of experiencing homelessness such as stress, anxiety, isolation, and sleep loss to worsening mental health problems.²⁰

People Impacted by Criminal Justice System Involvement

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.²¹

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.

3. Needs Assessment and Housing Pathways

People experiencing homelessness have a variety of needs but the one commonality among all is the need for a home. The CRE found that Alameda County's homeless 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 adding new types of programs to the homeless response system, increasing all programs' availability, and improving program design and delivery. Opportunities identified to increase racial equity in the homeless response system include:²²

- 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 target these resources to those who can resolve their homelessness without indefinite 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
- Communicate clearly about available resources, eligibility criteria and the process for accessing resources.

The process to inform the CRE identified a set of pathways that would be available in an optimal homeless system to allow every person to exit homelessness, recognizing different levels of need – from those who can self-resolve to those who will need ongoing subsidies and services. The pathways envisioned for adults and for families are similar but somewhat different, based on the generally lower

¹⁹ American Public Health Association. Structural Racism is a Public Health Crisis. APHA Policy Statement. October 24, 2020. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2021/01/13/structural-racism-is-a-public-health-crisis>

²⁰ Mental health problems are often a consequence—not a cause—of homelessness. KALW San Francisco. Published December 7, 2016. <https://www.kalw.org/show/crosscurrents/2016-12-07/mental-health-problems-are-often-a-consequence-not-a-cause-of-homelessness#stream/0>

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

²² Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. P.26-28. <https://everyonehome.org/centering-racial-equity/>

vulnerability but greater economic needs of families. These pathways are designed to respond to the root causes of homelessness and barriers to housing stability. These resource pathways must be available in a high-performing homeless response system to end homelessness for Black and Native American adults, who encounter the greatest barriers to housing and disproportionately return to homelessness.²³

In order to better define the Dedicated Affordable resource described in the CRE report, a working group began meeting in March 2021 and met four times between March and June. Dedicated Affordable is identified in the CRE as “a form of deeply subsidized housing for homeless people that does not require a disability to qualify.”

System modeling “anticipates that 28% of households with only adults and 30% of households with minor children could end their homelessness with a deep housing subsidy and limited support services.”²⁴ Focus group participants preferred Dedicated Affordable “to other housing interventions because it allowed them to pay rent and live independently from what was interpreted as required services.” Given the newness of this resource and the very large need for it, the group did not recommend being so specific that someone must fit a very particular definition to get help.

Table 5: Housing Pathways in an Optimal Homeless System – Adult Only Households

Pathway	Intended Group	Optimal % Served
Self-resolvers	People who only briefly touch the system and then exit	10%
Homeless Prevention/Rapid Resolution - Short term	People w/ jobs who need short-term assistance	10%
Homeless Prevention /Rapid Resolution - Long-term subsidy	People w/ jobs who need subsidy to afford rent; Young Adults (YA)	10%
Transitional Housing for Youth w/ Shallow Subsidy	Young adults (18-24) who need support and subsidy	2%
Rapid Re-Housing - Temporary Subsidy	People who can increase income to afford rent; Young Adults	13%
Rapid Re-Housing w/ Permanent Supportive Housing backstop (service needs)	People in RRH who need services in PSH; Young Adults	1%
Rapid Re-Housing w/ Shallow Subsidy backstop (economic needs)	People in RRH who can't sustain on their own	1%
Dedicated Affordable Housing w/Emergency Shelter	Zero income & ELI people who can't increase income; Seniors	10%
Dedicated Affordable Housing unsheltered	Zero income & ELI people who can't increase income; Seniors	18%
Permanent Supportive Housing	People with disabilities who need services	15%
Permanent Supportive Housing for Seniors and others w/ higher needs	People who need help with daily living skills, more support	10%

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

²³ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

²⁴ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

Pathways for families with minor children were designed in the REIA process to be responsive to the root causes of homelessness and barriers to housing stability - particularly for the Black and Native American households over-represented in the homeless population. These resource pathways represent the community’s best thinking about the resources needed to produce greater equity in a high functioning homeless response system. The table below shows the percent of homeless households with minor children in each resource pathway in an optimal homeless system.²⁵

Table 6: Housing Pathways in an Optimal Homeless System – Households with Minor Children

Pathway	Intended Group	Optimal % Served
Self-resolvers	People who briefly touch the system and then exit	10%
Homeless Prevention/Rapid Resolution	People w/ jobs who need short-term assistance	10%
Rehousing with Shallow Subsidy	People in RRH who need services; Young adults	40%
Rehousing with Dedicated Affordable	People in RRH who can't sustain on their own	20%
Dedicated Affordable Housing w/ Services	Zero & ELI people who can't increase income	10%
Permanent Supportive Housing	People with disabilities who need services	10%

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

During the 2021 System Modeling update, additional shelter was added to model how unsheltered homelessness could be reduced in a shorter time frame while scaling up the permanent housing in the system. This temporary “surge” in shelter would temporarily result in some only-adult households receiving shelter and services without an identified housing resource connected to that stay. The system was modeled to show what would be needed by year 5 (2026) to eliminate this “shelter only” pathway – along with any unmet need in our homeless system, and ensure that housing exit resources are available for all households in the homeless system.

Additional Needs and Resources for Special Populations

The housing pathways and resources described above are intended to meet the needs of *all* of Alameda County’s homeless populations. Some paths are specifically targeted to certain subpopulations such as permanent supportive housing for seniors, which recognizes additional health and care needs of older people, and transitional housing for young adults which recognizes their 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 inventory growth to meet the need.

Transition Age Youth

Transition Age Youth (TAY) is an important subpopulation with particular needs due to their stage in development and includes youth who have been impacted by homelessness and interactions with the foster care system, the juvenile justice system, or both. Some shelter and housing inventory is set aside

²⁵ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

to meet young people's unique needs and Alameda County's System Model for households with only adults includes specific pathways for TAY.²⁶

Youth experiencing homelessness in Alameda County 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 providers. Youth and providers have indicated that the homelessness 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 specific needs of youth for the Youth Homelessness Demonstration program (YHDP) application, the following issues were identified as contributing to youth homelessness:²⁷

- 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 into permanent housing
- Stigma, trauma and marginalization that creates barriers to accessing resources and maintaining housing
- Risk of return to homelessness from time-limited programs, especially for African-American and parenting youth
- Close to 50% of youth experiencing homelessness report struggling with symptoms related to PTSD or other mental health issues making it difficult for them to navigate the homelessness system and maintain their current housing
- Many LGBTQ youth report leaving homes and communities that felt unsafe due to their gender identity or sexual orientation
- High risk for commercial and sexual exploitation
- Unaccompanied Immigrant Youth face particular challenges. Since 2014, 4,000+ UIY have been apprehended at the border and released to sponsors in Alameda County, many of whom do not remain in their initial placements
- Racial disparities are even higher in the homeless youth population than in the total population of people experiencing homelessness

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 to meet the needs of youth at-risk of or experiencing homelessness and to work towards ending youth homelessness in the community. Additional resources already available in the county for TAY include the THP Plus²⁸ program and dedicated Continuum of Care grants. The State of California requires that communities set-aside at least 8-10% (in different funding

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

²⁷ Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

²⁸ 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.

rounds) of their Homeless, Housing Assistance Program (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.

Veterans

Veterans experience additional needs and challenges based on their Veteran status and, for many, their experiences in the military leading to challenges 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%). Unsheltered veterans attributed their homelessness to job loss at nearly twice the rate as sheltered veterans (15% and 8% respectively).

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 homeless 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 and length of service.

Older Adults

As mentioned above, older adults are a significant and growing part of the population experiencing homelessness in Alameda County and around the country. 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.²⁹ Services and housing that address geriatric conditions are needed for older homeless adults.

Recognizing that older adults often have additional and specific service needs, Permanent Supportive Housing (PSH) for Seniors is included as a future inventory need for the homeless system as a more service-intensive version of PSH for formerly homeless adults who can no longer live independently. Stakeholders in the CRE process determined that our ideal homeless system should include enough inventory to serve 10% of adult-only households with PSH for Seniors.³⁰ 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 seniors will be able to live independently on their fixed incomes. The System Model includes pathways for Seniors to access Dedicated Affordable Housing from both sheltered and unsheltered homeless living situations.

²⁹ 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. <https://academic.oup.com/gerontologist/article/57/4/757/2631974>

³⁰ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

People Impacted by Intimate Partner Violence

Persons fleeing or impacted by Intimate partner violence have similar needs to others experiencing homelessness for housing and services but have other challenges and needs that make their engagement with the homeless response system even more challenging.

Most victims of IPV don't 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.

- Crisis hotlines have seen a 30-70% increase in calls³¹
- Some providers are reporting increases of up to 150% in requests for mental health services (from 44,000 to 109,000)
- Women have been disproportionately impacted by COVID-19 induced unemployment and by challenges of school closures and lack of childcare
- To address health concerns and follow COVID-19 protocols, shelter capacity including in Domestic Violence shelters has been decreased and has left 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 permanent supportive housing even more difficult. The Alameda County Health Care Services Agency (Alameda County 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 programs that meet the needs of survivors 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 DV 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 relief effort, includes partnership with Victim Services Providers and set aside 87 vouchers for survivors of violence, who will also be provided tenancy sustaining support services for clients with disabilities who face challenges to getting and keeping housing, including coaching for independent living and community integration.

People with Behavioral Health Needs

Significant mental health needs impact nearly one third of the population experiencing homelessness and a much larger number can be expected to have some mental health needs. In the 2019 PIT Count,

³¹ Family Violence Law Center. Presentation to the Alameda County Board of Supervisors. "Gender-Based Violence COVID-19 Coordinated Response. October 25, 2021.

the most frequently reported health condition among survey respondents was psychiatric or emotional conditions (39%), followed by post-traumatic stress disorder (30%) and drug or alcohol abuse (30%).

California's Department of Health Care Services (DHCS) recently conducted a needs assessment for behavioral health care services statewide and surveyed consumers and family member 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 permanent supportive housing options for adults that provide wraparound behavioral health services, such as recovery services and access to supports, such as adult Full-Service Partnerships that provide intensive services and supports and coordinate access to housing, education, and employment for people with severe mental illness
- Additional capacity in longer-term adult residential facilities, sober living and recovery residences
- Address barriers to building or siting housing for individuals living with mental health issues and individuals living with SUD, and housing provider unwilling to accept behavioral health clients³²

People Impacted by Criminal Justice System Involvement

Focus groups of people with lived expertise of homelessness convened to inform Alameda County's original Homeless System Model 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 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.³³

Currently, the Probation Department receives direct funding for RRH and transitional housing programs for people in 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 post-release service participation. Strategies include expansion of access to urgent care and crisis services, expansion of forensic linkage programs, and development of a TAY 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 increase short term, permanent housing and board and care facilities.

³² 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

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

4. Modeling Results and Investments

Every year, new people experience homelessness in Alameda County but the homelessness response system does not currently have enough capacity to keep up with this annual inflow. This means that the increasing homeless population includes many people who could not get the assistance they needed to end their homelessness. In 2020 to 2021, we saw that 36% (4,358) of adult only households experiencing homelessness exited homeless services, and that 64% (7,647) remained. For households with minor children, 33% (321) of households exited the system in 2020-2021, while 67% (664) households remained.

The system modeling used the information about current outcomes and the suggested pathways designed by the Racial Equity Analysis/ CRE process make estimates of the programs and inventory needed to achieve an optimal homeless system that has the capacity to serve all of the existing need within 5 years. The update used this information to explore three potential scenarios:

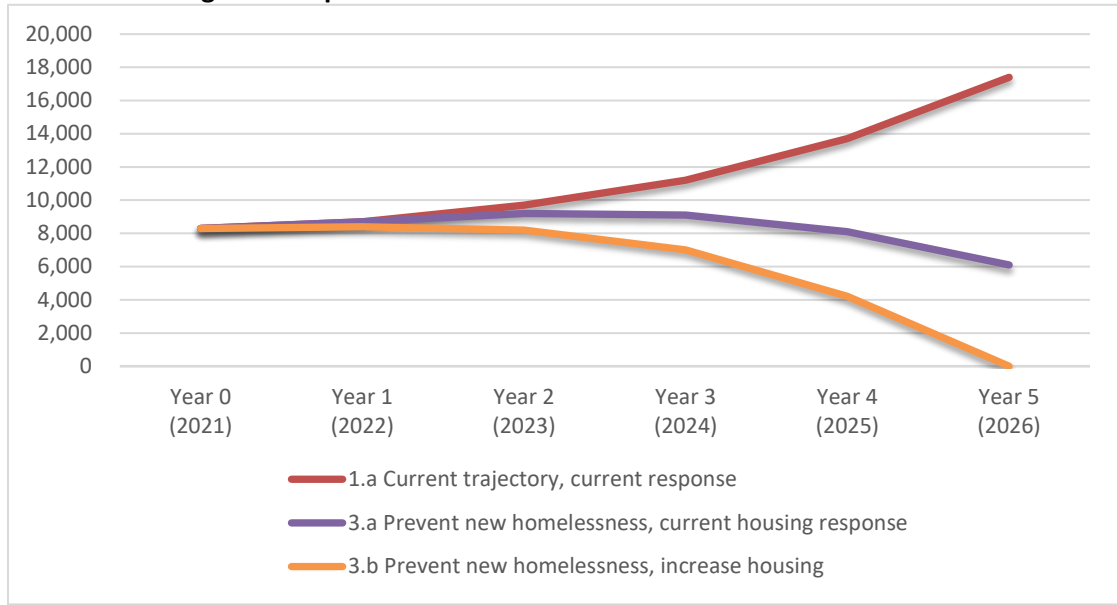
1. **Scenario 1 Steady Continued Increases in the Annual Number of People Experiencing Homelessness:** Growth at the same level as the four years prior to 2019 PIT Count (on average 20% per year). To meet the needs takes a very significantly increased response.
2. **Scenario 2 Dramatic Increase in the Number of People Experiencing Homelessness:** New homelessness grows at an unprecedented rate in year one of the model (2022) due to the impacts of COVID and as eviction moratoria are lifted, and then rates of inflow into homelessness continue as predicted in Scenario 1. Meeting this need takes an extraordinary level of response that is not likely to be achievable.
3. **Scenario 3 Gradual Decrease in the Number of People Experiencing Homelessness:** New homelessness experiences a similar increase to the past several years in year 1 (2022) (a 20% increase), and then begins to decrease to a 10% increase in year 2 (2023) and continues to decrease by -10% in years 4 (2025) and 5 (2026), achieving a net decrease by year 5. Meeting this need takes a significantly increased response including a focus on prevention, though the total resources needed are not as large as the other two scenarios.

The System Modeling for this plan focuses on Scenario 3, as this scenario reflects the community's desire to increase prevention and address 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.

Homelessness continues to grow unless we invest in prevention and housing

Figure 3 below demonstrates that even with Scenario 3 (a projected decrease in new homelessness over 5 years), our current level of investment will not be enough to operate a system that is able to serve all of the need among households experiencing homelessness and to stop homelessness from growing (*red line below*). However, with a significant increase in investment into the homeless system (*green line below*), by year 5 (2026) our system is able to serve all of the need among homeless households (leaving 0% unmet need).

Figure 3. Impact of Investment level on trends in homelessness

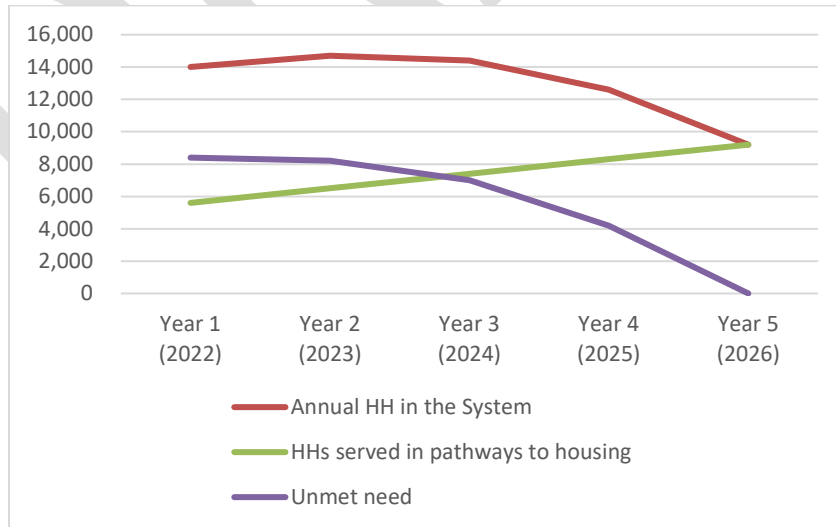


Source: CA-502 System Model, Abt Associates, 1/20/2022

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

With the required increase in investment and a small decrease in inflow, in 5 years (by 2026) the total number of households served in Alameda County’s homeless system annually 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 homeless response system in year 5. This brings the unmet need in the homeless system to 0. Having no unmet need does not mean that new people do not become homeless but rather that for every new household that experiences homelessness there is a resource path to get them out of homelessness and into housing within an average of 90 days.

Figure 4: Impact of Increased Investment on Homeless System Outcomes



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

Table 7. Impact of Investments on Homeless System Over 5 Years

5-Year Investment Impact Dashboard, All Homeless Households (Adult Only + Households with Minor Children) Scenario 3 / Increased Investment						
	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	7,000	4,200	0
% Unmet need	64%	60%	56%	49%	33%	0%

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

Additions to Housing Inventory

In order to “right size” and develop a system which will allow us to reduce homelessness, additional housing inventory is needed so that households experiencing homelessness are able to leave homelessness for permanent housing. The table below details the specific inventory growth in different interventions and housing types needed to meet existing and anticipated future need among homeless households.

Table 8. 5-year Homeless System Inventory Needs

5-Year Inventory Needs, All Homeless Households (Adult Only + Households with Minor Children) Scenario 3 / Increased Investment						
<i>Numbers below are cumulative, not new additions needed year over year</i>						
	Baseline Inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
HP/Rapid Resolution	56	140	160	190	260	230
Crisis Response (ES, TH, SH)	1,785 ³⁴	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						
PSH	3,215	3,790	4,500	5,290	6,490	7,410
PSH-Seniors	0	520	1,090	1,690	2,530	3,190
Dedicated Affordable Hsg	0	1,570	3,320	5,240	7,870	10,070
Shallow Subsidy	0	830	1,740	2,750	4,090	5,240

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

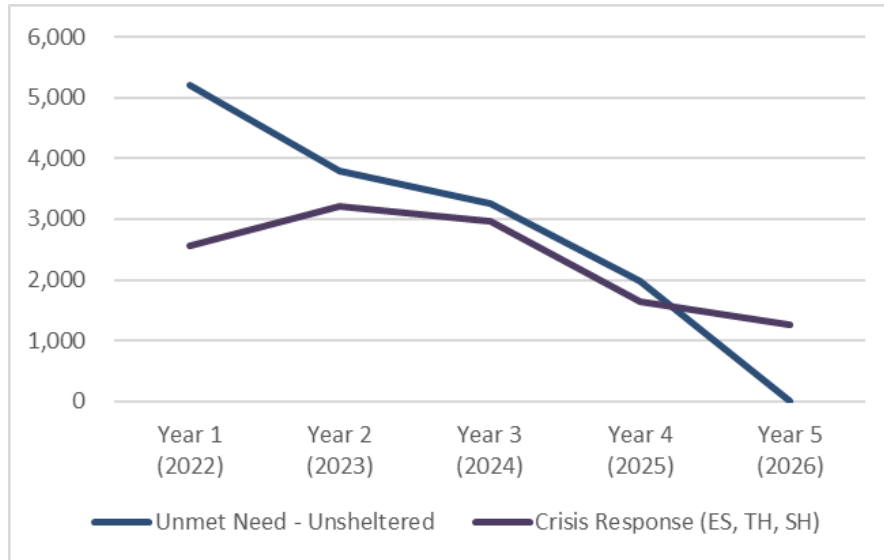
The table above also shows that in 2021 (the base year, or Year 0) Alameda County had 3,215 permanent housing units for households experiencing homelessness, and in order to serve all of the current and projected need of homeless households, our system will need an inventory of 25,910 permanent housing units by year 5 (2026) of the implementation plan.

³⁴ 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.

Additions to Shelter Inventory

One of the updates that was made to the System Model in 2021 was to temporarily add additional shelter in order to reduce existing unsheltered homelessness. This temporary surge in shelter during the first two years of the Plan while the system’s permanent housing resources are also scaled up.

Figure 5: Impact of Shelter Inventory on Households on Unsheltered Homelessness*



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

*For Adult Only Households

New Investment Needed

The total cost of scaling up both the shelter and housing inventory as well as the additional resource pathways over the coming five years is \$2.5 billion. This includes roughly \$430 million for additional shelter, \$1.68 billion for permanent housing such as dedicated affordable and permanent supportive housing, and \$388 million for prevention, rapid rehousing and shallow (more limited) subsidies. It does not include the development costs for new buildings, however includes coverage operations and services, and subsidies to help people rent existing housing.

Similar to their proportion of the homeless population, the investments are roughly 10% (\$194 million) for 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.

Table 9. 5 Year Operations Cost for Homeless System Inventory

5-Year Inventory Costs (operations only, not development)						
All Homeless Households (Adult Only + Households with Minor Children)						
Scenario 3 / Increased Investment						
	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
Permanent Supportive	\$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	\$33,099,000	\$72,010,000	\$116,971,000	\$180,761,000	\$238,329,000	\$641,170,000
Shallow Subsidy	\$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

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

Service Needs for People That Remain Unhoused

Although not represented in in the System Modeling, there are many critical services and resources that serve people who are unhoused. These include Coordinated Entry, Street Outreach, housing navigation, landlord liaison programs, among others. It is also important for nonprofit agencies providing these services also have access to capacity building resources to ensure that African American residents and other populations disproportionately impacted by homelessness are effectively and equitably served in Alameda County’s homeless system. 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.

5. Four Core Goal Areas and System Performance Measures

Drawing from the recommendations to reduce racial disparities in the CRE report, and the need for resources demonstrated by the system model and the feedback of people experiencing homelessness, Home Together 2026 seeks to reduce homelessness and increase equitable housing solutions with four strategic areas of focus. Each area below includes a number of action steps to be taken to promote the goals in keeping with model and overall 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 performance measures below will be set in consultation with the community and with the State of California during FY 21-22.

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

- 1- An overall decrease in the number of people who experience homelessness
- 2- A reduction in racial disparities within the homeless population which reduces the overrepresentation of African Americans, Native Americans, Multi-racial people and Native Hawaiian/Pacific Islanders.

1) Prevent Homelessness for our Residents

While many of the people experiencing homelessness in Alameda County have been homeless for long periods of time or have had multiple episodes of homelessness 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 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 10. 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	5.3	5	1.2	2

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

Prevention assistance is typically administered outside the homelessness response system covered by social services and community development funding streams. Research shows that while many low-income people experience housing crises that could lead to homelessness, people most likely to become homeless have specific risk factors including extremely low incomes, histories of homelessness, and living in highly impacted neighborhoods.³⁵ 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 without 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.

Table 11. Disparities in Rates of Return to Homelessness, FFY 2019

	System Average	African Americans	Native Hawaiian/Pacific Islanders
Rate of Return to Homelessness	18%	21%	23%

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

Home Together 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).³⁶ 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.

Four activity areas specifically target reductions in new homelessness and returns to homelessness.

³⁵ Center for Evidence-based Solutions to Homelessness. Homelessness Prevention, A Review of the Literature. January 2019.

³⁶ Source: Adult Only Household Model. CA-502 System Model, Abt Associates. 1/20/22. Note rates are for Adult Only households.

1. Address racial disparities in mainstream/upstream systems to prevent disproportionate inflow of African Americans into homelessness

- a. 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.
- b. Work with law enforcement and criminal justice institutions to create housing planning and homelessness prevention resources.
- c. Ensure that workforce services are accessible to and structured to support people whose housing is unstable.

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

- a. 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.
- b. Tailor outreach and prioritization to reach those at highest risk and coordinate these efforts in all areas of the county.
- c. Implement and expand shallow subsidy availability for people with fixed or limited income with housing insecurity. Provide capped rental assistance to relieve rent burden and reduce the risk of becoming homeless.

3. Rapidly resolve episodes of homelessness through Housing Problem Solving

- a. 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
- b. Offer Problem Solving training and funding throughout system so that providers can quickly assist people when and where they seek help.

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:

- a. 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.
- b. 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.
- c. Establish a flexible funding pool for preventing homelessness, including shallow subsidy option.

Corresponding System Performance Measures

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

- 2a. Reduce the number who become homeless for the first time
- 2b. 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.
- 3a. Reduce the number of persons who return to homelessness after exiting homelessness.
- 3b. Reduce the racial disparities among people overrepresented within who return to homelessness, African Americans, and Native Hawaiian/Pacific Islanders.

2) Connect People to Shelter and Needed Resources

To reduce homelessness and create additional and more rapid pathways to housing, 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 system and provide housing problem solving and navigation services. It also necessitates reducing the barriers to entry to services for people experiencing homelessness. Additionally, this will involve working closely with mainstream services such as hospitals, jails and foster care to help people in those systems avoid homelessness.

In 2020 and 2021, Alameda County's system of care significantly expanded access points and undertook improvements to the coordinated entry process which connects people in need to shelter and housing. Changes were made to increase the availability of Housing Problem Solving services targeting creative housing solutions, allowing Housing Resource Centers (designated access points) to support everyone who is experiencing homelessness who accesses their services. A separate crisis queue and process for shelter and transitional housing resources was established to shorten the time people in need wait for shelter. Greater transparency was also built into the process with access points providing real-time communication to participants about available housing resources, their likelihood of receiving a match, and support with appropriate next steps. Continued oversight and improvement of coordinated entry is a priority for the future and monthly Regional Housing Coordination meetings and Learning Communities are focused on improving coordination of care and increasing collaboration.

While this plan focuses primarily on expanding housing to end homelessness, it also plans for a significant increase in shelter to provide people safe places to be off the street and to connect to the rest of the system's resources. During the 2019 PIT Count, nearly 80% of the population experiencing homelessness in Alameda County were unsheltered. During the COVID-19 pandemic the community rapidly stood up over 1,000 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.

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 adults and children, while still

focusing most resources on housing additions to ensure movement from shelter to housing. It is the goal of the Home Together plan to gradually repurpose non-congregate shelter sites to be used as housing.

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

1. Provide neighborhood-based access where people are most likely to lose housing

- a. Expand resources in neighborhood-based access points, targeting neighborhoods with the highest numbers of people with insecure housing situations.
- b. Add access point outreach staff to connect people to these services in the field.
- c. Set up monthly training for 211 operators
- d. Develop the capacity for 211 to track and follow up with people seeking resources

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

- a. Add additional laundry, hygiene, and storage options
- b. Ensure that emergency shelters reduce unnecessary program requirements
- c. Improve communication to advertise the availability of these resources
- d. Provide training systemwide on Diversity, Equity, and Inclusion, Harm Reduction, Housing Strategies, and other foundational topics

3. Prevent discharge from mainstream systems to homelessness

- a. Increase medical and mental health respite with defined housing; pathways; HCSA estimated need of 250-300 added beds length of stay.
- b. Stabilize and expand board and care portfolio through new state funding and land trust to correspond with behavioral health system gaps analysis.
- c. Implement exit strategy for all homeless criminal justice clients with shelter, housing, and supportive services. 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.
- d. Connect transition age youth leaving foster care to youth-dedicated rapid and supportive housing programs through ongoing dedication of resources targeted to youth nearing exit from care.

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

- a. Add 1,625 temporary additional shelter beds, especially non-congregate models, to serve vulnerable adults and families with children.
- b. Focus resources on a short-term increase in shelter to double the amount of shelter currently available and reduce unsheltered homelessness

- c. As new housing comes online, transition non-congregate shelters to permanent housing or remove from system
- 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.**

Corresponding System Performance Measures

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

- 3a. Reduce the number who are unsheltered at a point in time
- 3b. Reduce the racial disparities among people overrepresented among those who are unsheltered.
- 4a. Increase successful placements from street outreach to indoor locations
- 4b. Monitor for racial disparities placements from street outreach and address any disparities

3) Increase Housing Solutions

The 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. Our System Modeling shows that the homelessness response system is starting (in 2021) with an inventory of 3,215 permanent housing units, and that by year 5 (2026), our system will need a total of 25,695 permanent housing units and subsidies. (See Table 7 above “5 Year Inventory Needs”)

Some permanent housing units will become available each year through unit turnover (at an estimated rate of 8%), and the rest of the need will be for new housing inventory. The total cost of operating permanent housing from year 1 (2022) through year 5 (2026) is estimated to be \$1.68 billion. This cost is for operations only and does not reflect additional development costs.

New projects to increase inventory include expansions in existing models like rapid rehousing and permanent supportive housing as well as significant investment in newer models such as dedicated affordable housing and shallow subsidies that allow people to have housing that allows them independence and autonomy, a strategy recommended to be more effective in reducing racial disparities.

Today’s pipeline of projects show that new projects will increase the inventory by 1,500 in the first two years, but resources must be identified for thousands more units. 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 necessary to bend the curve.

- 1. **Add units and subsidies for permanent supportive housing.**
- 2. **Create units for frail seniors and others with more intensive health services.**
 - a. Provide services funding for PSH and PSH plus through expansions of Medi-Cal and CAL-AIM.
- 3. **Create dedicated affordable housing subsidies for people who do not need intensive services.**

- a. The CRE report and system model includes adding new capacity to provide affordable housing without time limits for 30% of the adult only households and 28% of family households
- b. Add capacity within the system to support new dedicated affordable units including staff for a new flexible subsidy program for providing operation support (Local Operating Subsidy Program) additional Coordinated Entry staffing and lighter and variable supportive services

4. Create shallow subsidies for those who need more limited assistance.

5. Add new slots of rapid rehousing for those who can take over the full rent given time.

- a. Couple these resources with expansions in employment programs

Table X: Number of units and subsidy types needed by 2026

Supportive Housing Units	Supportive Housing for Older/Frail	Dedicated Affordable	Shallow Subsidies	Rapid Rehousing slots	Total units & subsidy slots
4,195	3,190	10,070	5,240	2,000	24,695

6. Ensure new housing funding is distributed 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.

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

Corresponding System Performance Measures

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

- 5a. Increase the number of people exiting homelessness into permanent housing
- 5b. Monitor for any emerging disparities and maintain racial equity within people exiting homelessness into permanent housing.
- 6a. Reduce the length of time a person experiencing homelessness remains homeless
- 6b. Monitor for racial disparities in length of time homeless and address disparities

4) Strengthen Coordination, Communication and Capacity

This plan emerges at a time of great uncertainty. While new resources 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 community-wide commitment to improve and use the communities HMIS data for tracking and accountability is a central tenet of the Plan.

Improved communication about efforts and impacts are also key to keeping the buy-in of the partners and the confidence of the community. This includes expanding the range of partners to other system of care that overlap with the homelessness response system and ensuring that both housed and unhoused people have access to the best information about current and anticipated resources.

Finally, the network of programs and providers will have to be strengthened and grow to reach the Plan goals. 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. Resources must be targeted to strengthen providers partners ability to recruit and retain staff and to expand access to resources and contracts for organizations that serve, employ and are led by historically marginalized communicates and people of color.

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

- a. Improve HMIS coverage and confidence in HMIS to be the primary method for future data tracking
- b. Consider potential to increase frequency of Point in Time Count to annual (currently biennial) so that impacts are seen more quickly
- c. Improve tracking on resources and inventory to support ongoing evaluation and reporting
- d. Regularly review system and program outcomes disaggregated by race
- e. Work to integrate RBA processes

2. Improve messaging and information availability

- a. Centralize homeless related resource information and provide regular system updates to a wide variety of partners
- b. Provide an annual plan update on progress and challenges with proposed modifications to the following year's action plan
- c. Complete a full inventory of current and anticipated resources for all key partners and identify the funding gap and strategies to fill it

3. Build infrastructure to support new and expanded programs

- a. Develop and strengthen career pathways in housing and service provider organizations
- b. Support service providers and other nonprofit organizations serving homeless populations to improve their ability to hire and retain staff
- c. Expand provider networks to incorporate historically marginalized communities and more organizations serving communities of color, and support increased capacity within these networks
- d. Ensure public and community agencies have staffing to meet expanded contracting and capacity needs
- e. Ensure behavioral health access and resources are available to smaller provider organizations

Corresponding Performance Measures

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 of 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 the system partners and especially to expansion of resources to provider organizations serving historically marginalized communities and communities of color.

7. Resources, Gaps and Allocation Plan

Today, homelessness in Alameda County is addressed through a wide variety of both homeless-targeted and general population resources from Federal, State, local specific and general funds and 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. 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 closer to \$170 million, apart from one-time COVID funds. While this is significant, it is still much lower than the roughly half billion dollars per year needed to meet the Plan targets.

Figure 6. FY 20-21 Homelessness Budget by County Department and Category

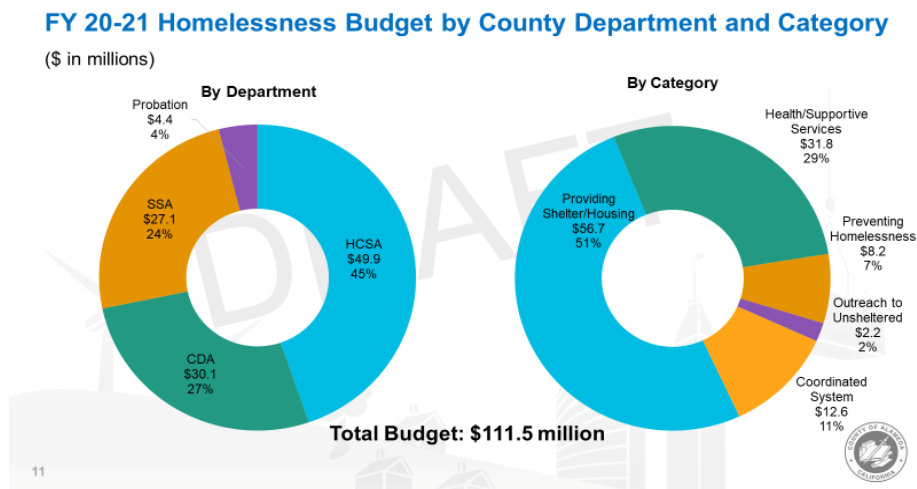
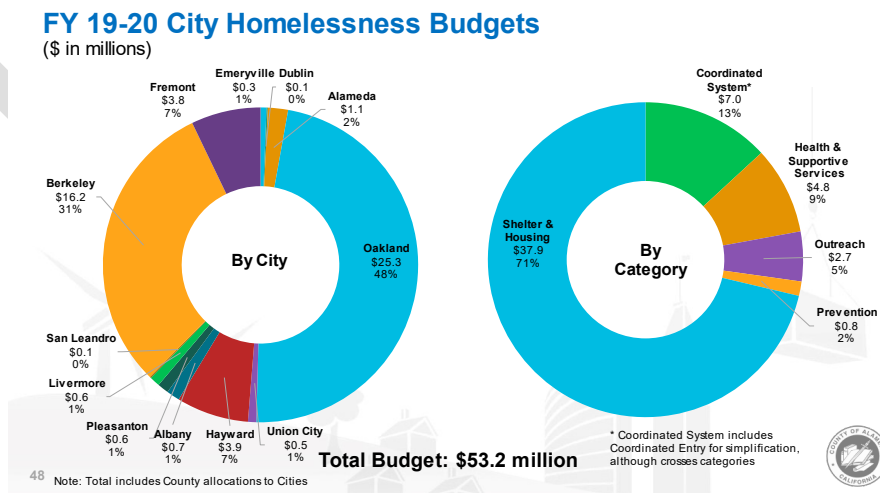


Figure 7. FY 19-20 City Homelessness Budgets



To achieve the needed expansion level will take a significant investment of new resources. Some of these are anticipated to come from anticipated increases in Federal and particularly in State resources dedicated to expanding affordable housing and ending homelessness.

With resources from a notable budget surplus, the State of California has committed to a one-time investment of more than \$12 billion in homelessness and another \$10 million in affordable housing. Alameda County and the City of Oakland both anticipate receiving a significant increase from this in funds for the HHAP, Homekey and new programs such as the Encampment Resolution Funds and Family Homelessness Challenge Grants.

These new funds will build on investments already in the pipeline 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 onetime 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 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. The investment from these programs expanded capacity for more than 1,300 people in permanent housing, just from the initial allocations through 2021.

Altogether, this unprecedented infusion 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.

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.

Because the County is a direct recipient of many funds and has the ability to support efforts throughout the entire geography, Alameda County 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 tied to the programs meeting the performance goals outlined in this Plan or that show a plan for targeted capacity for small, emerging and/or BIPOC led (and serving) agencies or 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. Once completed, the resource tracking will be incorporated as an appendix to this plan and reported on annually. The County and city partners will create action 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.

8. Tracking and Monitoring

Close tracking and monitoring of the impacts of the implementation of programs and strategies in the Home Together Plan are critical to achieving reductions in homelessness in Alameda County.

Data for these measures will be consistently disaggregated by race to enable tracking for equity impacts and improvements as well as overall system improvements.

Data sources used for these estimates include the annual Housing Inventory Count (HIC) and CoC partner inventory pipeline estimates, the Point in Time Count (PIT) and data from the Homeless Management Information System (HMIS), including Coordinated Entry.

While some of the data used for planning came from the PIT count, data from HMIS continues to improve, and will be used as the primary data source for monitoring. The PIT Count provides an additional check on the accuracy of assumptions about Alameda County's homeless population. Over the next five-years the CoC will also be focused on improving tracking of existing and pipeline housing and shelter inventory and resources, with the goal of having the ability to capture data on new units and resources as they come into the system.

The Homeless System Model will be used as a dynamic tool to continue to evaluate how conditions on the ground match modeling predictions. The CoC Board, through its subcommittees, will have a lead role in overseeing the system modeling, expanding data collection and improving data quality and consistency, evaluating and monitoring data inputs for the model as well as for reporting on local and state requirements.

Updated data measures and system modeling evaluation will be used for internal and policy guidance, to provide services that fit the needs of individuals and families experiencing homelessness, and for communicating to stakeholders. In order to streamline and make data accessible about the homeless system and the impact of the Home Together implementation Plan, public facing dashboards highlighting the system and racial equity measures above will be developed and posted to the EOH and HCSA (OHCC) websites.

9. Conclusion

The Home Together 2026 Plan is the result of bold visioning and commitment across all county stakeholders to look critically at what is happening today and 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 in who is most impacted, is not acceptable. The situation requires unprecedented coordination, commitment and investment.

To reverse the trend and make dramatic progress on reducing homelessness, Home Together 2026 adopts bold, ambitious, and measurable goals for Alameda County, 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 pathways and program models. 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 include 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.

All of these unique opportunities and challenges require continuing the level of unprecedented collaboration and coordination, building on the progress made since COVID-19 to unify the community

response and build an aligned response system. With these commitments and agreements for joint accountability we will, by 2026, be Home, Together.

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APPENDICES

- A. **Glossary of Terms**
- B. **Summary Table of System Performance Measures - *In Process***
- C. **Summary Table of Numeric Inventory Goals by Year - *In Process***
- D. **Detail on County Allocation Plan - *In Process***
- E. **System Model Methodology - *In Process***
- F. **Contributors - *In Process***

APPENDIX A. Glossary of Terms

Key Terms and Definitions

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

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 homeless system.

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

Homeless Management Information System (HMIS): A Homeless Management Information System (HMIS) is 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.

Homeless System Model: A model for the optimal homeless 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 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 Plan uses assumption 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.

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.

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

Permanent Supportive Housing (PSH): Permanent subsidies based on income and services to keep tenants in stable 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. Racism takes many forms, including:

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 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 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 Plan

BIPOC: Black, Indigenous and People of Color

CoC: Continuum of Care

CRE: [Centering Racial Equity in Homeless System Design report](#)

DHCS: California's Department of Health Care Services

EOH: EveryOne Home

HCSA: Health Care Services Agency

HHAP: Homeless, Housing Assistance 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: stands for 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

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 Veteran's Affairs

YHDP: Youth Homelessness Demonstration Program

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