
Homelessness in Alameda County

PRESS KIT



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Alameda County Health Care Services Agency

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FACTS ABOUT HOMELESSNESS IN ALAMEDA COUNTY

EveryOne Counts

EveryOne Counts is Alameda County's Point in Time Count (PITC) of persons experiencing homelessness on a single night in January. Conducted every other year, the PITC is mandated by the U.S. Department of Housing and Urban Development (HUD), which uses the data to allocate resources to communities around the country. In addition, county agencies and service providers use the data to inform planning for housing and services and advocacy for policies affecting homelessness. HUD's definition (and therefore the county's PITC) excludes persons in precarious living situations, sleeping on floors or couches of families or others, living day-to-day or week-to-week in motels or SROs, in tenuous overcrowded situations, or trading sex for shelter. Persons in these homeless situations, defined as homeless by HRSA and Department of Education, *are not represented* in these counts.

The estimated number of sheltered and unsheltered homeless persons in Alameda County on January 28, 2015.

Total number of persons experiencing homelessness in Alameda County (2015) **4,040**

Sheltered	1,643
Unsheltered	2,397

Families	985
Children only	13
Adults only	3,042

Bi-Annual Point in Time Count (2009-2015)

2009	4,341
2011	4,178
2013	4,264
2015	4,040

TOTAL NUMBER OF HOMELESS IN A YEAR

Extrapolation is used to estimate the number of people who will experience homelessness throughout the year. According to HUD, multiplying the PITC number by 2.45 produces an estimate of total persons experiencing homelessness as defined by HUD criteria. For Alameda County in 2015, that number is 9,898 people. According to study published by the Urban Institute

(2000), multiplying the PITC single night count by a low of 4.15 to a high of 5.18 can give a rough estimate of yearly prevalence of homelessness, under an expanded HRSA definition. This suggests that between 16,766 and 20,927 people experienced homelessness (as defined by HRSA) in Alameda County in 2015.

Demographic Characteristics of the Homeless Population in Alameda County

The following tables show detailed demographic characteristics of the sheltered homeless persons and estimates of unsheltered homeless persons. Just under half (44.2%) of sheltered individuals were minor children and young adults aged 18 to 24 (25.8% and 18.4%, respectively), compared to about 10% in the unsheltered population (4.9% under age 18 and 4.6% aged 18 to 24). About half of the sheltered persons were women, compared to less than one-third (29.0%) of the unsheltered population. The lower proportion of women and children in the unsheltered population reflects, in part, on an emphasis on sheltering homeless families, many of whom are single mothers with children.

			Sheltered*		Unsheltered*		Total Estimated Homeless	
			Count	%	Est.	%	Est.	%
Age Group								
Persons in All Household Types	Persons <18		424	25.8%	117	4.9%	541	13.4%
	Persons 18-24		303	18.4%	111	4.6%	414	10.2%
	Persons 25+		916	55.8%	2,169	90.5%	3,085	76.4%
	Total Persons		1,643	100.0%	2,397	100.0%	4,040	100.0%
Gender								
Persons in All Household Types	Male		804	48.9%	1,681	70.1%	2,485	61.5%
	Female		833	50.7%	696	29.0%	1,529	37.8%
	Transgender M to F		5	0.3%	21	0.9%	26	0.6%
	Transgender F to M		1	0.1%	0	0.0%	1	0.0%
	Total Persons		1,643	100.0%	2,397	100.0%	4,040	100.0%
Race/Ethnicity								
Persons in Households with at Least One Adult and One Child	African American/Black		283	59.2%	105	43.7%	388	54.0%
	Asian		9	1.9%	2	0.8%	11	1.5%
	Latino		113	23.6%	83	34.5%	196	27.3%
	Pacific Islander		11	2.3%	0	0.0%	11	1.5%
	Multiracial		21	4.4%	2	0.7%	23	3.2%
	White		41	8.6%	48	20.2%	89	12.5%
	Total		478	100.0%	240	100.0%	718	100.0%
	Persons in Adult-Only Households							
	African American/Black		443	59.5%	827	38.4%	1,270	43.8%
	American Indian		8	1.1%	37	1.7%	45	1.6%
	Asian		22	3.0%	41	1.9%	63	2.2%
	Latino		94	12.6%	154	7.1%	248	8.5%
	Pacific Islander		5	0.7%	15	0.7%	20	0.7%
	Multiracial		42	5.6%	92	4.3%	134	4.6%
	White		127	17.0%	903	41.9%	1,030	35.5%
	Missing		4	0.5%	83	3.9%	87	3.0%
	Total		745	100.0%	2,152	100.0%	2,897	100.0%

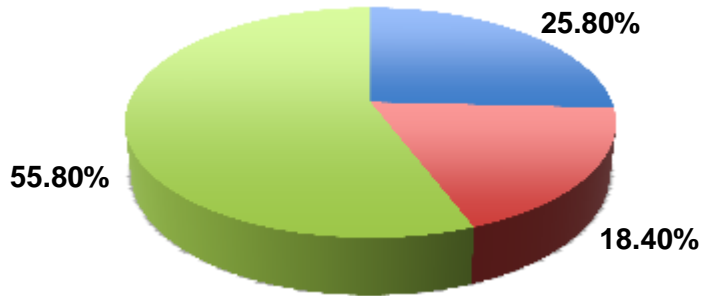
* Sheltered — People living in emergency shelters and transitional housing project

* Unsheltered — People living in a place not designed or ordinarily used as a regular sleeping accommodation

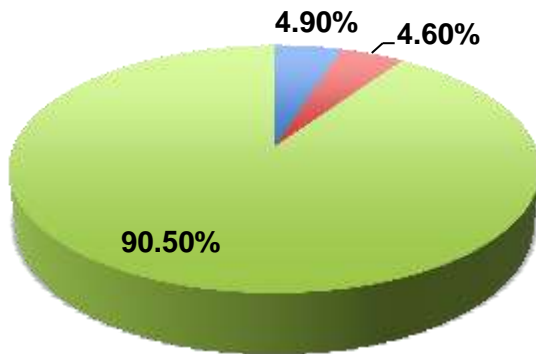
Source: Alameda County Homeless Count and Survey, 2015.

Homeless Population Estimates by Age Group

Sheltered Homeless Population



Unsheltered Homeless Population



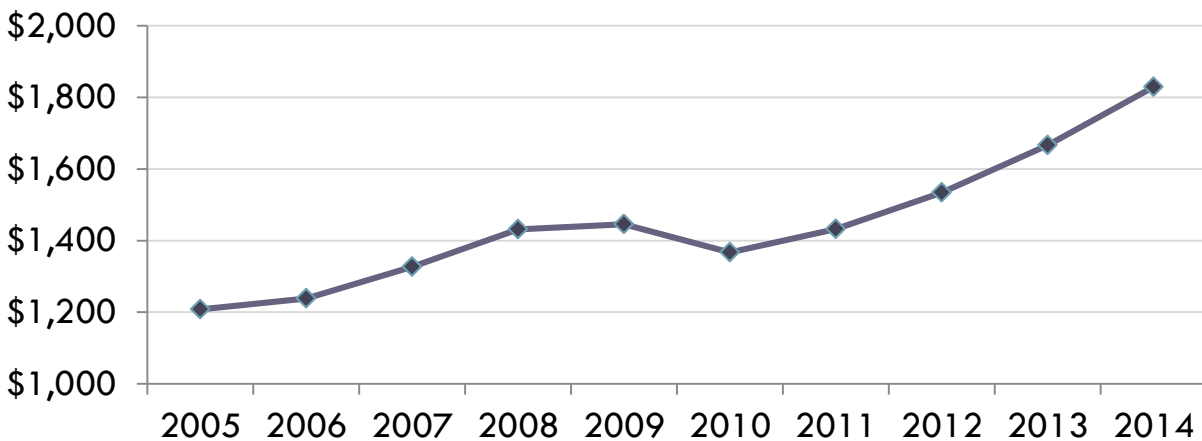
■ Persons <18 ■ Persons 18-24 ■ Persons 25+

Source: Alameda County Homeless Count and Survey, 2015.

Lack of Affordable Housing

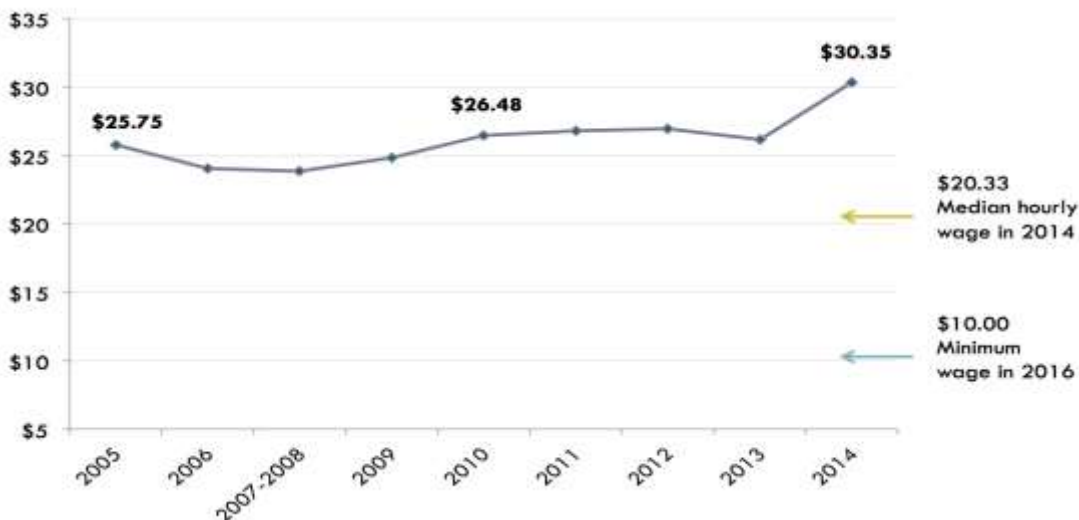
The following charts illustrate how escalating rents are pricing people out of the housing market. Average monthly rents in Alameda County increased 51% between 2005 and 2014 and 34% between 2010 and 2014. In Alameda/Contra Costa counties, the hourly wage a household must earn to afford a two-bedroom unit at Fair Market Rent has generally increased over the past decade, peaking at a \$30 hourly wage in 2014. This is 50% higher than the median hourly wage (\$20.33 in 2014) and well above the minimum wage level (\$10 in 2016).

Average Monthly Rent in Alameda County (2005-2014)



Source: ABAG with RealFacts data in "San Francisco Bay Area State of the Region, 2015" (Not adjusted for inflation.)

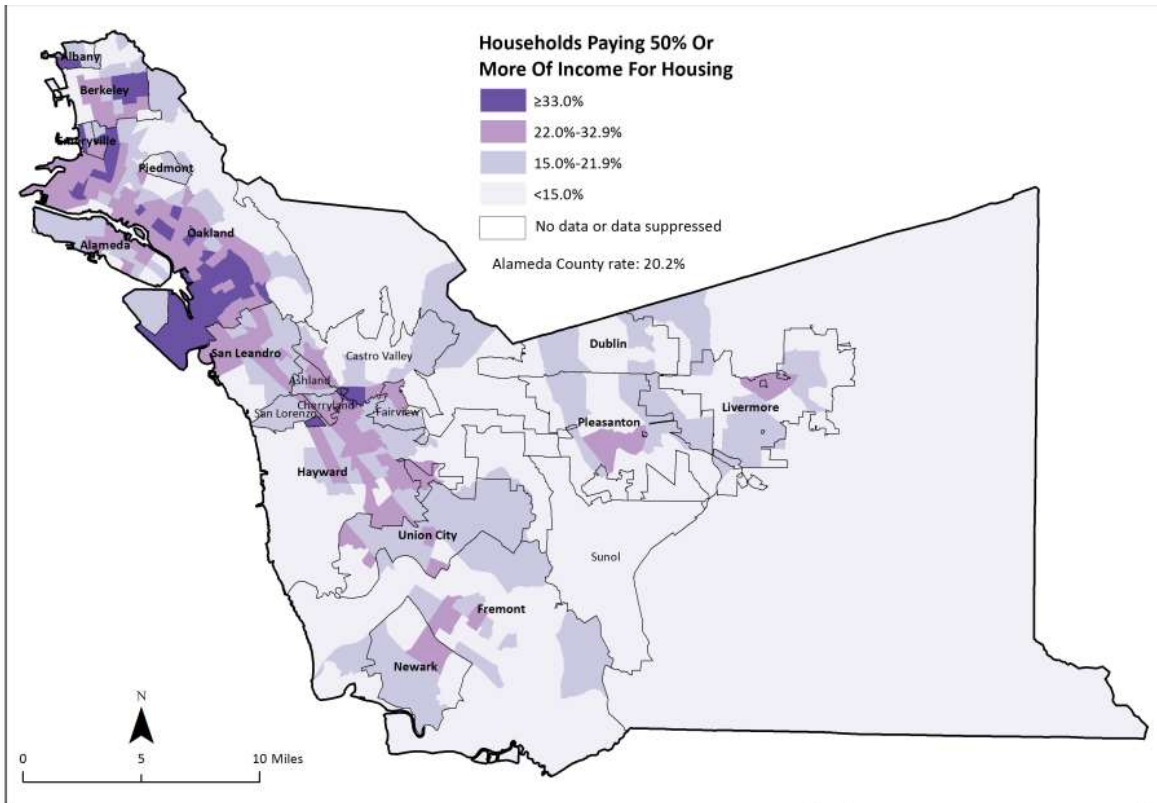
Housing Wage for 2-Bedroom Fair Market Rent — Alameda/Contra Costa Counties



Source: ABAG with Housing Wage data from National Low Income Housing Coalition in "San Francisco Bay Area State of the Region, 2015"

These changes have contributed to an increased percentage of households in the county paying 50% or more of their income for housing, putting them at a much greater risk for homelessness. The darker colors on the map correspond to higher percentages of households spending at least half of their income on housing. The chart clearly shows that the cost burden is highest in parts of West Oakland, scattered portions of East Oakland, and portions of Berkeley, Albany, Castro Valley and San Lorenzo. In 2013, there were about 108,000 households spending 50% or more of their income on housing in Alameda County for an overall rate of 20.2% (1 in 5 households).

Rates of Severe Housing Cost Burden by Census Tract



Source: CAPE, with data from American Community Survey 2013 5-year files.

Alameda County Fair Market Rents (2016)

Final FY 2016 FMRs by Unit Bedrooms

Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
\$1,380	\$1,663	\$2,103	\$2,932	\$3,268

Monthly Income for Different Groups

Income Before Taxes for a Full-Time Worker at \$15/hour = \$2,400

Average Social Security Retirement Income Nationwide = \$1,340

Maximum CalWorks Aid for a Family of 4 = \$936

Supplemental Security Income (SSI) in California = \$889.40

General Assistance (GA) Grant in Alameda County = \$336

Alameda County Area Median Income (AMI) Limits Summary & Affordable Homes Per Income Group

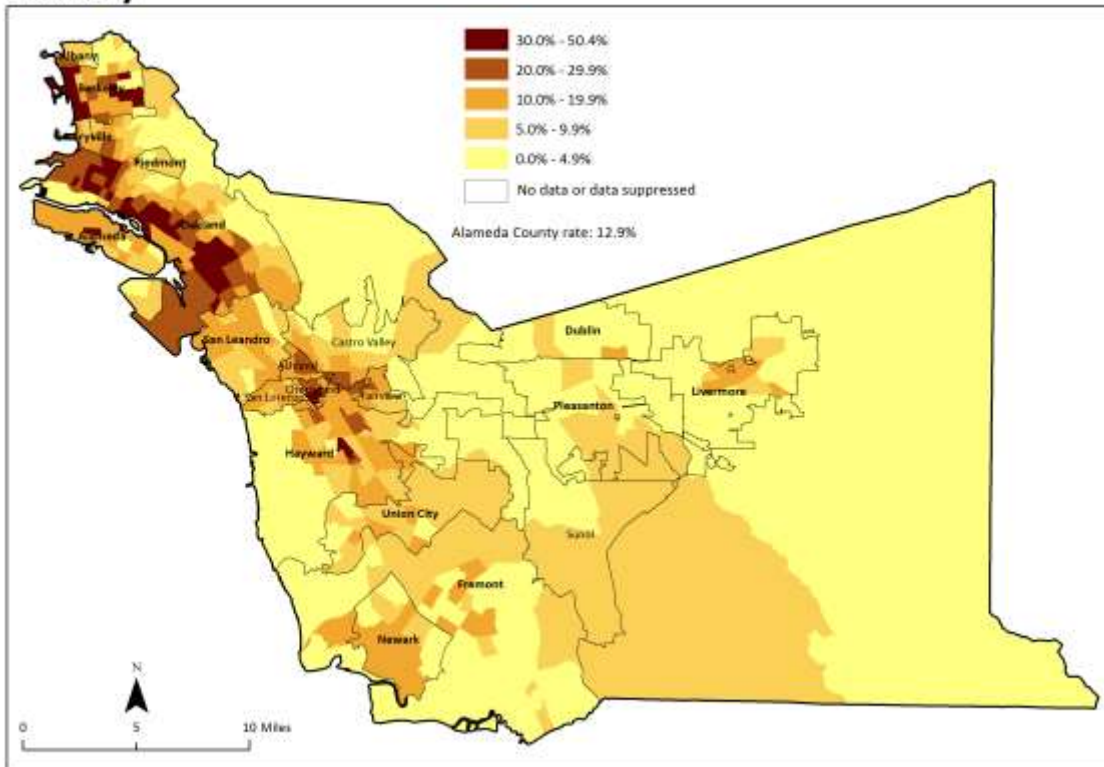
Median Income	Income Limit Category (as percent of AMI)	Persons in Family				# of Affordable Homes per 100 Households in this Income Range (Oakland-SF-Hayward)
		1	2	3	4	
\$93,600	Deeply low income (15%)	\$10,250	\$11,700	\$13,175	\$14,625	22
	Extremely Low Income (30%)	\$20,500	\$23,400	\$26,350	\$29,250	33
	Very Low Income (50%)	\$34,150	\$39,000	\$43,900	\$48,750	49
	Low Income (80%)	\$52,650	\$60,150	\$67,650	\$75,150	85

- ⇒ Alameda County has about 61,000 extremely low-income (30%) households and approximately 20,000 affordable homes for these households – an estimated shortfall of 41,000 affordable housing opportunities
- ⇒ Nearly all households (>95%) experiencing homelessness in Alameda County in 2015 had extremely low incomes (30%) or below

A Racially, Ethnically, Economically Diverse County

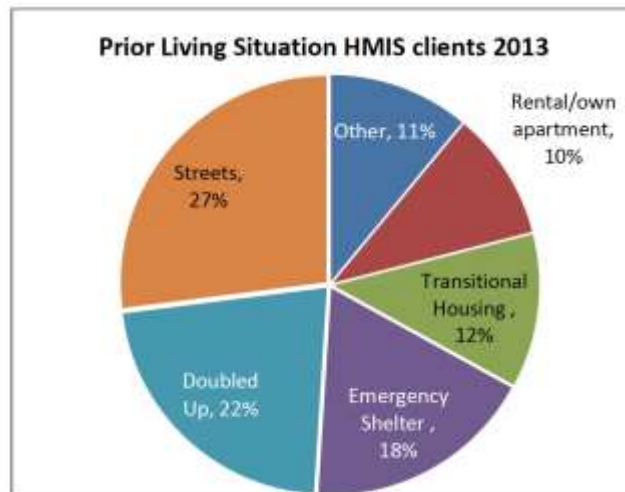
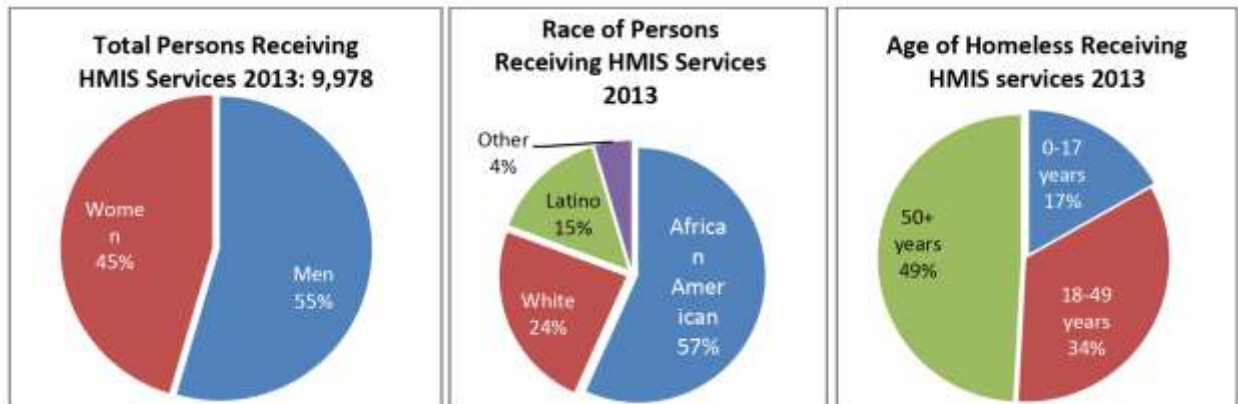
Alameda County is characterized by high levels of social and economic disparity and a high level of racial residential segregation. One in eight residents in the county live below the poverty level (one of the highest percentages in the Bay Area, according to the 2009-2013 U.S. Census American Community Survey), and 91% of the residents of very low-income neighborhoods in the county are people of color. Noted for its geographical, economic and ethnic diversity, almost two-thirds of the county's population is ethnic minorities. The most recent U.S. Census data report that non-Hispanic Whites make up 34%, Asian & Pacific Islanders 29 percent, Latinos 23 percent, Blacks 13%, and American Indians and Alaska Natives 1% of the county population. Females comprise 51% and males 49% of the population. Approximately 43% speak a language other than English at home (U.S. Census Bureau 2012).

Poverty



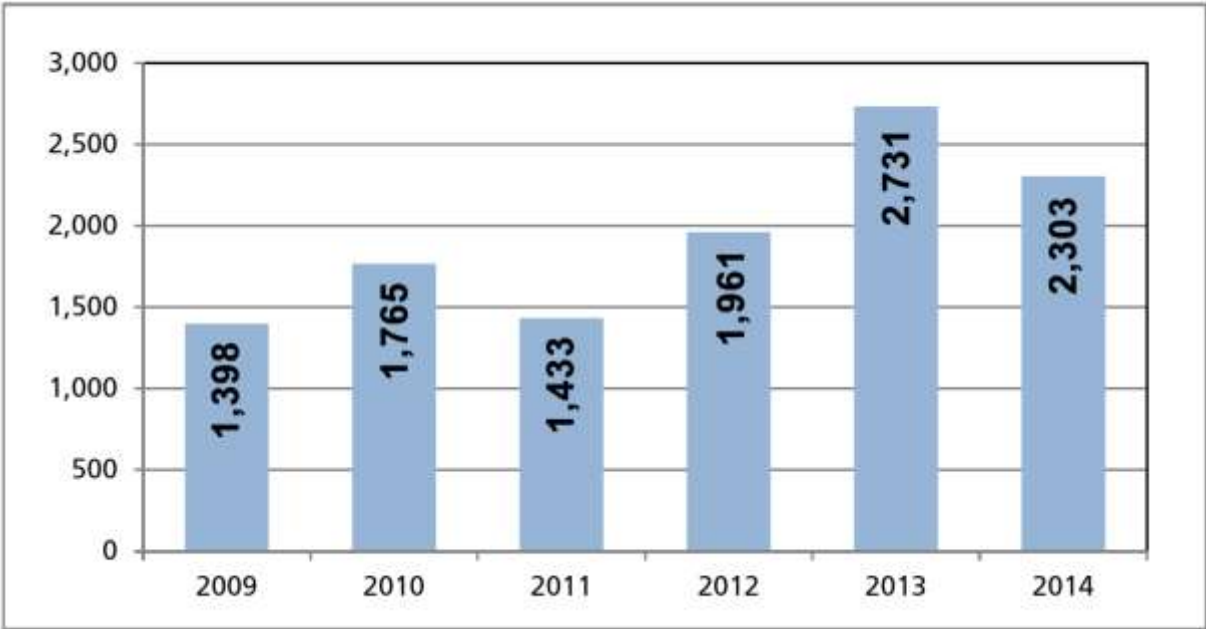
Utilization of Homeless Resources

Another way to understand the scope of homelessness in Alameda County is to look at the use of homeless services. Since 2003, Alameda County HCD has implemented a County-wide Homeless Management Information System (HMIS) as a requirement for recipients of HUD funding. Many, but not all, county homeless shelters, housing and services providers input utilization data into the HMIS.



Source: HMIS, 2014

Number of People Permanently Housed by Homeless Assistance Programs in Alameda County



Source: EveryOne Home Annual Performance Reports

HOMELESSNESS IN ALAMEDA COUNTY — **CASE STUDIES**

Not everyone experiences homelessness in the same way. They don't all come to it as a result of the same circumstances, and they don't all have the same experiences with it. Below are a few examples that represent a broad cross-section of Alameda County residents who have experienced homelessness at some point in their lives. All of these individuals are willing to speak to the media about their stories.

Jonathan A

Jonathan lives with his 18-year-old son who just graduated from High School, and his 12-year-old daughter. Jonathan and his family became homeless when he suffered a brain tumor two years ago. Since then they have lived through a lot of difficult and challenging situations. They are now staying at a family shelter in Southern Alameda County, but Jonathan still does not know where he and his family will end up living because even if he gets SSI disability, the amount he receives will not come close to being enough to pay rent in the East Bay.

Bennie W

Bennie was one of the earliest members of the Oakland Dragons motorcycle club. And while Bennie and his wife, Brenda have a home now, back in 2004, they experienced the challenge of homelessness together. Bennie has been a long-time drug user and encampment dweller.

Kimberlee B

Kimberlee became homeless as a result of living in a domestic violence situation. She soon found herself living under bridges and in van in Hayward. Kimberlee is currently housed and working with other people experiencing homelessness.

April A

April Anthony experienced homelessness for more than 18 years. She spent the majority of that time at the Albany landfill in a homeless encampment community before getting housed two years ago through the Homeless Action Center based in Berkeley. She was in temporary housing immediately once she made contact with HAC and was able to find permanent housing within a few days. April and her partner, along with her two cats, are now in stable housing situation. April is an outspoken advocate on issues of homeless civil rights and encampments.

Rosalyn C

Rosalyn has a beautiful family of four and was the first family East Oakland Community Project housed through the Oakland Front Door. The family became homeless when they experienced a loss of income. Rosalyn's husband was working at a local grocery store but had to bury his mother in Puerto Rico. He was in Puerto Rico for an extended period of time and when he returned to work, he lost his job. Lacking sufficient income to sustain housing, the family was forced to stay in their car, while going to relative's homes to shower and clean themselves up. Some of their biggest challenges were trying to secure housing on their own. They faced many road blocks from landlords who frequently rejected their housing applications. Rosalyn became depressed, her children were acting out, and her husband experienced additional trauma; being a victim of a violent crime. The turning point came when R was aggressively calling different places for family shelters, which resulted in her connecting with staff from the Oakland Family Front Door. The family was linked to community resources, including employment service and aggressive housing searches. Within four months of receiving support, the family secured permanent housing. Although they secured housing in another county, the family was thankful to have secured a place of their own that they could call home.

Stasha T

The most tragic event in Stasha's life was becoming homeless. She and her partner were on bad terms during her pregnancy, which led to a traumatic separation. Stasha recalls her and her infant son bouncing between sleeping in cars and on the floors of friends' apartments. Stasha says, "I was so stressed out. I cried all the time. I kept asking myself how I could ever find a job with a new baby, no support system, with no place to stay. I couldn't think straight."

In the middle of a California winter, Stasha reached out to several shelters for support. She says her life changed when she contacted the North Oakland Family Coordinated Access System. After more than a year of being homeless, Stasha qualified for Rapid Rehousing Support provided by North Oakland Family Coordinated Access System. "When Stasha first arrived at the "Call Center," she was anxiety-ridden and without hope," said Donneshia Anderson, Stasha's case manager. "She felt that she will never be able to provide a home for her son during her time of hardship and our area's housing crisis." Stasha said that with the support from the Call Center and Building Futures shelter staff," she began to feel a sense of worth and relief. It was difficult

adjusting to shelter living. “It took me quite a while to adjust,” recalls Stasha. “I just wasn’t used to all the rules.”

Stasha has worked hard to address the issues that led to her homelessness. She enrolled in school and was introduced to Alameda County’s AC Hire program, where she learned how to look for work, create a resume, and successfully handle a job interview. Today, Stasha is doing well and has successfully found a home with the support of case management services and Anna Garcia, Building Futures’ Housing Specialist.

“My goals are to find a job in the medical field and enjoy life,” she says. “I enjoy getting up in the morning and trying to see what I can achieve every day. My son is healthy, clean and growing in a peaceful environment.” Donneshia sums it up. “As Stasha’s sense of accomplishment builds, you can see her transform. She’s thinking, talking and acting more positively. She has flourished.”

PROPOSED \$580 MILLION **AFFORDABLE HOUSING** **GENERAL OBLIGATION BOND**

In November of this year, Alameda County residents will have a chance to make a significant contribution toward ending homelessness in their county. The \$580 million General Obligation Bond — which, if approved on June 28th by the County Board of Supervisors, is expected to be on the November ballot — will create new, affordable rental and homeowner housing units and assist existing low-income and vulnerable residents. The bond will help people struggling with housing costs; people who are homeless and other vulnerable populations in need of long-term affordable rental housing; and low- and middle-income Alameda County residents seeking to buy homes.

Specifically, funds from the bond will be used to develop and acquire housing for a broad range of populations who are facing an increasingly difficult time finding housing they can afford or affording the housing they currently have. This includes people who are homeless, low-income seniors, disabled homeowners and renters, families and working households, youth aging out of the foster care system, incarcerated individuals re-entering their communities, veterans, and low and middle-income first-time homebuyers.

Funds from the bond are allocated to both homeownership programs (\$120 million) and rental housing development programs (\$460 million). To help those with the greatest need, the County has set a

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minimum goal of at least 20 percent of the units created with rental housing development funds will be allocated to people experiencing homelessness and people who are extremely low income — below 20 percent of the area median income (AMI).

The bond authorizes a variety of activities to meet these needs, including:

- Development of new multi-family and single-family housing opportunities for rental or ownership
- Rehabilitation loans to low-income senior, disabled, and other low-income homeowners
- Down payment assistance for middle-income first-time homebuyers
- Acquisition and/or rehabilitation of existing apartment buildings

The bond was developed in response to the lack of affordable housing in the county, and with extensive community input through over 15 public meetings, including two widely publicized stakeholder meetings; eight Town Hall meetings held by the Board of Supervisors in each of the five districts across the county; and six Board of Supervisors committee meetings. These meetings were augmented by an on-line survey available to the public, as well as letters and emails submitted to the county between March and early June 2016.

The 2016 Affordable Housing Bond proposes two categories of investments (delineated below), each of which supports housing for Alameda County households at a range of income levels.

Alameda County Affordable Housing Bond	
Homeownership Programs	\$120,000,000
<i>Down Payment Assistance Loan Program</i>	<i>\$50,000,000</i>
<i>Homeownership Development Program</i>	<i>\$25,000,000</i>
<i>Home Preservation Loan Program</i>	<i>\$45,000,000</i>
Rental Housing Development Programs	\$460,000,000
<i>Affordable Rental Development</i>	<i>\$425,000,000</i>
<i>Innovations Program</i>	<i>\$35,000,000</i>
Total	\$580,000,000

Homeownership Program

- Down Payment Assistance Loan Program — to assist middle-income working households to purchase homes and stay in Alameda County, instead of having to move to outlying areas in order to afford a home.
- Homeownership Development Loan Program — to assist in the development and long-term affordability of homeownership housing for Low-Income households to become first-time homebuyers, while remaining in the County.
- Home Preservation Loan Program — to assist Low-Income Seniors, People with Disabilities, and other low-income homeowners to remain safely in their homes.

All three of these are deferred-payment loans so that there are no monthly loan payments that would add to the housing cost burden of the households served, and the funds are returned to the program when the house is sold so that they can be used to benefit other eligible homebuyers and homeowners.

Rental Housing Development Program

There are two components to the Rental Housing Development Program. The first and the largest part of that program is designed to assist in the creation and preservation of affordable rental housing for vulnerable populations, including low-income workforce housing. Funds will be distributed across the county in two ways, based on formulas that take into account different levels of need in various parts of the county, this geographic allocation model will create a minimum allocation of funds for use in each city and as well as regional funding pools that can be drawn on to support developments located anywhere in that area of the county.

The Innovations Program is a unique approach that is designed to support the ability for affordable housing developers to respond quickly to opportunities that arise in the market, to preserve and expand affordable rental housing and prevent displacement of current low-income tenants. These funds will be available on a countywide basis.

A variety of fiscal responsibility measures have been incorporated into the Housing Bond proposal including the establishment of an Independent Citizen's Oversight Committee to ensure that bond proceeds are being spent in compliance with the ballot measure.

As well, the county will evaluate programs as they are designed, implemented, and delivered, to ensure effectiveness. Information will be evaluated annually and program modifications will be made as appropriate, based on the data.

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HOMELESSNESS IN ALAMEDA COUNTY —

BACKGROUND

Tonight at least 4,000 people will experience homelessness in Alameda County. For many it will be their first time being homeless. This year, as many as 10,000 people will find themselves homeless. Of those experiencing homelessness in our county, nearly one in four are families, more than half are African American, more than a quarter are Latino, four in 10 are living in emergency shelters or other transitional housing, and 60% are living unsheltered.

Far from this being an isolated situation, our growing homeless population is part of a national crisis that reflects a lack of safe, adequate, affordable housing in most of this country's urban areas. This is particularly true here in Alameda County, where skyrocketing rents and gentrification are cutting into the area's rapidly dwindling supply of affordable housing, and are threatening the health of the region.

The good news is that Alameda County's efforts to end homelessness are among the most progressive in the country, representing a collaboration between the County Board of Supervisors, local nonprofit service providers, a wide range of county agencies, and city departments and officials. While the only thing that will end homelessness here and nationwide is increased investment in safe, adequate, and affordable housing, until then there is much that we can do and are doing to both combat and prevent homelessness.

What is Homelessness?

One of the challenges we face in addressing the homelessness crisis in Alameda County is the variety of definitions of the term homeless. Different organizations, agencies and branches of government define homelessness in slightly different ways. The U.S. Department of Housing and Urban Development's (HUD) definition of homelessness is an individual who lacks a fixed, regular, and adequate nighttime residence; or an individual who has a primary nighttime residence that is: 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); 2) an institution that provides a temporary residence for individuals intended to be institutionalized; or 3) a public or private place not designed for, or ordinarily used as, a regular

Adequate housing connects people to their jobs, schools, services, and community assets that create opportunities for good health and prosperity.

sleeping accommodation for human beings (e.g. cars, parks, abandoned buildings, or on the streets). At the same time, HUD also recognizes four categories under which people can be considered homeless. They are:

- 1) Literally homeless (by HUD's definition);
- 2) Imminent risk of homelessness;
- 3) Homeless under other federal statutes (for example, the U.S. Department of Health and Human Services (HHS) has different definitions); and
- 4) Fleeing/attempting to flee domestic violence.

For the most part, the data presented in this press kit are reflective of HUD's narrower definition of homelessness, and do not include: persons living in housing that is substandard, in need of repair, or overcrowded; persons living with relatives or friends; persons staying in a motel, including pay-by-the-week motels; persons living in a board and care, adult congregate living facility, or similar places; or persons being discharged from an institution that is required to provide or arrange housing upon release.

Why It Matters

Adequate housing connects people to their jobs, schools, services, and community assets that create opportunities for good health and prosperity. Without those connections and without the security of permanent, long-term housing, people experiencing homelessness have much higher rates of chronic diseases, mental disorders, substance use, communicable diseases and functional and behavioral impairments than the rest of the population. In fact, according to a 2016 UC San Francisco study following 350 people experiencing homelessness in Oakland, people in their 50s experiencing homelessness have more geriatric conditions than people decades older who are living in homes. In addition, a substantial body of research documents that the costs to communities of providing intensive and crisis services such as emergency rooms, medical and mental health hospitals, jails and prisons to chronically homeless people primarily because they do not have stable housing are substantially higher than providing modest housing linked to appropriate support services.

CAUSES OF HOMELESSNESS

Individual factors that push people towards homelessness include poverty, mental illness, substance use, disability, injury and illness, and family instability. But the primary cause of homelessness is a lack of affordable housing, particularly when coupled with inadequate incomes and insufficient access to social services.

Lack of Affordable Housing

In the 1980s, the federal government began a process of steadily disinvesting in safe, affordable housing nationwide. At the same time, national and global market forces combined with urban renewal and gentrification were driving down income and driving up housing costs. The safety nets put in place in the 30s as part of the New Deal and in the 60s as part of the Great Society, were eroding, with the result that homelessness reemerged throughout the United States. Without the previously available federal subsidies,

Government at all levels has underinvested in the creation of quality affordable housing, and has failed to control the price of housing, making it out of reach for many. This is particularly true in Alameda County, where the high cost of housing both increases homelessness, and is itself a barrier to preventing and ending homelessness. According to the National Low Income Housing Coalition, Alameda County is one of the 10 least affordable counties in the nation. As rents throughout the county have been rising, and the supply of affordable housing has been falling, low-income renters are increasingly finding themselves at risk of homelessness.

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In 2013, according to Alameda County Health Care for the Homeless 2014-2015 Homeless Population Needs Assessment, the county had an affordable housing shortfall of 58,480 units, meaning that there are only 36,000 low-income units available for the 100,000 neediest households in the county (60,905 extremely low-income and 40,000 very low income). From 2013-2014, only 2,000 new housing units were built countywide (almost all not affordable), while between 2010 and 2014, more than 100,000 new residents moved to Alameda County, many drawn by high tech jobs or forced out of San Francisco. Rising rents and Bay Area-wide gentrification increased the burden on low-income renters: Oakland had the highest rent

increases in the United States at 9.1% in 2014, with mean one-bedroom rents now at \$1,934, a 41% increase since 2010. 13.2% of the county population (208,413) lives below the federal poverty level. This includes 53,547 persons living on SSI (\$877/month) and 21,000 persons receiving cash assistance such as General Assistance or TANF. Recession-related foreclosures resulted in 25,000 homes lost in Oakland between 2007 and 2012, not just affecting homeowners, as 40% of persons evicted due to foreclosures were tenants.

Poverty

Homelessness and poverty are inextricably linked. And while not all poor people are at immediate risk of homelessness, poor people are frequently unable to pay for housing, food, childcare, health care, and education. Difficult choices must be made when limited resources cover only some of these necessities. It is no surprise, then, that individuals and families experiencing homelessness tend to come from communities of concentrated poverty—neighborhoods that typically have the highest rates of unemployment, poor health, crime, family violence, low educational achievement and overcrowding. In these situations, an everyday life issue that may be manageable for individuals with a higher income could end up being the final factor in forcing those in poverty onto the street. A broken down vehicle, a lack of vehicle insurance, or even unpaid tickets might be just enough to render someone homeless.

Lack of a Support Network

Many of those who are homeless were discharged from institutions (such as jails, prisons, or hospitals), recently left military service, are fleeing domestic violence, or have aged out of the foster care system (one in five homeless adults in Alameda County was in foster care or a group home when younger than 18). People facing such transitions are often without any type of support network or financial resources, putting them at considerable risk for homelessness. Another fast growing segment of those experiencing homelessness is older adults. The number of adults over 50 who have become homeless is increasing nationwide. Again, largely as a result of poverty, increasing housing costs, and unpredictable health care costs, this population is often disconnected from their support network and at the mercy of a fixed income.

Health Problems

Conditions experienced by homeless persons on the streets or in shelters often exacerbate existing health conditions, or create new ones, and complicate medical treatment plans. It has been well documented that homeless people experience health problems at rates higher than housed people. Poor diet, substance use, chronic daily stress and exposure to the elements increase displaced people's risk for complications of chronic illness and premature mortality. Health conditions requiring regular, uninterrupted treatment, such as diabetes, hypertension,

tuberculosis, HIV, addictions, and mental illness, are extremely difficult to manage without a stable residence.

A Fractured System

Alameda County is a large, diverse, and complex entity that is home to more than 1.5 million people living in 14 incorporated cities (Alameda, Albany, Berkeley, Dublin, Emeryville, Fremont, Hayward, Livermore, Newark, Oakland, Piedmont, Pleasanton, San Leandro, and Union City) and six unincorporated communities and rural areas (Ashland, Castro Valley, Cherryland, Fairview, San Lorenzo, and Sunol). And while homelessness is an issue in every part of the county, it is a bigger problem for some communities than it is for others. In addition, federal dollars from U.S. Department of Housing and Urban Development (HUD) flow to cities, rather than to counties. It's at the county level, however, that approaches to homelessness are coordinated.

Structural Racism

In Alameda County as throughout the United States, an ongoing history of discriminatory policies tied to race, ethnicity, and socioeconomic status has produced differences in access to housing resources, and opportunities for health across neighborhoods. Intentional policies and systemic conditions — mental health deinstitutionalization, discriminatory mortgage underwriting, redlining, income disparity, unemployment and underemployment, cuts to safety net and health programs, unequal school systems, tremendous growth in the penal system targeting of communities of color — have created the conditions for concentration of poverty, housing instability and homelessness especially among poor communities of color.

OUR APPROACH TO ENDING HOMELESSNESS IN ALAMEDA COUNTY

We are addressing homelessness in Alameda County through a collaboration among community stakeholders, cities and Alameda County government agencies representing three separate care systems — homeless services, public health services and mental health services — that share overlapping client populations. EveryOne Home is the coordinating body and the backbone organization that is responsible for the continuum of homeless services in Alameda County, as well as for the implementation of Alameda County’s plan to end homelessness. EveryOne Home spearheads the collaborative work in the county alongside such county agencies as Health Care for the Homeless, Department of Housing and Community Development, Behavioral Health Care Services, and many others, as well as an array of community health clinics and direct service providers. Partners include; the county Board of Supervisors, city governments, homeless service providers, affordable housing developers, landlords, and concerned citizens.

The collective knowledge, funding and expertise of the collaborative, joined with extensive input and guidance from a wide variety of community-based organizations and service consumers, yielded the Alameda Countywide Homeless and Special Needs Housing Plan, now known as the EveryOne Home plan. The plan is a regional and multifaceted response to address the social and economic issues of homelessness and housing instability that affect the county.

Like the triage desk in an Emergency Department, a Coordinated Entry System assesses those who are in need and prioritizes them for assistance.

EveryOne Home Plan

The EveryOne Home plan — which has been adopted by the County Board of Supervisors, all 14 cities in the county, and more than 70 non-profit homeless and housing providers — envisions a housing and services system that partners with consumers, families and advocates; provides appropriate services in a timely fashion to all who need them; and ensures that individuals and families are safely, supportively and permanently housed. To achieve these objectives by 2020, the plan is structured around five major goals:

- **Prevent homelessness and other housing crises.** The most effective way to end homelessness is to prevent it in the first place by making appropriate services accessible at the time they are needed.

- **Increase housing opportunities for the plan’s target populations.** Increasing affordable and supportive housing opportunities requires creative use of existing resources, developing new resources, and using effective models of housing and services.
- **Deliver flexible services to support stability and independence.** Culturally competent, coordinated support services must accompany housing.
- **Measure success and report outcomes.** Evaluating outcomes will allow systems and agencies to identify successful programs and target resources toward best practices.
- **Develop long-term leadership and build political will.** The goals of the EveryOne Home plan will only be achieved by developing a long-term leadership structure that can sustain systems change activities.

Some of the initiatives that have been implemented to achieve these goals are as follows.

Coordinated Entry System

Like the triage desk in an Emergency Department of a hospital, a Coordinated Entry System (CES) assesses those who are in need and prioritizes them for assistance, including immediate shelter and a range of longer-term housing focused programs. The advantages of the system include:

- Well publicized, easily accessible, low-barrier entry points;
- A standardized screening, intake and assessment process;
- A referral process that matches people to services to resolve their homelessness;
- Prioritization based on housing status and history, vulnerability, and service needs (not “first come, first served”);
- A shared data system among participating programs.

At this point, the CES has been implemented in two locations in Alameda County. There is a single hub that has been up and running for six months, and that coordinates most of the services designated for people experiencing homelessness in Berkeley. There is also a hub in Oakland that has been operational for seven months. By the end of 2016 or early 2017, it is expected that the CES will be implemented throughout Alameda County.

Operation Vets Home

In 2014, Michelle Obama put the issue of veteran homelessness high on her agenda, and made it a priority for any community working to end homelessness. That year, in partnership with the U.S. Department of Veterans Affairs, the administration made a

commitment to end veteran homelessness because “even one homeless veteran is a shame.”

To tackle the issue at the local level, Operation Vets Home (OVH) created a by-name list of all homeless veterans in Alameda County. Operation Vets Home is seeking assistance from additional agencies in an effort to be sure they are reaching all Veterans experiencing homelessness here, particularly those who may not be connected to a veteran specific housing assistance program like Supportive Services for Veteran Families (SSVF).

Home Stretch

Home Stretch is Alameda County’s strategy to prioritize permanent supportive housing (PSH) opportunities to homeless and disabled people with the highest needs in order to maximize the impact PSH can have in ending homelessness. Home Stretch will establish a countywide registry of people who are homeless and disabled, and a centralized process for linking high need individuals and households with PSH opportunities. In addition, Home Stretch will include housing navigation services for people prioritized for PSH in order to provide a supportive process that includes assistance obtaining necessary documentation for move-in. Home Stretch is a community partnership led by EveryOne Home and Alameda County Health Care Services Agency (HCSA) and is expected to launch July 18, 2016.

Oakland PATH (Permanent Access to Housing) Rehousing Initiative

A companion to EveryOne Home, Oakland PATH is a rental assistance program designed to provide housing placement and ongoing subsidies and supportive services to people living on the street or in emergency shelters, and people exiting foster care or the criminal justice system. Developed as a partnership between the Oakland Housing Authority, the City of Oakland, Alameda County, and multiple non- profit agencies in 2010, OPRI connects some of Oakland’s most vulnerable and at- risk households to housing and the services needed to increase housing stability and self- sufficiency.

Policy as Prevention

While the housing crisis that threatens Alameda County is devastating for people experiencing homelessness or who are at risk for homelessness, the negative consequences are much more widespread. Safe, quality, and affordable housing is one of the most basic and powerful determinants of health and wellbeing. According to a report from the Corporation for Supportive Housing (*Housing is the Best Medicine: Supportive Housing and the Social Determinants of Health*, 2014), “Supportive housing provides physical safety, protection and access to basic needs. A clean, dry, safe home reduces exposure to harsh weather, communicable diseases, infections, injury, harassment and violence; it provides a secure place to sleep and store food, clothing and medications; and it is essential to promoting personal hygiene and recuperation from illness.”

With this in mind, a just released policy brief by Alameda County Public Health Department and Behavioral Health Care Services (*Improving Housing and Health for All in Alameda County: the Opportunity is Now*, 2016) advocates housing solutions that not only provide and protect affordability at all levels of need, but also ensure habitability; protect against unfair and unjust displacement; and connect residents to the jobs, schools, services, and community resources that create the conditions for health and prosperity. Specific recommendations include:

- 1. Protect existing residents from losing their housing**
 - a. Rent stabilization
 - b. Just cause eviction
 - c. Tenant protection ordinances
 - d. Tenant counseling and legal services
 - e. Code enforcement
- 2. Repair and preserve existing housing**
 - a. Acquisition and rehabilitation
 - b. Permanent affordability
 - c. No net loss
- 3. Produce new housing for all income levels**
 - a. Prioritizing public subsidies
 - b. Coordination and leveraging of subsidies for deeper affordability
 - c. Mix-income and diverse neighborhoods
- 4. Remove barriers to housing access**
 - a. Anti-discrimination policies
 - b. Housing formerly incarcerated individuals

SERVICES AND PROVIDERS FOR PEOPLE

EXPERIENCING HOMELESSNESS IN ALAMEDA COUNTY

(This is not a complete list of agencies and organizations providing services in the county.)

Alameda County Health Care Services Agency (HCSA)

Behavioral Health Care Services

Alameda County Behavioral Health Care Services believes that there is a direct link between housing and behavioral health. Research shows that people with behavioral health issues are at great risk of becoming homeless. Currently BHCS is working on the following projects:

- Working with eight service programs to help individuals with serious mental health issues move into independent, affordable housing
- Funding the creation of 150 to 200 dedicated, affordable housing opportunities for people with serious mental illness
- Developing and implementing strategies for updating stakeholders on housing related opportunities
- Administering a homeless prevention/housing assistance fund for BHCS consumers
- Managing dedicated emergency housing beds at East Oakland Community Project (EOCP) Crossroads, BOSS South County Homeless Project (Hayward) and BOSS Harrison House (Berkeley)
- Supporting and participating in the EveryOne Home plan to end homelessness in Alameda County

Health Care for the Homeless

Alameda County Health Care for the Homeless (HCH) is a network that provides coordinated, comprehensive care to people experiencing homelessness. HCH provides primary care, specialty care, substance use recovery services, dental care, optometry, and care management. In partnership with a variety of county and community-based organizations, HCH also delivers care in mobile clinics, at the Trust Health Center, on the streets, and at health centers across Alameda County. In 2015, HCH provided 35,374 medical and social support service encounters to 9,301 homeless people throughout Alameda County.

Trust Health Center

Opened in November 2015, the Trust Health Center is a partnership between the County and Lifelong Medical Care designed to be especially welcoming to clients with chronic housing issues. Many people who are homeless are disabled, but have been unable to navigate the system of medical and financial documentation needed to get the benefits they are eligible for. The health center is organized so that every client/patient has a health coach as their primary advocate and guide within the clinic. Referrals come from housing service organizations of clients they believe are disabled, but not receiving benefits, and Trust focuses on helping those individuals get comprehensive health assessments, necessary health care, help getting federal disability and other benefits, and resources to stabilize their lives including, housing case management. Over 200 individuals are currently receiving care and services through Trust.

Mobile Health Vans

Mobile Health provides urgent care, brief social work assessments, and referrals to community resources while visiting shelters, meal programs, and other accessible locations in the community. Staff from Alameda Health System and Health Care for the Homeless include a medical provider, medical assistant, social worker, registration clerk, and van driver who work together to provide friendly and accessible care to those who need it most, as well as linkages to ongoing primary care at Alameda Health System or other community clinics. Services are provided free of charge to people experiencing homelessness on a first-come-first-served basis.

Street Medicine

Through a contract with Roots Community Health Center in North County and Abode/TriCity Health Center in South County, the county provides medical treatment and outreach services to chronically ill homeless people who face barriers to getting care, including a lack of transportation and mistrust of health care providers. A backpack doctor, outreach workers and housing specialists go out to encampments and shelters to find people with medical issues. People who may have refused help when they were well may accept it

The lack of opportunities for good health in some Alameda County neighborhoods is rooted in persistent injustices shaped by a legacy of racism, segregation, widespread disinvestment in communities of color, and exclusion of people of color from decision-making venues.

when they are ill. The program uses on-site medical care as a way to build trusting relationships and as a vehicle to deliver outreach, benefits enrollment, linkage to services and treatment, and medical care to homeless individuals.

Dental Care

Persons experiencing homelessness suffer disproportionately from dental neglect that leads to unsightly missing teeth which gives them trouble eating and digesting nutritious food. They also suffer from untreated oral infections that lead to systemic illness. Poor oral health deeply affects a person's physical and spiritual health and chronic physical and mental conditions such as diabetes, heart disease and depression are exacerbated by poor oral health. HCH provides dental services by contractors Onsite Dental Foundation and La Clinica Dental. Persons experiencing homelessness can also access urgent care dental services at Highland Hospital Dental Clinic and other safety net clinics throughout Alameda County.

Place Matters

Where we live, our race, and our income shape how long we live. The lack of opportunities for good health in some Alameda County neighborhoods is rooted in persistent injustices shaped by a legacy of racism, segregation, widespread disinvestment in communities of color, and exclusion of people of color from decision-making venues. The Alameda County Place Matters Team recognizes that our environment – social, economic, political, built – shapes us, and works to shape policy to provide for equity in: education, economics, criminal justice, housing, land use, and transportation.

Alameda County Housing and Community Development Department

The Alameda County Housing and Community Development Department (HCD) plays a lead role in the development of housing and programs to serve the county's low- and moderate-income households, homeless, and disabled populations. HCD provides services through a wide-array of programs.

Shelter Plus Care Programs

HCD's Shelter Plus Care (S+C) programs provide on-going rental assistance accompanied by community-provided support services to homeless families and individuals disabled by serious mental illness, chronic alcohol and drug problems, and/or HIV and related disorders. Components include tenant-based, sponsor-based, and project-based assistance. The program serves more than 566 households countywide.

Supportive Housing Program Projects

HCD's SHP programs provide affordable housing operating subsidies and support services for homeless individuals and families. SHP programs include: Lorenzo Creek (based in Castro Valley); Spirit of Hope (located at the Alameda Naval Air Station); and Alameda Point Permanent Housing (located at Alameda Point).

SHP Transitional Housing Programs

Transitional Housing is housing where program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of homeless individuals and families into permanent housing within 24 months or less. HCD's transitional housing programs provide affordable housing and support services to assist homeless individuals and families make the transition to permanent housing. Transitional Housing services through HCD are provided by Banyan House Transitional Housing.

Homeless Emergency Shelters

Homeless emergency shelters are safe, temporary housing that is designed to provide an opportunity to connect people experience homelessness with housing service providers to develop a plan for regaining permanent housing. HCD's Emergency Solutions Grant provides funds for staffing and support services in emergency shelters serving the five small cities and the unincorporated areas of the county. In addition, HCD provides annual funding for cold weather winter relief in North County in partnership with the cities of Oakland, Berkeley, Emeryville and

Albany, and in South County in partnership with the City of Fremont through a contract with Abode Services.

Rapid Re-housing Programs

Rapid Re-housing programs provide move-in assistance, short-term rental subsidies, and connection to support services to quickly transition homeless households to a permanent housing solution. Rapid Re-housing programs assist clients by identifying barriers to housing stability and linking them with services to address those barriers while the household is permanently housed. Programs involved in Rapid Re-housing include the following:

- **Southern Alameda County Housing/Jobs Linkages Program:** This seven-agency collaborative program, led by HCD, provides transitional housing subsidies on permanent housing units, job preparation and placement, case management and other support services to homeless families throughout Mid, South and Eastern Alameda County. The program serves approximately 80 families at a time. Partners include Abode Services, FESCO, ESP, Building Futures with Women and Children, SAVE, and Tri-Valley Haven.
- **Realignment Housing Program:** In partnership with Alameda County's Probation Department, Social Services Agency, and three community-based organizations, HCD's Realignment Housing Program provides a range of supports to people on Probation supervision under Criminal Justice Realignment. The goal is to assist participants to secure long-term stable housing that they can afford to retain. The program provides immediate assistance to participants who are homeless or at risk.
- **Emergency Solutions Grant (ESG):** HCD funds community-based organizations to provide emergency shelter and rapid re-housing services to the "Urban County" (Berkeley Food and Housing Project, Family Emergency Shelter Coalition and Abode Services). Services are provided to the cities of Albany, Emeryville, Dublin, Newark, Piedmont and the unincorporated county.
- **Winter Relief:** HCD funds a rapid re-housing program in conjunction with the North County Winter Shelter program and in place of a previous South County Winter relief program.
- **CalWORKs Housing Support (HSP):** HCD, in partnership with Social Services Agency, funds a rapid re-housing program for homeless CalWORKs families.

Homeless Prevention

Homelessness Prevention provides a broad spectrum of financial assistance to re-stabilize households at risk of losing their permanent housing until the crisis is resolved. Provides connections to other mainstream resources to maintain stability.

Homeless Management Information System (HMIS) and Resource Development

The HMIS is a database used to record, analyze, and transmit client and activity data in regard to the provision of shelter, housing, and services to individuals and families who are experiencing homeless or at risk of experiencing homelessness. **The** HMIS database captures data from more than 45 community agencies providing support to those who are homeless or at risk of homelessness. The database was implemented in 2005 and currently houses records for more than 44,000 individuals served throughout the County.

In addition to managing the countywide HMIS, HCD is the Collaborative Applicant for the annual application to the U.S. Department of Housing and Urban Development for Homeless Continuum of Care funding (approximately \$28 million annually).

Representative Community-Based Clinics and Direct Service Organizations

Lifelong Medical Care — www.lifelongmedical.org

LifeLong Medical Care recognizes housing as a core health issue and together with community partners has developed a robust permanent supportive housing program to improve the quality of life for homeless adults. The LifeLong Supportive Housing Program (SHP) brings health and social services into subsidized affordable housing so that tenants with histories of homelessness can achieve housing stability and improve their quality of life. The Supportive Housing Program offers services to nearly 600 tenants at ten different housing sites within Alameda County, as well as to residents living in individual subsidized units scattered throughout the County.

Oakland PATH (Permanent Access to Housing) Rehousing Initiative

A rental assistance program designed to provide housing placement and ongoing subsidies and supportive services to people living on the street or in emergency shelters, and people exiting foster care or the criminal justice system. Developed as a partnership between the Oakland Housing Authority, the City of Oakland, Alameda County, and multiple non-profit agencies in 2010, OPRI connects some of Oakland's most vulnerable and at-risk households to housing and the services needed to increase housing stability and self-sufficiency.

Building Futures — www.bfwc.org

Building Futures focuses its homeless services and programs on the women and children who make up an increasing proportion of the homeless population in Alameda County. We operate two emergency shelters for homeless women and children, the 30-bed [San Leandro Shelter](#) and the 25-bed [Midway Shelter](#) in Alameda, with case management and other support services to assist women in resolving housing barriers and in finding permanent solutions to their homelessness.

More than 60 percent of the women in Building Futures' homeless shelters have experienced family violence, the primary reason for homelessness for women, at some point in their lives. Those in the most immediate danger are referred to [Sister Me Home](#), our safe house shelter, or other domestic violence shelters.

Each year Building Futures assists more than 700 women and children move from homelessness to housing. Several hundred more women and children are served through our 24-hour crisis line, domestic violence outreach services, and our Housing Assistance Programs.

First Place for Youth — www.firstplaceforyouth.org

Young people transitioning out of foster care are among the most vulnerable of populations when it comes to homelessness. Without the support network of a stable family typically foster youth turn 18 and have nowhere to go and nobody to turn to for help. Study after study shows that more than one in three foster youth experience homelessness. First Place for Youth is a nationally-recognized model that foster youth in finding a safe place to live, get their first job, and keep going in school. A statewide organization based in Oakland, First Place for Youth is the primary direct services organization providing housing for foster youth to prevent them from ending up homeless.

East Oakland Community Project — www.eocp.net

East Oakland Community Project (EOCP) provides emergency and transitional housing in Alameda County. Their state of the art emergency housing facility, [Crossroads](#) provides dignified accommodations and holistic services to homeless people, including individuals battling HIV/AIDS. Since 1990, more than 16,000 of Alameda County's homeless have benefited from EOCP's services. In addition to emergency housing, EOCP operates three transitional housing programs. [Our House](#) offers a safe home and support services for homeless young adults. [Matilda Cleveland](#) is a 14-unit congregate living complex that gives single parent families a stable home environment with extensive resources for regaining their foothold. [Families in Transition](#) program assists homeless families living in 10 residential units scattered throughout Oakland.

MYTHS ABOUT HOMELESSNESS

Homelessness is usually a long-term condition.

The most common length of time that someone experiences homelessness is one or two days, and half the people who enter the homeless shelter system will leave within 30 days, never to return. Long-term homelessness is relatively rare.

Most people who are experiencing homelessness live on the streets or sleep in shelters.

Experiencing homelessness is not always the same thing as living on the street or in a shelter. Homelessness can be someone living in their car; it can be families “doubling up” in an apartment, or couch surfing; or it can be individuals or families living in SROs (single occupancy rooms) or even short term stays in motels.

Most people who are experiencing homelessness are mentally ill.

Only about 25% of those experiencing homelessness are also facing mental health issues, and only a tiny percentage of those actually need long-term hospitalization. The vast majority are capable of self-sufficiency once they have access to adequate and safe housing, proper health care and support.

Most people who are experiencing homelessness are addicted to drugs or alcohol.

Not true. According to the U.S. Department of Housing and Urban Development’s 2015 Annual Homeless Assessment Report, one quarter of all homeless are children, a third are under the age of 24, and nearly 40 percent are families with children.

Establishing services for people who are experiencing homelessness will cause homeless people from all around to migrate to a city.

The idea that people experiencing homelessness flock to cities with an abundance of services is not a new one. The reality, however, is that the majority of people experiencing homelessness in a city are from that city.

Most people who are experiencing homelessness are single men.

There is no single face of homelessness. While many people experiencing homelessness are single adults, the fastest growing segment of the homeless population is families.

Most people who are experiencing homelessness don't work.

The majority of people experiencing homelessness are the working poor; people who are just scraping by, but then, when faced with even a minor life issue (a broken down vehicle, medical expenses, or even a parking ticket) slip over the line into an episode of homelessness.

Shelters are a humane solution for the problem of homelessness.

Emergency, short-term shelters are used by a wide variety of poor people with temporary housing crises, including those avoiding family conflicts, leaving prison or transitioning from substance-abuse treatment. And while emergency shelters can be literal lifesavers in some instances, they are only a temporary solution. The only real and humane solution to the problem of homelessness is a permanent home.

Homeless individuals are fine with being homeless.

Seeing yourself as homeless, even if you are living out of your car and have been for some time, is difficult for most people. People who experience homelessness do not do so willingly. There is a tremendous amount of invisibility and loss of dignity that many people experiencing homelessness feel.

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