2018 Strategic Update

EveryOneHome

Plan to End Homelessness

Alameda County, CA

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Executive Summary

Our Goal

Right now, in Alameda County, approximately 5,600 people experience homelessness on any given night. Over the next five years we aim to reduce that number to less than 2,200 people. If we achieve this goal no one will have to sleep outside.

This strategic update to the *EveryOne Home Plan to End Homelessness* asks for all of us to act with renewed urgency in our efforts. Every year, more than 12,000 people experience an episode of homelessness in Alameda County. The number has increased dramatically in recent years, and most are unsheltered. For some homelessness may only last a few weeks, but, for more than half it will last a year or longer.

Our current housing crisis response system cannot meet the growing need. For every 2 people who become homeless for the first time in Alameda County, only one person returns to a permanent home. Service providers help at least 1,500 people return to permanent housing every year, yet there are 3,000 people becoming homeless for the first time. At this rate, homelessness could increase by 1,500 people per year.

Homelessness is a stark symptom of inequality and visible evidence of structural discrimination. African-Americans are 11% of the population of Alameda County however they represent 49% of the people experiencing homelessness. Communities of color, low-income households, people with disabilities, LGBTQ individuals, and survivors of violence and trauma, all experience homelessness at higher rates and face greater barriers to housing stability. Our response must redress, not perpetuate those inequalities.

To tackle these problems we need to aggressively pursue strategies that prevent people from becoming homeless, expand affordable housing, offer critical interventions that ensure the safety and dignity of people living without housing, and urgently reduce homelessness in our most impacted and vulnerable communities.

Homes end homelessness. While this plan supports short-term interventions—such as shelter, safe parking, outreach, and hygiene stations—the goal is not more shelter, it is fewer people needing shelter. Above all, this plan calls for ending homelessness by preventing it before it starts and expanding permanent, affordable housing.

Our goal is ambitious. We will not change the trajectory of homelessness with the current pace and scale of our response. It will take bold, coordinated action and significant investment to reduce the number of people becoming homeless and increase the number of people returning home.

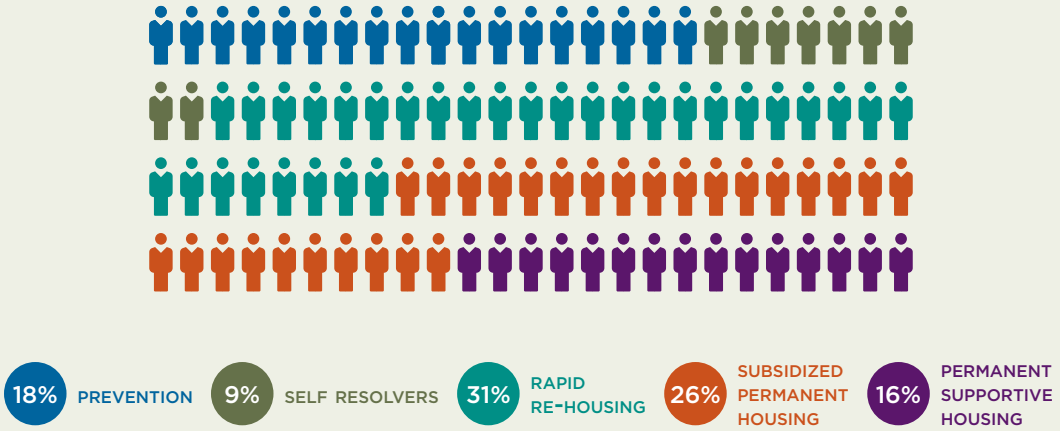
THE PROBLEM

For every 2 people who become homeless for the first time in Alameda County, only one person returns to permanent housing. If these rates continue, homelessness will increase by 1,500 people per year.

Sources: HUD System Performance Measures, 2017; Point in Time Count, 2017; HMIS Annual Performance Report Data, 2017. Values have been rounded to the nearest hundred.

THE SOLUTIONS

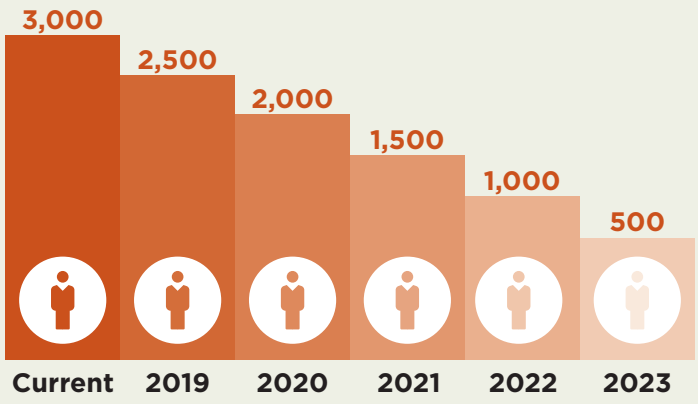
We know what works to end homelessness. This plan answers the question of what it will take to bring these solutions to scale. It outlines effective housing interventions and determines how much we will need of each to achieve our goal.



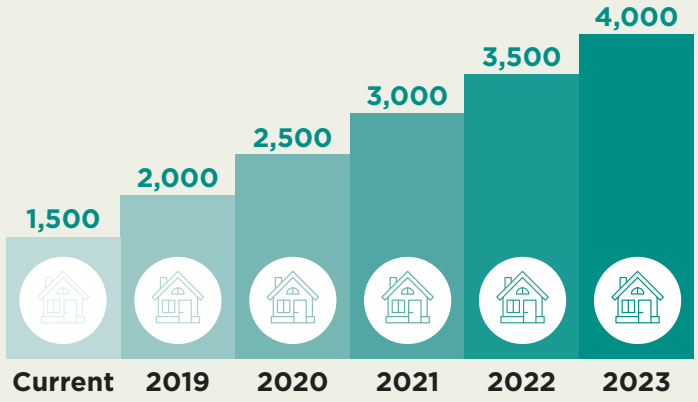
Sources: Alameda County Point-In-Time Count, 2017; HMIS Annual Performance Reports, 2017.

OUR FIVE-YEAR TARGETS

1 Every year for the next five years, reduce the number of people becoming homeless by 500, until 500 or fewer people become homeless in 2023.



2 Every year for the next five years, increase the number of people returning to permanent homes by 500, until 4,000 or more people move out of homelessness in 2023.



REACHING OUR GOALS: OUR COMMUNITIES

By targeting our efforts, it is possible to end homelessness for highly impacted and vulnerable communities in Alameda County. This requires focusing on the racial disparities and structural inequalities that lead to homelessness and a commitment to delivering equitable results.

- **End unsheltered family homelessness by December 2019 and all family homelessness by the end of 2023**
- **End chronic homelessness among veterans by March 2020 and all veteran homelessness by December 2021**
- **End chronic homelessness among older adults by December 2020**
- **Reduce chronic homelessness among persons with serious mental illness by 30% by December 2021**
- **Reduce all chronic homelessness by 50% by 2023**
- **Develop an action plan for youth in 2019**
- **Ensure safe access to permanent housing for people experiencing domestic violence, human trafficking, and sexual assault**

PROPOSED STRATEGIES

This plan embraces four broad strategies that, together, will bring the necessary capacity, investment, partnership, and collective impact to achieve our goal.

Expand Capacity

Our system needs to significantly expand capacity in several areas. To prevent homelessness, we must expand to be able to assist 2,500 individuals and families per year with temporary financial assistance and legal support. To house more people, we must add 2,800 units of permanent supportive housing and another 4,000 subsidized permanent housing units dedicated to extremely low-income people experiencing homelessness. We must also expand street outreach and other services to the unsheltered, which includes stabilizing existing shelters and increasing the number of shelter beds. This is important in the first years of the plan, until more permanent housing is available.

Increase Investment

Expanding capacity requires shifting or identifying new sources of financial investment from all levels of government. The plan estimates an additional $228 million per year is needed to achieve and sustain the results envisioned. A dedicated local funding stream would support a scaled response, keeping people in their homes and creating opportunities for deeply affordable housing. Advocacy with state and federal policymakers for additional resources is ongoing, but it must not hold up or take the place of local investment.

Build Stronger Partnerships

Engaging the leadership and expertise of people experiencing homelessness in governance, policy, planning, and service delivery is essential to our success. This strategy includes expanding employment opportunities and career development within our system as well as ensuring that decision making bodies include those most impacted by the choices being made.

Align Public Policies

Local policymakers can advance policies to reduce homelessness, such as protecting renters, increasing affordable housing for homeless and extremely low-income households, protecting the dignity, health and safety of those forced to live on the streets, and counteracting the disparate racial impacts of housing policies.

PROPOSED ACTIONS

We will reach our goal if everyone in Alameda County agrees to take bold action, whenever and wherever possible. This plan outlines a range of actions that can be tailored to local communities. Actions that address major barriers to housing, are designed with a racial equity lens, and honor the dignity and safety of all community residents, especially those living without housing, will have the greatest impact.

Prevent People from Becoming Homeless:

- Adopt policies to keep renters in their homes
- Increase the availability of flexible temporary financial assistance
- Increase connection to income and benefits

Protect the Dignity of People Experiencing Homelessness:

- Repeal or stop enforcing policies that criminalize homelessness
- Develop a humane and consistent response to the needs of unsheltered people
- Evaluate access to and outcomes of the Housing Crisis Response System
- Engage the leadership of people experiencing homelessness
- Provide services for health and sanitation
- Expand language accessibility to the Housing Crisis Response System
- Expand, coordinate, and enhance street outreach
- Stabilize existing shelter capacity and provide additional shelter/safe spaces

Expand Housing Opportunities:

- Use land for housing efficiently
- Meet Inclusionary Zoning policies and Housing Plan targets
- Expedite the development of affordable housing
- Establish a dedicated revenue stream for housing operations and services
- Prioritize the most vulnerable for affordable housing
- Expand landlord partners
- Increase permanent supportive housing
- Increase stock of and accessibility to alternative housing opportunities
- Expand supportive services to help people stay housed

CAPACITY INVESTMENT PARTNERSHIPS POLICY

1. Introduction

Over 12,000 people each year experience an episode of homelessness in Alameda County. For some that episode will be brief, lasting only weeks, but for more than half, their homelessness lasts a year or longer. Between 2015 and 2017, the number of people experiencing homelessness on a given night in Alameda County increased 39% to 5,629; nearly 4,000 of whom were unsheltered. The current pace and scale of our response to homelessness is inadequate to change the trajectory of this growing problem.

In response to the growing homelessness crisis, the *EveryOne Home Plan to End Homelessness: 2018 Strategic Update (Strategic Update)* calls on all of us, policy makers, funders, providers, housing developers, concerned residents, advocates, to act with renewed urgency. It recommends strategies and actions to reduce the number of people experiencing homelessness on a given night so that no one will have to sleep outside.

The *Strategic Update* examines the evolving realities of homelessness and the resources needed to address it. It builds upon the original countywide plan to end homelessness, adopted in 2007 by the Board of Supervisors and all 14 cities in Alameda County.

The original plan focused on five areas:

>> Prevent homelessness and other housing crises;

>> Increase housing opportunities for the plan's target populations;

>> Deliver flexible services to support stability and independence;

>> Measure success and report outcomes;

>> Develop long-term leadership and political will.

These focus areas remain relevant today with the *Strategic Update* continuing to prioritize homelessness prevention and affordable housing development, including permanent supportive housing. Homelessness will not come to an end without decreasing the number of people becoming homeless and ensuring access to affordable, permanent homes.

The *Strategic Update* advocates for long-term strategies and immediate solutions to ensure those currently experiencing homelessness are safe and treated with dignity. Stronger partnerships with those experiencing or at risk of homelessness are essential to designing these strategies and delivering effective solutions. Increases in services and shelter beds create more humane conditions during homelessness, but will not reduce the number of people experiencing it. The goal is not more shelters, but fewer people needing shelter.

The *Strategic Update* outlines ways we can work towards a dual goal of racial justice and housing justice given the racial disparities in Alameda County's homeless population. African Americans are overrepresented, constituting 49% of the homeless and only 11% of the general population. Underpinning this disparity are historical inequities in housing policies and practices, segregation, discriminatory laws and enforcement, and restricted economic opportunities. Low-income households, people with disabilities, including serious mental illness, LGBTQ individuals, and survivors of violence and trauma, all experience homelessness at higher rates and face greater barriers to housing stability. An effective response to homelessness must redress, not perpetuate those inequalities.

The EveryOne Home Plan to End Homelessness: 2018 Strategic Update is the product of a year-long community process that included 25 key stakeholder interviews, six focus groups with 70 people currently experiencing homelessness, multiple community forums with over 200 hundred participants, and a review of best practices and plans from communities with similar homeless populations and housing markets. It is informed by data from countywide Point-In-Time Homeless Counts, homeless housing and services inventories, and the Homeless Management Information System (HMIS). The EveryOne Home Leadership Board wishes to thank all who contributed.

The ambitious targets and strategies proposed in this *Strategic Update* will take bold, coordinated action to reduce the number of people becoming homeless each year and increase the number of people returning to a home.

2. A Snapshot of Homelessness in Alameda County

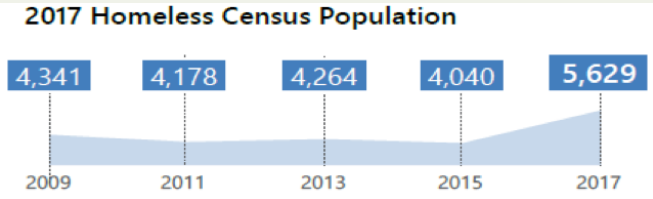


Figure 1: Homeless population over time in Alameda County
Source: Alameda County Homeless Point in Time Count 2009–2017

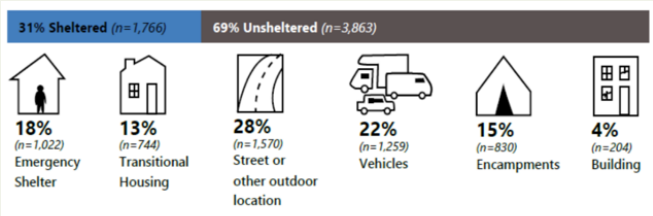


Figure 2: Sleeping Locations Among Sheltered and Unsheltered
Source: Alameda County Homeless Point in Time Count, 2017

On January 30, 2017, volunteers and homeless guides canvased every census tract in Alameda County and counted 3,863 people sleeping in vehicles, tents, abandoned buildings, parks, and other places not meant for people to live. Another 1,766 people spent that night sheltered in emergency shelters and transitional housing.

In total the Point-In-Time Homeless Count documented 5,629 individuals experiencing homelessness that night, a dramatic increase from the 2015 Count. Over two thirds (69%) of the people counted were unsheltered. In the weeks following the canvassing, 1,228 homeless individuals (sheltered and unsheltered) were surveyed to learn more about their experience and characteristics.[1] We learned:

More people are becoming homeless and staying homeless.

>> 39% of respondents said that this was their first time homeless. Of those, 58% said they had been homeless for a year or longer.

Economic insecurity creates homelessness.

>> 57% cited money issues as the primary event or condition that led to their homelessness. Only 12% cited mental health and substance abuse.

The population of people without homes reflects major racial disparities, with African Americans particularly overrepresented in the homeless population.

>> 49% identified as Black or African American compared to 11% of the County's overall population.

>> 3% identified as American Indian or Alaska Native compared with 1% of the County's overall population.

The majority of those experiencing homelessness are our neighbors.

>> 82% are from Alameda County, with 57% having lived here for ten years or more.

Health conditions impact people's income and access to housing.

>> 47% self-report a health condition that impairs their ability to work or maintain housing.

>> 41% identify as having a psychiatric or emotional condition.[2]

>> 18% identify having three or more disabling health conditions.

Homelessness is not a choice.

>> 98% said they were interested in independent, affordable rental housing or housing with supportive services.

3. How did we get here?

The disturbing growth in homelessness impacts us all. It is a stark symptom of multiple, interrelated dynamics in our economic and social fabric that have grown worse in recent years. Dire shortages of affordable housing, neighborhood gentrification, increasing disparities of income and wealth, deinstitutionalization, and an inadequate social safety net all contribute. Historical practices of stigmatization and racial discrimination leave

1 Applied Survey Research., Aspire Consulting LLC., & EveryOne Home. (2017). Alameda County 2017 Homeless Census & Survey Comprehensive Report (Rep.). (2017). Retrieved from http://everyonehome.org/wp-content/uploads/2016/02/2017-Alameda-County-8.1-2.pdf
2 According to NAMI, estimating using self-reported numbers may under represent the actual prevalence of serious mental illness in the population

marginalized populations the most vulnerable to experiencing homelessness.

California and Alameda County face serve shortages of rental housing, exacerbated by the high cost of development.

>> California now faces a shortage of 3.4 million homes, including 1 million homes for extremely low-income households, the group most at-risk of experiencing homelessness.[3]

>> Alameda County has only 28,000 units affordable to the 71,000 extremely low-income renters— a 44,000-unit gap.[4]

>> The UC Berkeley Terner Center for Housing Innovations estimated that a 100-unit affordable housing project in California costs almost $425,000 per unit in 2016.[5] Those costs continue to rise.

High development and operating costs, inadequate housing stock, and increasing demand contribute to out of reach rents for the lowest income renters.

>> More than 3 million Californians find themselves "cost burdened," meaning that they spend more than 1/3 of their gross income on housing expenses.[6]

>> Oakland is now the 5th most expensive rental market in the nation and the market with the 2nd steepest increase in median rent over the last five years, up 51% since 2012. [7]

Longstanding discriminatory housing policies, such as exclusionary zoning and federal underwriting standards that favored whites, continue to reverberate today, contributing to displacement, housing instability, and higher rates of homelessness among African Americans.

>> Between 1990 and 2011, the proportion of African Americans in all Oakland neighborhoods decreased by nearly 40%. Furthermore, African Americans dropped from being 50% to 25% of all homeowners in Oakland, and within the African American community, homeownership decreased while the share of renting households grew.[8]

>> The Race Counts initiative of the Advancement Project California ranks Alameda County as the 4th most racially disparate of California's 58 counties. [9] Here, a white household that rents typically keeps $56,500 after housing costs as compared with $19,000 kept by African American households.[10]

>> 49% of Alameda County's homeless population identified as Black or African American during the 2017 point in time census, as compared with 11% of the general population.[11]

Other populations subjected to stigmatization are also at greater risk of homelessness.

>> Rates of homelessness among those that self-identify as having mental health or substance use problems in Alameda County are 3-5 times higher than their prevalence in the general population. [12] Changes to statewide community care licensing regulations and increased fees have resulted in substantial reductions in the number of licensed care facility beds available for extremely low-income disabled individuals that need daily living supports.[13] These declines increase the number of disabled individuals, including those with serious mental health issues, at-risk of homelessness. Moreover, persons with serious mental illness and other disabilities often live with family members and are highly vulnerable to becoming homeless

3 Up for Growth National Coalition. (2018) Housing Underproduction in the United States: Economic, Fiscal and Environmental Impacts of Enabling Transit-Oriented Smart Growth to Address America's Housing Affordability Challenge. Retrieved from https://www.upforgrowth.org/sites/default/files/2018-09/housing_underproduction.pdf
4 Poethig, E., Getsinger, L., Leopold, J., MacDonald, G., Posey, L., Blumenthal, P., Reed Jordan. (2017, April 27). Mapping America's Rental Housing Crisis. Retrieved from http://apps.urban.org/features/rental-housing-crisis-map/
5 UC Berkeley Terner Center for Housing Innovations. (2018) Terner Center Research Series:The Cost of Building Housing. Retrieved from http://ternercenter.berkeley.edu/uploads/Cost_of_Building_Housing_Series_Framing.pdf.
6 An extremely low-income renter (30% Area Median Income) earning $24,400 per year should only pay $677 per month on housing. U.S. Department of Housing and Urban Development. (2018) Oakland-Fremont, CA HUD Metro FMR Area. Retrieved from https://www.huduser.gov/portal/datasets/fmr.html#2018_documents
7 Weidner, D. (2018, January 25). The Rent Is Getting Too Damn High - Trulia's Blog. Retrieved from https://www.trulia.com/blog/trends/rent-getting-damn-high/#_ftn1.
8 ibid
9 The Race Counts Initiative (2018 October). The Full Picture. Retrieved from http://www.racecounts.org/california/
10 The Race Counts Initiative (2018 October). 04 Housing. Retrieved from http://www.racecounts.org/county/alameda/
11 Applied Survey Research., Aspire Consulting LLC., & EveryOne Home. (2017). Alameda County 2017 Homeless Census & Survey Comprehensive Report (Rep.). (2017). Retrieved from http://everyonehome.org/wp-content/uploads/2016/02/2017-Alameda-County-8.1-2.pdf
12 Applied Survey Research., Aspire Consulting LLC., & EveryOne Home. (2017). Alameda County 2017 Homeless Census & Survey Comprehensive Report (Rep.). (2017).
13 Behavioral Health Care Services, Alameda County Department of Health Care Services, (2018).

when those care givers experience illness or pass away.

>> Lesbian, gay, bisexual, and transgender individuals are more likely to experience homelessness.[14]

>> According to a recently released report, formerly incarcerated individuals are ten times more likely to experience homelessness than the general population. [15] They can struggle with mental health and substances use conditions and face barriers to obtaining and maintaining housing without community supports.

To reduce homelessness, we must take steps to address the broader housing crisis, and its disproportionate impact on people of color and other vulnerable communities such as families with children, transition-age youth, veterans and persons with serious mental illness. These steps include preventing people from becoming homeless, and engaging other systems—criminal justice, child welfare, foster care, work force development, education, and healthcare— in the work of preventing homelessness. Together, these systems must repair, not perpetuate, institutional racism and other inequities. They must be shaped by and responsive to the needs of the people they serve. Most importantly, efforts to end homelessness must openly acknowledge and address these disparities and the resources need to match the scale of the problem.

4. The Current Housing Crisis Response System

The United States Interagency Council on Homelessness authored the 2010 Federal Strategic Plan to End Homelessness, *Opening Doors*, which calls on communities to "transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing."[16] As a collective impact initiative, we are building a Housing Crisis Response System in Alameda County organized around three commitments:

>> Prevent People from Becoming Homeless.

>> Protect the Dignity and Safety of People Experiencing Homelessness.

>> Expand Permanent Housing Opportunities.

The Housing Crisis Response System works to address housing crises for all Alameda County residents who are currently or recently homeless and those at-risk of homelessness. The goal is for each individual or family that seeks assistance to have a safe, supportive and permanent place to live.

A. Current Capacity

The Housing Crisis Response System in Alameda County consists of the following components:

>> Coordinated Entry

>> Prevention Services

>> Homeless Support Services and Shelter

>> Permanent Homes and Services

>> Homeless Management Information System (HMIS)

>> Training, Technical Assistances and Other Program Delivery Costs

Coordinated Entry: Launched across the entire county in November 2017, Coordinated Entry serves as the front door and the central organizing feature of the Housing Crisis Response System. It covers the geographic area of Alameda County and is designed to be easily accessed by individuals and families seeking housing or services. The purpose of Coordinated Entry is to assess the needs of people in a housing crisis, connect them to available support, and track the outcomes and performance of the system. Since there are not enough housing or services for everyone in need, the main goals of Coordinated Entry is to problem solve, and through assessment ensure that the people with the highest needs are prioritized for and successfully matched to the limited resources that are available.

Coordinated Entry can only be effective matching people to resources if the system has the inventory of available housing and services that people need.

14 Conron KJ, Mimiaga MJ, Landers SJ. A population-based study of sexual orientation identity and gender differences in adult health. Am J Public Health. 2010 Oct;100(10):1953-60. Kruks, G. Gay and lesbian homeless/street youth: Special issues and concerns. J Adolesc Health. 2010;12(7):515-8. Van Leeuwen JM, Boyle S, Salomonsen-Sautel S, et al. Lesbian, gay, and bi-sexual homeless youth: An eight-city public health perspective. Child Welfare. 2006 Mar–Apr;85(2):151-70.
15 Couloute, Lucius. (2018 August). Nowhere to Go: Homelessness among formerly incarcerated people. Prison Policy Initiative. Retrieved from https://www.prisonpolicy.org/reports/housing.html
16 United States Interagency Council on Homelessness, (2010). Opening Doors, Federal Strategic Plan to Prevent and End Homelessness. Retrieved from www.usich.gov. page 49.

The existing Housing Crisis Response System's resource capacity remains inadequate to meet current needs, especially for single adults. For more details on Coordinated Entry Access Points, Resource Zones and prioritization criteria see Appendix D.

Prevention Services: Homelessness prevention services target those on the verge of losing their housing and assist them to retain their current living situation or relocate without becoming homeless. Prevention services include information and referral, legal services, benefits advocacy, housing education, housing problem solving, and in some cases one-time financial assistance. The capacity of Housing Crisis Response System as of November 2017 includes:

>> Brief and targeted housing problem solving available 24 hours per day over the phone by contacting Eden Information and Referral at 2-1-1. These conversations help households identify resources at their disposal (personal, familial, public benefits, financial) to immediately avoid homelessness when possible, without on-going assistance.

>> Homelessness prevention, eviction prevention funds, and flexible funds are offered to eligible households for one-time assistance to keep housing or move without an episode of homelessness.

>> A legal hotline and six full-time attorneys provide legal services that prevent housing loss and clear barriers to obtaining housing.

>> Housing workshops are offered daily across all five regions of the county. Housing workshops include housing education and counseling that assist people to understand and access both the subsidized and private housing market, prepare paperwork and applications, connect to financial and legal services to reduce barriers to applying for housing, and provide peer-to-peer support.

Annual numbers and per client costs are not yet available. Additional prevention resources exist within the county but are not formally linked with the Housing Crisis Response System.

Homeless Support Services and Shelter: These assist people while they are homeless, intending to protect their dignity and safety while helping them to quickly regain a permanent home. They include outreach, housing problem solving, housing navigation, health care, and hygiene services as well as shelter to people experiencing homelessness.

>> Currently there are 15 full-time equivalent outreach positions countywide. They are responsible for connecting unsheltered people to Coordinated Entry and other housing-related services. Outreach workers build trust and engage in housing problem solving while people are unsheltered.

>> Housing Navigators assist people to locate housing, gather the documents needed to obtain housing, secure benefits and/or employment and access health care services. The Housing Crisis Response System funded 600 new Housing Navigator positions in 2017-18 to be able to assist 1,200 people at a time.

>> Homeless shelters are temporary or interim places for people to stay, which include year-round emergency shelters, winter and warming shelters, navigation centers and transitional housing. These types of shelter have varying hours, lengths of stay, food service, and support services. For example, winter and warming shelters typically have shorter stays and transitional housing programs have longer stays and more services. Despite their differences, all provide an indoor location for people to stay temporarily and should not be thought of as housing. In 2018, people experiencing homelessness had access to 1,934 shelter beds:

> 300 seasonal or inclement weather beds, open during the rainy season or only on rainy/cold nights, usually closed during the day, and offer some services (*Alameda County Housing Inventory Count, 2018; Health Care for the Homeless, Alameda County Winter Emergency Housing Resources 2017-2018*).

> 882 year-round emergency shelter beds, often open 24 hours, offering meals and services (*Housing Inventory Count, 2018*).

> 752 transitional housing beds, often with private rooms or shared units, with more independence and services (*Housing Inventory Count, 2018*).

The following new shelter options have opened or are under development as of January 2018:

> 20 winter shelter beds in the city of Alameda.

> 80 beds at Oakland's two pilot cabin community sites.

> 45 beds at the Berkeley Stair center.

> 90 beds of transitional housing in Oakland.

Permanent Homes and Services: Permanent affordable homes, including permanent supportive housing, are the solution to homelessness. This component of the Housing Crisis Response System includes move-in funds, temporary subsidies in permanent units, permanent rent subsidies in private market units, subsidized affordable housing developments and permanent supportive housing units. Services help tenants stay housed, healthy and safe and can include engaging landlords to commit units and help resolve problems with tenants if needed. The housing intervention types and services are described more fully below.

>> Rapid Re-Housing (RRH) is broadly understood as time-limited financial assistance to help with obtaining permanent housing, subsidizing the rent, and providing support services. The length of financial assistance and services varies by funding type and program design; it can be as brief as housing search and move-in resources or up to two years of rental assistance and support services. These programs serve 1,200 households, annually and funding comes from HUD, the U.S. Department of Veterans Affairs, the State of California and other local sources. Some funding sources target certain sub-populations such as veterans, families on CalWORKs, the re-entry population, or transition age youth. Since 2015, RRH capacity has grown by 100%, or 600 slots.

>> Subsidized Permanent Housing connected to the Housing Crisis Response System keeps the cost of rents affordable to people with extremely low, fixed incomes and dedicates units to those experiencing homelessness. Affordability can be achieved by subsidizing the capital development and/or the operations of the housing. Examples include, Alameda County Measure A1 affordable housing bond funds have been awarded to 18 projects, with 176 units dedicated to homeless households. The Alameda Housing Authority, the Berkeley Housing Authority, the Oakland Housing Authority, and the Housing Authority of the County of Alameda have all contributed operating subsidies to affordable housing developments, totaling over 400 units that must then be rented to persons experiencing homelessness. In 2018 the Health Care Services Agency launched a $5 million flexible housing subsidy pool for this purpose.

>> Permanent Supportive Housing (PSH) serves formerly homeless people with disabilities. Tenants pay a portion of their income in rent, which is subsidized by the PSH program. Someone living in PSH could be in a dedicated unit in an affordable housing development or have a subsidy being used in the private rental market. PSH programs also offer voluntary supportive services, tailored to tenant needs, which can vary in intensity and type, and often include medical, behavioral health, and services that support sobriety. As of 2018, there are 2,398 units of PSH in Alameda County; 451 of those are dedicated to veterans through the Veteran Administration Supportive Housing (HUD-VASH) program, and another 309 are dedicated to persons living with serious mental illness, funded primarily through the Mental Health Services Act (MHSA).[17] Since 2015, PSH capacity has grown 32%, or 691 additional units. Another 67 units are in development, and 125 VASH vouchers were awarded in 2018.

All PSH openings are filled through coordinated entry according to program eligibility criteria, client unit preferences, and prioritization score on the countywide by-name list. Alameda County Health Care Services Agency (HCSA) Home Stretch unit is responsible for countywide matching to PSH including matching to HUD-VASH, MHSA, and future No Place Like Home (NPLH) funded permanent supportive housing units. To be eligible for NPLH funded units applicants must be living with serious mental illness and being chronically homeless or "at-risk of chronic homelessness". Individuals that meet the NPLH definition of "at-risk of chronic homelessness" can be added to the existing countywide by name list for matching to No Place Like Home units. Since permanent supportive housing matching is conducting by the Alameda County HCSA, cross-system data review and matching can occur between HMIS and the mental health data systems in the County.

Permanent Supportive Housing is highly effective, and as a result, there is very little turnover – only 9% annually. Ninety-seven percent of the people connected to PSH stay for one year or longer. PSH is a vital resource for ending homelessness and more is needed to ensure stable homes for the highest-need people experiencing homelessness.

>> Tenancy Sustaining Services and Landlord Liaison Services help formerly homeless people stabilize and maintain housing over time. Like PSH rental subsidies, these slots will not turn over very often. The Housing Crisis Response System added 1,000 Tenancy Sustaining Services slots in 2018.

17 2018 Housing Inventory Chart submitted to the U.S. Department of Housing and Urban Development as part of Alameda County's consolidated application for HUD Continuum of Care Funding

>> Landlord Liaison Services encourage landlords in the private housing market to house formerly homeless people by providing immediate support and problem-solving around issues that may threaten a household's stable tenancy. New countywide Landlord Liaison services and landlord incentive programs have been added in 2018.

Homeless Management Information System (HMIS): HMIS is the countywide, shared database that serves as the communication backbone of Coordinated Entry and the Housing Crisis Response System. Essential to providing individualized, confidential support to all people seeking assistance, the HMIS ensures timely information and facilitates effective service by allowing the Housing Crisis Response System to:

>> Document and retrieve critical and up-to-date information to help households in crisis.

>> Understand the specific needs of households seeking assistance and make effective referrals and matches to services and housing programs.

>> Coordinate the provision of services and care countywide, focusing on the household's needs and protecting client privacy and confidentiality.

>> Collect system-level data and analyze the overall Housing Crisis Response System's performance.

In addition to HMIS, Alameda County is investing in a Social and Health Information Exchange (SHIE) infrastructure through its Whole Person Care Medi-Cal waiver program. The foundation of the SHIE is creating a data repository that contains data from multiple County systems include HMIS, Medi-Cal managed care health plans, County specialty mental health and substance use services, Medi-Cal eligibility data, and other information. When fully functional, data from the SHIE repository can be utilized for population-wide analysis as well as client-level information sharing with authorized care and treatment providers. The SHIE, HMIS data, and a permanent supportive housing data and filing system maintained by the Alameda County Health Care Services Agency (HCSA) will be utilized to meet No Place Like Home and other California state reporting requirements related to funding to address homelessness. Combining this data from multiple systems should enable Alameda County to report on the impact of permanent supportive housing on emergency and inpatient health care utilization, incarceration, and other system-wide performance measures.

Training, Technical Assistance and Other Program Delivery Costs: State and federal funding sources provide inadequate funding for program delivery costs and contract administration. As a result, we have under-invested in developing our homeless services workforce. Non-profits struggle to access training on best practices in the field, such as trauma informed care, housing first, motivational interviewing, and harm reduction. Non-profit and local government positions have high turnover and/or remain vacant for extended periods of time. Building an effective system will require investment in training, competitive wages and adequate administrative capacity for local government and non-profit partners.

B. System Performance

In 2017 the Housing Crisis Response System helped people who experienced homelessness in the following ways:

>> 10,900 people were served while homeless (HMIS Annual Performance Report, 2017).

>> 2,476 people maintained Permanent Supportive Housing, 2,170 for twelve months or more. (HMIS Annual Performance Report, 2017).

>> 97% of people in Permanent Supportive Housing retained their home for at least 12 months or moved into other permanent housing (HUD System Performance Measure, 2017).

>> 383 Veterans received Permanent Supportive Housing through VASH (Alameda County Housing Inventory Chart, 2017).

>> 1,359 people moved from homelessness into permanent homes (HUD System Performance Measure, 2017).

>> 3,500 people stayed in shelter (either seasonal shelter, year-round shelter or transitional housing) (HMIS Annual Performance Report, 2017).

>> The median length of time people spent homeless in Alameda County went up by nearly 18 weeks, from 209 nights in 2016 to 333 nights in 2017. This includes the time on the street prior to entering a shelter or transitional housing (HUD System Performance Measures, 2017).

>> The median length of time from first engagement with homeless support services and shelter to permanent housing decreased by three weeks, from 114 days in 2016 to 93 days in 2017 (HUD System Performance Measures, 2017).

C. Racial and Ethnic Disparities in Access and Outcomes

National and local data show that African Americans and Native Americans are disproportionately impacted by homelessness. For this reason, EveryOne Home conducted an analysis to identify and understand disparities in access and positive housing outcomes along racial and ethnic lines. Preliminary findings include:

>> African Americans comprise 49% of the homeless population, 54% of people accessing the Housing Crisis Response System, and 58% of the permanent housing outcomes.

>> American Indian or Alaskan Natives, Asians, and Native Hawaiian or Other Pacific Islanders show equivalent rates in the homeless population, Housing Crisis Response System access, and permanent housing outcomes at 3%.

>> Whites comprise 30% of the homeless population, 27% of people accessing the Housing Crisis Response System, and 23% of the total exits to permanent housing.

>> Hispanic/Latinos comprise 17% of the homeless population, 16% of people accessing the Housing Crisis Response System, and 19% of the total exits to permanent housing. [18]

More sophisticated analysis will be undertaken in the coming months and years to better understand and address disparities in Housing Crisis Response System access and permanent housing outcomes.

D. Funding

The Housing Crisis Response System spent approximately $106 million dollars addressing homelessness in FY 2017/18. Over 62% of these funds—$11 million for homelessness prevention and $54 million for PSH— prevented people from becoming homeless, or helped people obtain and maintain permanent homes. Approximately 34%—$36 million— supported programs for people while they were homeless. That $36 million divided by the 10,900 homeless people served last year, indicates that the Housing Crisis Response System spent an average of $3,300 per person, or $9.00 per day assisting people while they were homelessness.

Alameda County and many cities - including Alameda, Albany, Berkeley, Emeryville, Fremont, Hayward, Livermore, Oakland and San Leandro – increased spending on homelessness during FY 2018-19.[19] Nearly $20 million of new funding helped launch county-wide Coordinated Entry and expanded prevention, outreach, housing navigation, rapid re-housing and tenancy sustaining services. Sources of this new funding includes $14 million from Whole Person Care, a Medi-Cal pilot program supported by the State of California and the federal government. Because Whole Person Care will end in 2021, additional resources must be identified to ensure the continuity of these services.

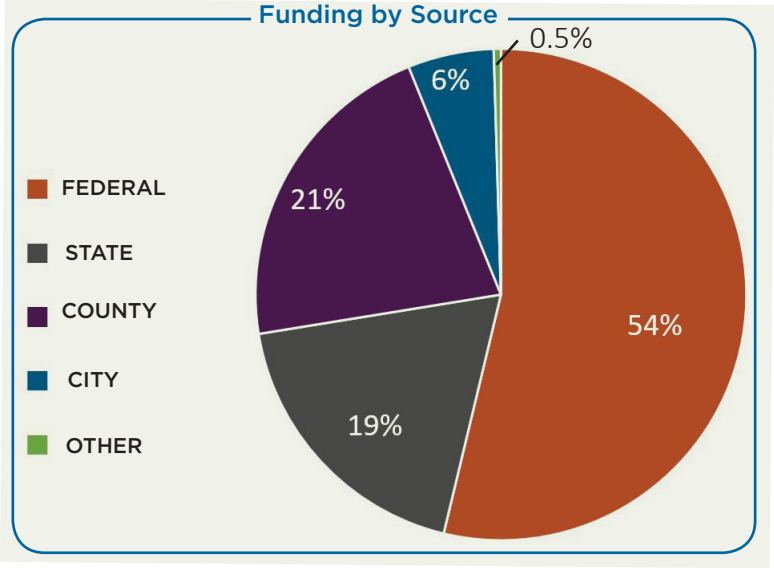


Figure 3: Funding Sources for Housing Crisis Response System

Over half of all funds used to address homelessness come from federal sources that are administered by local governments. Federal sources include:

>> The U.S. Department of Housing and Urban Development's Continuum of Care Program, which primarily funds PSH and RRH, but also some transitional housing, HMIS, Planning and Coordinated Entry. Jurisdictions also use HOME funds, Community Development Block Grants and Emergency Solutions Grant funds to support emergency shelters and RRH.

>> The U.S. Department of Veterans Affairs funds PSH through HUD VASH, RRH through Supportive Services for Veteran Families (SSVF), and transitional housing.

>> U.S. Department of Health and Human Services (HHS) contributes funds through Health Care for

18 Population data were pulled from the Healthy Alameda County website (www.healthyalamedacounty.org) on October 18, 2018. Homeless population data and outcomes were pulled from the CA-502 Oakland/Alameda County operated Homelessness Management Information System (HMIS).

19 Spending amounts depicted in Figure 4 are preliminary and will be refined as system coordination increases.

the Homeless (HCH) and Medicaid (Medi-Cal). The recent influx of resources from HHS has gone to support the expansion and launch of Coordinated Entry.

The balance of funds come from the State of California at 19%, which includes Mental Health Services Act (MHSA) funds; Alameda County general funds at 21%; various city general funds at 6% and less than 1% from other sources.

Grouping funding into the strategies outlined in this plan shows that the majority goes towards keeping people permanently housed (~$54 million), followed by homeless services and shelter (~$36 million), homelessness prevention (~11 million), and program delivery costs (~$5 million).

E. Needs Analysis

Roughly 3,000 unduplicated people became homeless for the first time in 2017 while, during that same year, nearly 1,500 people moved from homelessness to permanent housing. Figure 4 represents the number of people entering the homeless system each year and exiting to a permanent home.

Sources: HUD System Performance Measures, 2017; Point in Time Count, 2017; HMIS Annual Performance Report Data, 2017. Values have been rounded to the nearest hundred.

Figure 4: 2017 Ratio of Newly Homeless to those Finding Homes

Twice as many people are becoming homeless than are moving into permanent housing.

If the Housing Crisis Response System does not increase its capacity to prevent homelessness and move people into permanent homes, the homeless population on a given night could grow by as many as 1,500 people per year as shown in Figure 5.

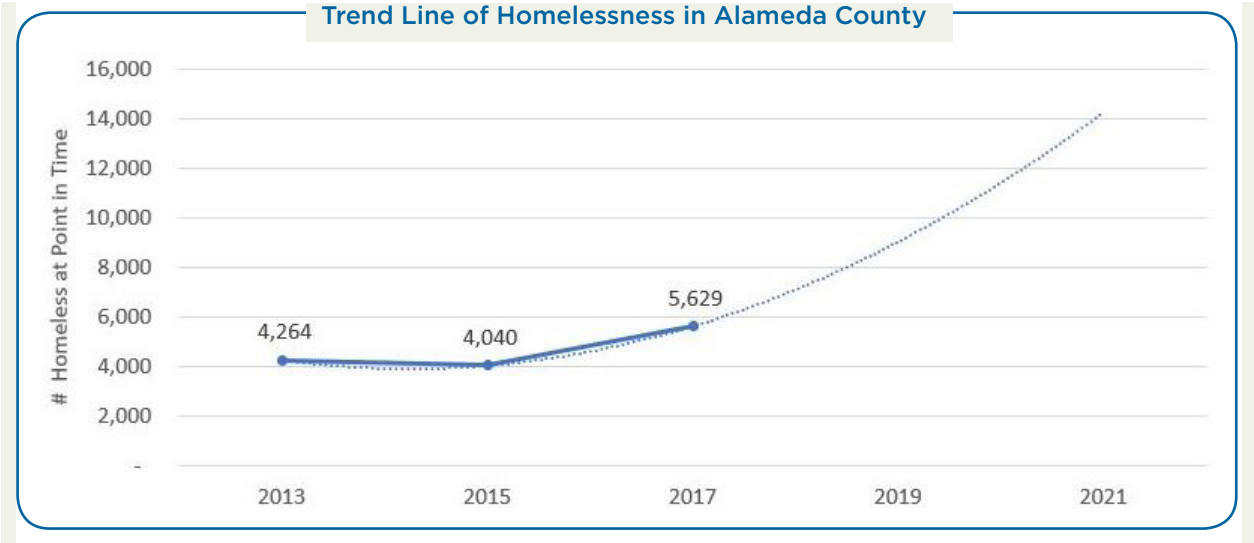


Figure 5: Potential Increase in Homeless Point in Time Count 2013-2021

Source: Alameda County Point in Time Counts 2013-2017

There are not enough emergency shelter beds to serve the estimated 12,000 people who experience homelessness in Alameda County. Of the 10,900 people who used homeless services, about 3,500 stayed for one night or more in an emergency shelter, seasonal shelter, or transitional housing program represented by the green circle, equaling 1 shelter bed for every three people homeless at any point-in-time.

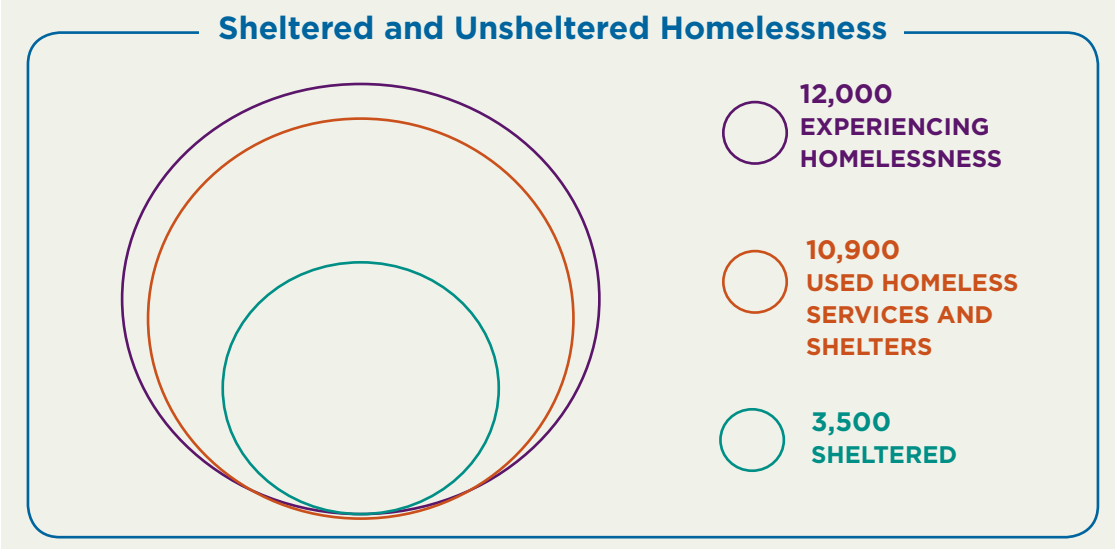
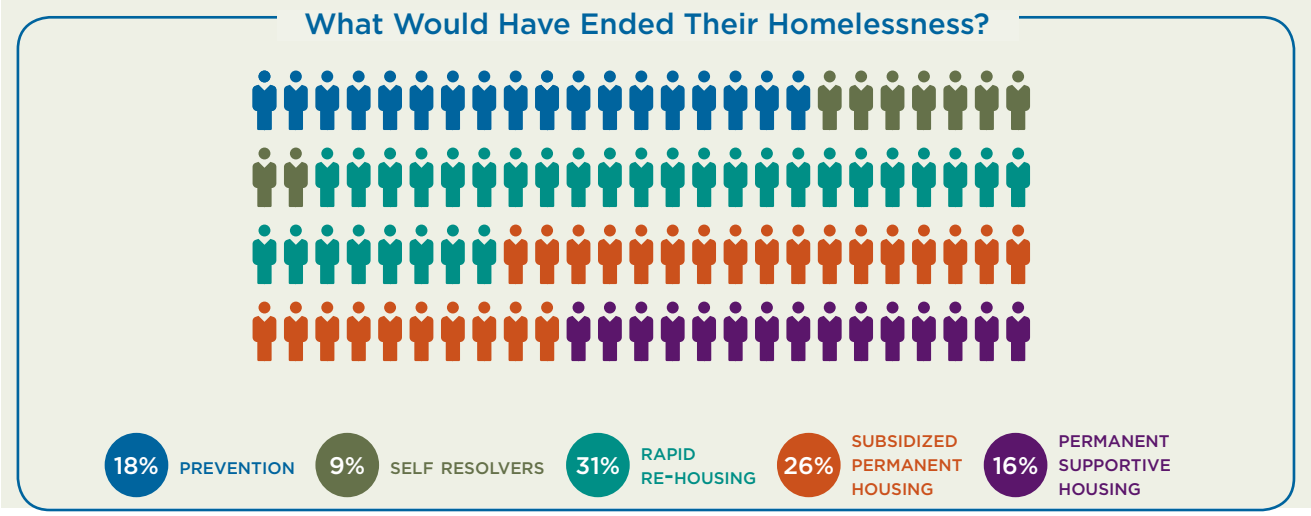


Figure 6: Number of People in Alameda County Using Shelter in 2017
Source: HMIS Annual Performance Report 2017

Creating more shelter will improve the dignity and safety of people while homeless but increased capacity, without paths to permanent homes, will not end homelessness in Alameda County. The number of people becoming homeless will continue to be twice the number moving to a permanent home, so homelessness will continue to grow.

To move people off the streets and into homes, the bulk of the Housing Crisis Response System's resources must go to reducing inflows—prevention—and increasing exits—permanent homes. Both must occur to successfully reduce the number of people experiencing homelessness. Preventing first time homelessness and providing adequate resources for people to obtain permanent homes are the biggest gaps in our current response to homelessness. These deficiencies cannot be remedied without public policies and investments to stabilize the rental market and increase housing stock and rental subsidies.



Sources: Alameda County Point-In-Time Count, 2017; HMIS Annual Performance Reports, 2017.

Figure 7: Housing Crisis Response System Interventions Needed in 2017
Sources: Alameda County Point in Time Count, 2017; HMIS Annual Performance Reports, 2017

HMIS data allows us to project the type of housing intervention that could have solved or prevented homelessness by tracking the housing situations people had before their homelessness, their income sources, health and disability information, the programs and services they used, and where they went when leaving. Looking back at those served in 2017, Figure 7 shows that approximately 18% of those who became homeless could have been prevented if identified and served earlier. Approximately 9% get housed on their own, using information and referral resources, but no financial assistance. Rapid re-housing could work for an estimated 31%, with interventions ranging from one-time move-in monies up to 24 months of rental subsidies and services. Another 26% can live independently, without housing support services, but need permanent subsidized housing because they are on a fixed disability or retirement income and cannot afford the current housing market without permanent financial assistance. The current Housing Crisis Response System manages very little of this intervention specifically for homeless individuals and families. Instead, homeless people join a larger pool of extremely low-income people seeking subsidized housing or tenant choice vouchers. Finally, 16% of the population would be best served by Permanent Supportive Housing. This group needs both rent subsidies and supportive services that are focused on helping them stay in their homes and improve health and well-being. For an explanation of how estimates were calculated see Appendix A.

5. Recommended Strategies

To reduce homelessness so that no one is unsheltered, the *Strategic Update* sets the following targets:

1 **Every year for the next five years, reduce the number of people becoming homeless by 500, until 500 or fewer people become homeless in 2023.**

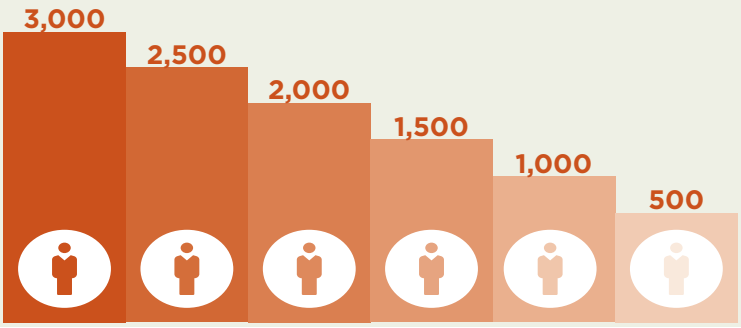


Figure 8: Annual Reduction Targets in People Becoming Homeless for the First Time

2 **Every year for the next five years, increase the number of people returning to permanent homes by 500, until 4,000 or more people move out of homelessness in 2023.**

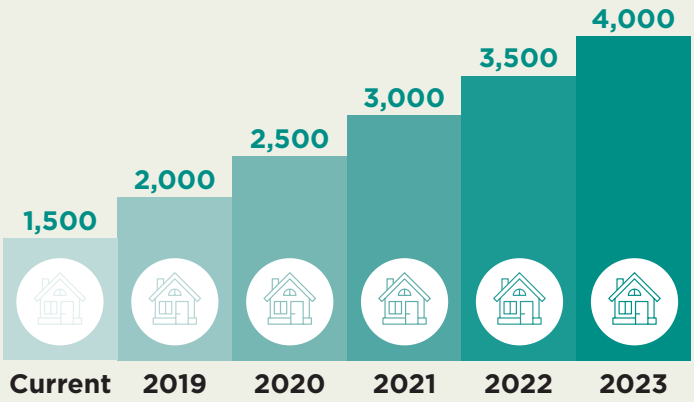


Figure 9: Annual Increase Targets in People Moving Back Into a Permanent Home

If the Housing Crisis Response System prevents 500 more people from becoming homelessness and moves 500 more people into homes year over year, then Alameda County could look dramatically different five years from now. The number of people experiencing homelessness on a given night could drop below 2,200. No one experiencing homelessness would need to go without shelter. Far fewer people would experience homelessness overall and more formerly homeless people will be housed permanently.

To reach these targets, we have established the following strategies, each of which is explored more thoroughly in this section.

>> Expanding Capacity
>> Increasing Investment
>> Building Stronger Partnerships, especially with people experiencing homelessness
>> Aligning Public Policies

A. Expanding Capacity

Figure 10 compares housing interventions of the current system to the targets recommended in this Strategic Update. The interventions needing the greatest expansion are homelessness prevention, street outreach, subsidized permanent housing, and Permanent Supportive Housing.

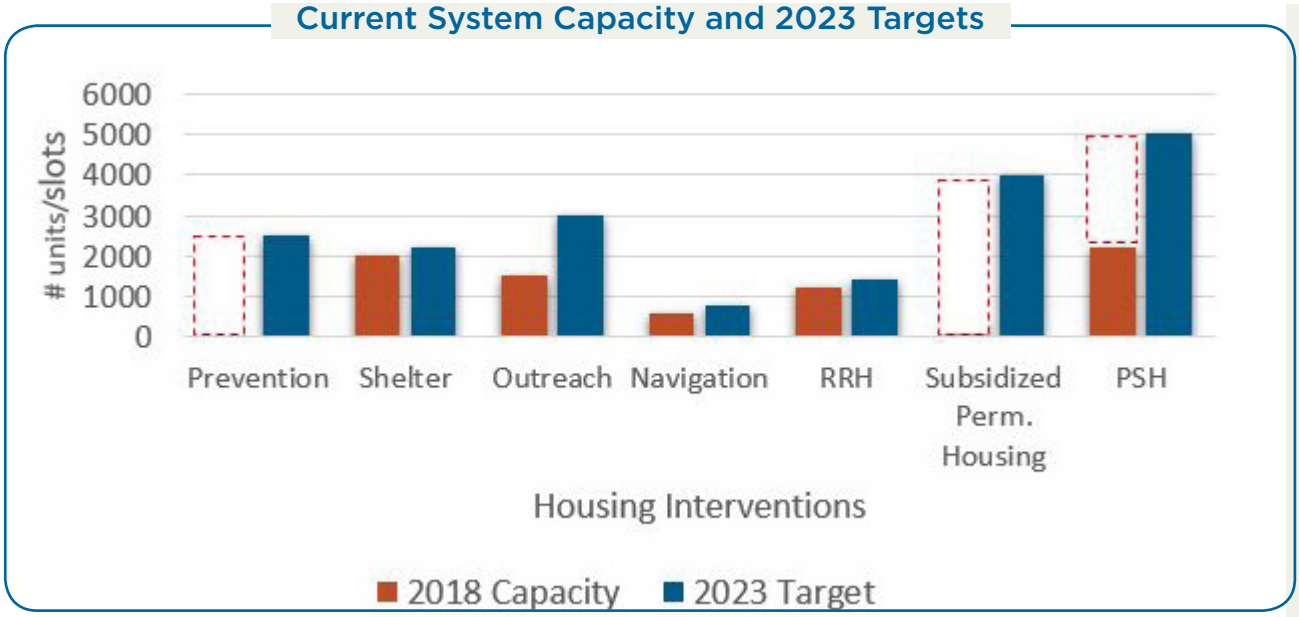


Figure 10: Housing Crisis System Capacity and Targets
Source: Housing Inventory Count, 2018

Prevention: Alameda County offers legal and financial services to prevent evictions. However, not all people who are evicted become homeless, and not everyone at risk of homelessness has rental agreements. Often, those most at risk live doubled up or "couch surf" before entering a shelter or being on the streets. As well, formerly homeless people may be at risk of returning to homelessness. Data collected since 2012 indicate that 16% of people in Alameda County who obtain a permanent home return to homelessness within 24 months. Persons with serious mental illness, especially those with compounding medical and substance abuse problems are another group at greater risk when a family member who is housing them becomes ill or dies or their board and care or assisted living facility closes.

The 2,500 prevention slots proposed in Figure 10 would provide temporary financial assistance to those most at risk of homelessness, especially those without a lease, those with prior episodes of homelessness, and those with disabling conditions relying on ailing/aging family members for housing. To best deploy these services, we will need to establish criteria for prioritizing those most at risk of becoming homeless, track whether the number of people becoming homeless declines, and refine the targeting and prioritization of assistance accordingly.

Emergency Shelter: This *Strategic Update* proposes modest increases in shelter capacity with a stronger focus on prevention and expansion of permanent housing resources. Meanwhile, several hundred shelter beds are in the pipeline for 2018 and 2019 and capacity will also grow with existing beds turning over more frequently. By quickly placing shelter residents in permanent homes it will shorten the length of time people need shelter and make more efficient use of existing capacity.

Outreach: When compared to communities with similar unsheltered populations, Alameda County has far fewer coordinated street outreach workers and teams. This hampers our ability to locate and connect people to resources quickly. The *Strategic Update* proposes to expand street outreach services to at least 35 full time equivalent positions countywide in the early years of implementation and reduce capacity as the unsheltered population declines. Outreach teams will need to meet standards and deliverables to ensure quality and efficacy across the system. To meet these standards and deliverables, they should receive adequate training and have access to the available housing resources (units, shelter beds, interim housing) through Coordinated Entry.

Housing Navigation: The Housing Crisis Response System added 600 housing navigation slots during 2018 and needs another 200 to reach the target. This will create a point-in time capacity of 800 slots with an estimated annual capacity of 1,600 - 3,200 slots.

Rapid Rehousing (RRH): Analysis of 2017 data indicates that 31% of those served would benefit from Rapid Rehousing, making the existing annual capacity of 1,200 households served inadequate. The plan proposes to expand RRH capacity temporarily then as homelessness declines the capacity drop down to near current levels. The target by the end of 2023 is 1,400 slots that are available each year.

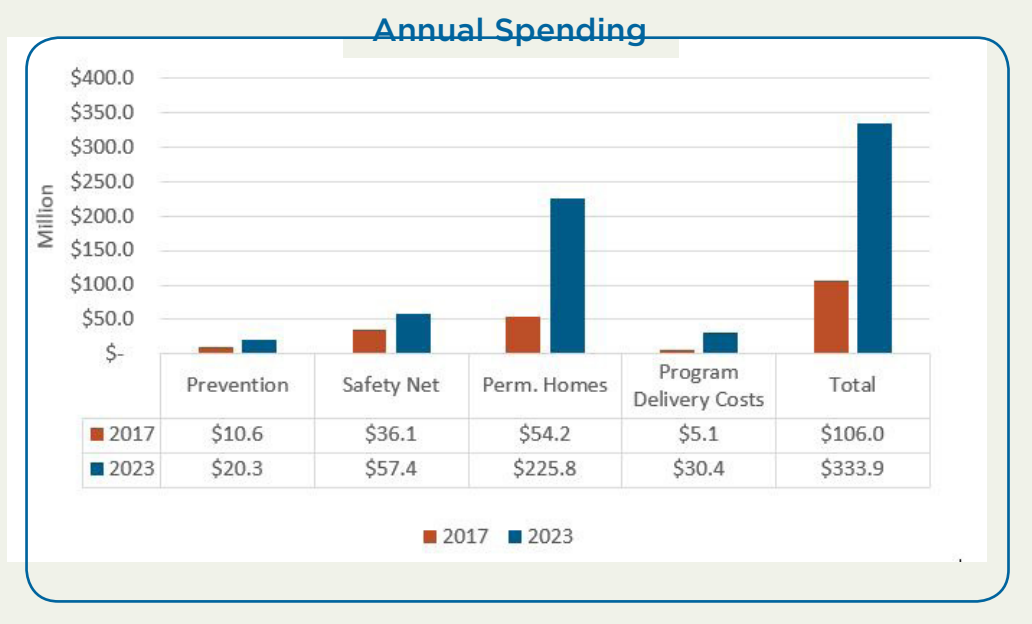
Subsidized Permanent Housing: The Housing Crisis Response System currently has a small flexible housing pool ($5 million) for permanent subsidies. However, this intervention must be significantly increased to better serve the 42% of homeless adults with fixed disability or retirement incomes, who are unable to afford market rents or qualify for affordable housing units targeted to 50% of Area Median Income. This population can often remain stably housed without the intensive services offered in permanent supportive housing, if their rent is subsidized. The target for this intervention is 4,000 units/subsidies that can be financially sustained indefinitely. Subsidies should increase over the course of five years and then ongoing need could be met with turnover.

Permanent Supportive Housing: For those needing both subsidies and intensive support services to stay housed, there is a need for 2,800 additional units of permanent supportive housing for a total of 5,000 to be financially sustained indefinitely. Once that target is reached, need could be met with turnover. As well, some tenants remain in permanent supportive housing because they need the subsidy, not the services. Permanent rental vouchers from local housing authorities could assist those tenants to keep their subsidy without intensive support services, thereby releasing slots for those with higher needs.

B. Increasing Investment

To reach capacity targets an increased annual investment of $228 million is needed (Appendix A). Figure 11 demonstrates the total cost of the system in FY 2017/18 and FY 2023/24 as well as how funds are distributed across the Housing Crisis Response System.

This increase in resources can be achieved through a variety of sources, including: new state funding that will provide $24 million in 2018 to Oakland and Alameda County (one time); S.B. 2, the



	Prevention	Safety Net	Perm. Homes	Program Delivery Costs	Total
2017	$10.6	$36.1	$54.2	$5.1	$106.0
2023	$20.3	$57.4	$225.8	$30.4	$333.9

Figure 11: Housing Crisis Response System Spending

Building Homes and Jobs Act (ongoing); Housing Programs and Veterans' Loans Bond and No Place Like Home, two statewide ballot measures passed in 2018. Other sources include new health care system investments; increases in existing federal grants indexed to Fair Market Rents (FMRs), and expansion of new federal resources whenever possible, such as with the Section 811 mainstream voucher program; along with private sector investments.

However, the strategy with the most significant impact will be to create a **dedicated local revenue stream.** Such a source would provide a flexible resource that could be administrated locally to reach capacity targets in the Housing Crisis Response System. For example, a dedicated local revenue stream could support a Flexible Housing Pool (FHP), a funding mechanism for public and private entities to pool resources for housing and services that are insufficiently funded by or not paid for at all by other sources, including:

>> Permanent housing subsidies

>> Support services for tenants that focus on housing and health stability

>> Housing acquisition services with streamlined rental processes

>> Landlord incentives and support

>> Flexible funds to clear barriers to housing such as legal issues or back rent, as well as, move-in costs

There are several options to consider for a countywide local funding source including:

>> Parcel tax is assessed based on square footage, tied to inflation, and includes exemptions and a sunset date.

>> County general fund carve-out would guarantee a certain amount or percentage be appropriated to restricted activities on a one-time basis or ongoing.

>> Half-cent sales tax is likely to raise the most funds and would require state legislators to authorize raising the limit.

>> Prop 13 "split-roll" reform would reassess commercial property every 1-3 years to adjust property tax for increased value. This could generate an estimated $192 million annually for Alameda County. [20]

A comprehensive and transparent public process that includes persons experiencing homelessness, members of the collective impact initiative to end homelessness, the business community, and other key stakeholders would determine the best mechanism for raising funds and how they should be used.

C. Building Stronger Partnerships, Especially with People Experiencing Homelessness

Since adopting the original Plan in 2007, the collective impact initiative to end homelessness has focused intently upon building more equitable and functional systems through cross-system collaboration. Examples include:

>> City and county departments are working with non-profit partners to operate Coordinated Entry and the Housing Crisis Response System, braiding funding streams and managing services through a countywide administrative structure.

>> Health Care Services Agency (HCSA) invested millions in building and subsidizing housing for its highly vulnerable patients. HCSA is also a major funder of Coordinated Entry, including expanding virtual information and referral through 211, outreach, housing resource centers, housing navigation, as well as investing in the conversion and expansion of the homeless management information system and the creation of a countywide Social and Health Information Exchange.

>> The Alameda County Probation Department and Social Services Agency partnered with the Alameda County Housing and Community Development Department to fund Rapid Re-Housing programs for their homeless clients

These successes are encouraging and validate our efforts to coordinate care, broaden our resource base, and collaborate effectively across systems.

The greatest gap in collaboration is with those currently or formerly experiencing homelessness. In early 2018, EveryOne Home facilitated a series of county-wide consumer focus groups to solicit the

20 This projection is based on statewide revenues of $9.1 billion (related to 2015 real estate values).

expertise of people experiencing homelessness[21] and inform the *Strategic Update*. Seventy individuals participated in six focus groups held in Berkeley, Oakland, Hayward, Fremont and Livermore. The individuals were primarily unsheltered, single adults served through meal programs or warming shelters. The focus groups identified existing gaps and prioritized uses for future funding, including:

The dignity and value of people experiencing homelessness must be honored, and the systemic discrimination faced by people who are homeless must end.

>> People who are homeless need to be recognized as human beings, and not be discriminated against– whether by law enforcement, government, motels/ hotels, employers, transit, security guards, and others.

People experiencing homelessness feel unsafe and request health and safety protections.

>> Most participants reported not having a safe space to sleep during the night and/or be during the day, making them vulnerable to harassment, assault and violence. They emphasized the insecurity created by lack of access to basic sanitation and constant contact with law enforcement – often in the form of harassment or "move-along" tactics.

People mistrust the system.

>> Many participants reflected that no matter what "input" they provide, it does not result in agencies or government meeting their basic needs.

People experiencing homelessness request access to income, life skills, employment training, and job opportunities.

>> Most participants, including those on fixed-income such as SSI, lost their homes because of inability to pay for high rents. Many participants requested that the system removes barriers to accessing more income and employment.

When asked how they would like to see increased funding used they responded overwhelmingly for more housing, including:

>> Housing rental subsidies for affordable housing at 30% AMI, including long term, deep subsidies for the disabled and elderly

>> Preservation, repurposing, and rehabilitation of existing empty buildings and utilizing homeless individuals as workforce

>> Providing supportive services, including housing stabilization support and life skills trainings, and mental health support

>> Sanitation services for those unsheltered

Authentic collaboration includes far more than listening. People with lived experience must have leadership roles and/or employment in system design and governance, program evaluation, provider selection, and service delivery. Doing so will ensure that system changes have cultural competency, consumers' needs, and racial equity at their core.

D. Aligning Public Policies

Increased spending and expanded Housing Crisis Response System capacity will be most effective alongside local public policies that support them. As partners in this *Strategic Update*, local jurisdictions are strongly encouraged to review and update policies in the following areas:

>> **Renter protections:** What policies can be adopted or revised to further protect renters from unreasonable evictions or rent increases?

>> **Respecting the dignity and safety of those forced to live on the streets:** What policies and practices can be adopted by law and code enforcement, public health and public works to increase cooperation and reduce the experience of harassment many homeless people describe?

>> **Fast-tracking and targeting affordable housing:** Are there building and permitting codes that can be modified to speed up the process and reduce the cost of building affordable housing? How can that housing be targeted to assist those who are homeless?

EveryOne Home recommends that local jurisdictions support the implementation of this *2018 Strategic Update* by exploring a range of policy strategies and tailoring them to local needs to meet the goal of no person having to be

21 The Alameda County Health Care for the Homeless Community/Consumer Advisory Board (HCH CCAB) also conducted three All-In 2018 Listening Sessions during the Spring in Hayward, Castro Valley and Oakland from people experiencing street Homelessness in Alameda County, with very similar results: people living in homelessness require human dignity and human rights, in addition to health and hygiene, support services and outreach, storage, information and resources, safe parking and community support.

unsheltered. These strategies include rent control and protection ordinances, tax credits or subsidies for low-income renters or property owners that rent to low-income tenants, and community land trusts to secure land for low-income rental and ownership housing.

6. Proposed Actions

"As we respond to the crisis of unsheltered homelessness, we must not repeat past mistakes of focusing only on where people will be tonight. We must simultaneously be focused on where people can succeed in the long-term—and we know that is permanent housing."—Matthew Doherty, U.S. Interagency Council on Homelessness

Proposed actions are informed by the analysis in this Strategic Update and the recommendations of people currently experiencing homelessness, local providers and funders, advocacy organizations, and national, state and local policy experts. Implementation will be tailored by jurisdictions to their local context. Final actions will need to address racial barriers to housing and honor the dignity and safety of all community residents, especially those living without shelter.

Proposed actions are grouped into three categories:

>> *Prevent People from Becoming Homeless.*

>> *Protect the Dignity Safety of People Experiencing Homelessness.*

>> *Expand Permanent Housing Opportunities*

They are also identified with one or more strategy icons:

A. Prevent People from Becoming Homeless

Target: Decrease the number of people becoming homeless each year from 3,000 to fewer than 500 by 2023, with annual reductions of 500 per year. The EveryOne Home Results Based Accountability Committee will develop a data dashboard to track the number of people entering homelessness for the first time in the HMIS each quarter. The dashboard will be publicly available on the EveryOne Home website

Action: Policy Options to Keep Renters in Their Homes

>> **Pass "Just Cause" Eviction Protections**. Require landlords to provide a specific, valid reason before an eviction can take place (e.g. failure to pay rent, continuing to damage a rental unit after being provided with a written notice to stop or refusing to pay for the repairs, refusing to re-sign a lease after the old one expires, ongoing disturbances to other tenants and neighbors, if the owner wants to move in or if they want to take it off the rental market through the Ellis Act, etc.).

>> **Support the Repeal of Costa-Hawkins.** Costa Hawkins is a state law that limits local jurisdictions' ability to enact renter protection ordinances. Repeal of this state law returns policy making to local government and enables jurisdictions to be responsive to their own housing markets.

>> **Strengthen Renter Protections.** Local jurisdictions can further strengthen local rent boards with mandatory reviews of increases over a certain percentage, increase relocation resources, and make arbitration binding.

Spotlight: Renter Protections in Hayward, Alameda, Oakland, and Berkeley

In 2016, the city of Hayward passed the Residential Rent Stabilization Ordinance. This ordinance limits rent increases to a maximum of 5% per year on applicable units; any increases of more than 5% are subject to review and allowable only under certain conditions. The ordinance also limits the allowable causes for evictions. In the city of Alameda, a similar ordinance also passed in 2016. Landlords are required to file notices to the Rent Review Advisory Committee for rent increases of over 5%, whose decision is binding depending on unit type. For evictions of certain causes, landlords must file a copy of the termination notice and provide relocation assistance to displaced tenants. Free mediation services are also available for tenants and landlords. Other cities in Alameda County with similar rent stabilization policies include the city of Oakland and the city of Berkeley. Combined, there are over 100,000 units of rent-stabilized units across the four cities.

Action: Increase Availability of Flexible Temporary Financial Assistance (TFA).

Local funders can increase investments in temporary financial assistance and consider prioritizing for prevention assistance those who are particularly at risk of becoming homeless, such as couch surfers, people who have been homeless before, and those in permanent supportive housing. Funds should be coordinated with legal services and Coordinated Entry. To successfully serve 500 hundred additional at-risk households each year, at an average cost of $5,000 per household, EveryOne Home estimates needing an additional $2.5 million per year added to the flexible housing pool, reaching $10 million per year by 2023.

Action: Increase Connection to Income and Benefits.

Connect eligible persons to mainstream benefits (SSI, GA, SNAP, etc.) and health insurance. Also, for those with an interest in employment, expanded job training, apprenticeship, and other employment/educational opportunities can increase income. More specifically, there is a need to increase to high-quality education programs, improve career pathways for people with significant barriers, and removing barriers to employment and income supports. The system can build off successful and evidence-based employment interventions like Alameda County Behavioral Health Care Services Individualized Placement and Support (IPS) for helping individuals with serious mental illness to obtain competitive employment. We should also explore all options for creating positions within the Housing Crisis Response System workforce and/or piloting a peer-to-peer training program.

B. Protect the Dignity of People Experiencing Homelessness

Target: Deepen collaboration with people experiencing homelessness so that assistance respects their dignity, increases their safety, and meet their needs.

Action: Repeal or Stop Enforcing Policies that Criminalize Homelessness.

The 9th Circuit Court of Appeals affirmed in Martin v. Boise (2018) that the state may not "criminalize conduct that is an unavoidable consequence of being homeless when there are more homeless persons than available shelter beds or in the absence of other adequate alternatives." In the summary opinion, the judges wrote, "the government cannot criminalize indigent, homeless people for sleeping outdoors, on public property, on the false premise they had a choice in the matter." Therefore, communities should repeal or stop enforcing ordinances/laws that prohibit or limit the use of public space by people experiencing homelessness for survival such as:

>> Sitting and lying down,
>> Sleeping outside or in vehicles,
>> Panhandling,
>> Food sharing,
>> Camping, or
>> Storing belongings

In addition, communities must support law enforcement officers to work collaboratively with people experiencing homelessness – including improving training and protocols - to enhance cooperation and safety.

Action: Develop Policies for a Humane and Consistent Response to the Needs of Unsheltered People.

Jurisdictions should develop transparent policies that indicate the criteria for temporary or permanent closures of encampments. The following are guidance and best practices from the U.S. Interagency Council on Homelessness and Indianapolis Ordinance on Homeless Encampments, 2016:

>> Encampments should only be closed or temporarily removed as a final resort, in recognition that jurisdictions have the responsibility to provide access to and use of public rights of way for other vulnerable populations, and that people sleeping outside have limited options.

>> Policies should reflect the input of those living in encampments.

>> If encampments are to be closed or temporarily moved, clear guidelines and criteria need to be in place to ensure residents are aware of the process. This should include but not be limited to:

> Providing clear, written notices to residents with reasonable and consistent time frames for abatement and removal

> Clearly defining emergencies and what

constitutes a "serious harm" to public health and safety.

> Ensuring a solution for belongings if displaced, including cataloging and potential storage of personal items.

> Specifying how outreach workers will support encampment residents facing displacement, including providing assessment and prioritization for Coordinated Entry services.

Action: Evaluate access to and outcomes of the Housing Crisis Response System.

The EveryOne Home Results Based Accountability (RBA) Committee developed system performance measures to track and hold the Housing Crisis Response System accountable for its performance. In the future, this information will be publicly available in a dashboard on the EveryOne Home website. In the coming year, the RBA Committee will further analyze racial disparities in the Housing Crisis Response System to include not only access to or outcomes from it, but also equity in governance and leadership. This analysis is crucial for understanding the scale and scope of the problem, and to help us identify the resources needed to address it.

Action: Launch a leadership recruitment and training program for people experiencing homelessness, especially those from communities disproportionately impacted.

In order to address racial and socioeconomic disparities, increase cultural competency, empower people with lived experience, and improve the quality of services the *Strategic Update* proposes recruiting, training, and employing people experiencing sheltered and unsheltered homelessness, especially those from communities disproportionately impacted. Examples of where such leaders could strenghen the System include serving on EveryOne Home's governance/planning bodies, planning and implementation of the biennial Point-In-Time Count, and delivering services across the Housing Crisis Response System. All which offer an expansion of employment opportunities and career development for these groups.

Spotlight: Consumer/Community Advisory Board of Health Care for the Homeless

The Alameda County Health Care for the Homeless (HCH) Consumer/ Community Advisory Board (HCH CCAB) is made up of community members who have received services from HCH and may have experienced homelessness at some point in their lives. The CCAB provides a strong, collaborative voice in shaping HCH's programs and policies in Alameda County.

To date the they have led a number of initiatives and activities, including: Sponsoring the June 22 2018 Solstice Celebration of the Strength and Resilience of People Experiencing Homelessness, a luncheon event attended by 60 people experiencing homelessness in which Local Hero awards and speeches were made; carrying out Voter Registration drive and forums; carrying out All In Listening Sessions; writing shelter encampment health advocacy documents; evaluating the HCH programs: Patient experience surveys and proposing new consumer-informed metrics; and finally serving to analyze and evaluate HCH program patient literature for readability and literacy.

Action: Provide Services for Health and Sanitation. Expand access to health and sanitation services, such as:

>> Toilets (24-hours)
>> Showers (mobile or using existing infrastructure)
>> Laundry
>> Warming/cooking facilities
>> Dumpster/garbage collection

Action: Expand Language Accessibility to the Housing Crisis Response System.

Ensure that people experiencing a housing crisis whose first language is not English have access to multilingual materials and information and staff who can assist them in their preferred language.

Action: Expand, Coordinate, and Enhance Multi-Disciplinary Team Street Outreach by Designated Census Tracts.

Expand Street Outreach from 15 full-time positions to 35 full-time positions countywide to ensure the

ability to connect unsheltered people across the County to available services. As housing capacity increases and unsheltered homelessness declines, the number of street outreach workers could decrease. Outreach teams should include staff with expertise in mental health, substance use, physical health, housing, public benefits, and/or lived experience. Teams should cover specific census tracts and efforts should be coordinated countywide to ensure appropriate coverage. Teams should engage individuals, help them meet basic needs, complete coordinated entry assessments to inform support plans, help them obtain/maintain documents for accessing housing and other resources, support linkages to health services, and increase access to public benefits.

Action: Provide Additional Shelter/Safe Spaces

>> Provide places where people can park and sleep at night that can be scaled back and/or converted to low-cost permanent housing. Locations need access to toilets, showers, dumpsters, safe parking/camping spaces, and power. These can be located on lots of businesses, community centers, places of worship, or other existing buildings that have infrastructure not used at night.

>> Stabilize and enhance existing year-round shelter beds to better meet the needs of individuals with significant health care issues and/or serious mental illness, and to meet County standards. This could include physical improvements and renovations, as well as modified standards/protocols to ensure that shelters are low-barrier and open 24 hours. Shelters should be funded at a base rate per bed per night to support operations that meet the County standards.

>> Make Warming or Seasonal Centers Year-Round When Possible. Expand opportunities for 24/7 access to warming and seasonal centers, with enhanced services, including:

> Facilities with amenities like meals, bathrooms, showers, laundry, storage for personal belongings and spaces for people to rest.

> Facilities that allow pets.

> Expanded drop-in centers with showers, laundry and safe indoor spaces, which can potentially serve as Coordinated Entry access points.

Spotlight: Safe Spaces in Fremont, Oakland, and Berkeley

More and more, local cities and nonprofits are partnering and using low-barrier, Housing First and harm reduction philosophies to provide safe and welcoming spaces for people to stay during the day and night.

In the newly opened Berkeley STAIR center, an emergency shelter with housing navigation services, participants can bring pets, have storage for all their belongings, have no curfews, and feel welcome. Similar policies are also in place for the Henry Robinson Multiservice Center in downtown Oakland, where residents can come and go at any time of the day, and where services are offered to help residents obtain permanent housing.

In Fremont, plans are in place to expand the current Wellness Center into a Homeless Wellness Center. This center will open 7 days a week and have staff onsite to provide mental health, employment, and housing services. Facility improvements include adding laundry machines, a second shower, additional furniture, and additional storage for individuals to store belongings.

A low-barrier, Housing First approach provides more accessible services for all and focuses resources into helping people obtain permanent housing solutions.

C. Expand Housing Opportunities

Target: Increase the number of people moving into a permanent home by 500 people per year, until 4,000 people move into housing in 2023. The EveryOne Home Results Based Accountability Committee will develop a data dashboard to track the number of people exiting homelessness. The dashboard will be publicly available on the EveryOne Home website.

Action: Use Land for Housing Efficiently.

Encourage multi-family, high-density, and accessory dwelling units. Consider relaxing restrictions that make it harder to build housing (height limitations, density, parking requirements, etc.) in combination with increased affordability requirements and strong preservation and anti-displacement provisions.

Action: Meet Inclusionary Zoning (IZ) policies and Housing Plan Targets.

>> Jurisdictions can require new residential developments to make a certain percentage of the housing units affordable to extremely low-income households or to provide funding for such homes.

>> Approve housing developments that achieve a "housing balance" where the overall affordability mix is proportional to Regional Housing Need Allocation by income levels.

Action: Expedite the Development of Affordable Housing.

>> Allow eligible affordable housing projects that meet existing zoning to be built "By Right," with a streamlined public process and administrative approval. Zoning-compliant affordable housing projects would not be subject to discretionary review.

>> Allow the development of small, affordable multi-family units in all appropriate low-density neighborhoods. Allow the development of affordable housing that is less expensive to build (ADUs, duplexes, quadplexes, prefabricated housing, etc.) to be built by-right in certain zones.

Action: Create Permanent, Dedicated Funding for Housing Operations and Services.

Without adequate resources to match the scale, homelessness will persist in Alameda County. EveryOne Home's needs analysis shows that 42% of homeless adults earn roughly 11% of area median income with fixed disability or retirement incomes – too low to qualify for much of affordable housing in Alameda County. Many just need permanently affordable homes and could sustain it without services typical of PSH. The *Strategic Update* projects that in Alameda County an additional 4,000 households will need to be sustained every year with flexible subsidies at an estimated annual cost of $53.6 million dollars. Additional funding is essential to create this vital resource.

Action: Ensure that Affordable Housing Built with New Capital Sources Prioritizes the Most Vulnerable.

Affordable housing developments are often targeted to those earning 30-60% area median income and therefore are out of reach for most of the homeless population. By connecting subsidies to affordable housing developments, we can ensure that more new affordable housing will house people experiencing homelessness.

Action: Expand Landlord Partners.

HCSA has dedicated $1.2 million in Whole Person Care funding to Landlord Liaison and Housing Subsidy Management Services. These programs identify landlords willing to accept clients and subsidies from HUD Continuum of Care (CoC) and MHSA rental assistance programs; support landlords when issues arise as a result of their involvement in these programs; directly manage some HUD CoC and MHSA-funded housing subsidies; coordinate with service providers and public housing agencies involved with managing housing subsidies to ensure landlord concerns are addressed in a timely and appropriate fashion; and operate a landlord incentive and risk mitigation fund. The value of this effort should be evaluated over time.

Spotlight: Oakland Housing Authority Incentive Program

The Oakland Housing Authority expanded the benefits offered to property owners. The four initiatives of the Owner Benefits Program include: Signing Bonus (New Landlord Incentive Payment), Re-rent Bonus (Vacancy Loss Payment), Inspect now, rent later (Prequalifying Unit Inspections), and the Owner Recognition Program.

Since implementation of the expanded benefits in early 2018, 75 new property owners have signed up to accept Section 8 housing vouchers.

Action: Increase Permanent Supportive Housing.

The *Strategic Update* estimates that 2,800 new permanent supportive housing units or subsidies will be needed by 2023 to be operating at the needed capacity of 5,000 units. We can reach this target by building new units with sources like No Place Like Home, local Housing Programs and the Veterans' Loans Bond. These units are often

integrated within affordable housing developments that have a mix of affordability levels in the development, while still including support services for tenants that need them. We can also expand subsidies for market rate and affordable housing with additional VASH vouchers, 811 vouchers, and subsidies funded by a dedicated revenue stream. Additional funding is needed to cover the cost of supportive services associated with PSH, estimated at $6,000-8,000 per year per unit. HCSA intends to work with housing developers to link appropriate support services with new developments. Additional advocacy at the state and federal level is needed to ensure the availability of flexible health care funding for housing-linked services.

Action: Increase Stock of and Accessibility to Alternative Housing Opportunities.

Traditional affordable housing is often costly and takes a long time to build. To reach housing goals in Alameda County, alternative housing opportunities such as shared housing, accessory dwelling units, prefabricated, and microunits should be expanded. Other options to explore include expanding and improving the quality of independent living and/or Room and Board housing, as supported by HCSA, and home sharing, as supported by the city of Fremont.

Action: Expand Tenancy Sustaining Services to Include More Households.

HCSA has dedicated $2.64m in Whole Person Care funding to create 1,000 slots of tenancy sustaining services that help formerly homeless people who have just moved into housing to become successful tenants. In addition to finding a means of sustaining those slots when the Whole Person Care pilot ends in 2021, funding is needed to create 2,000 additional spots for people housed in new PSH units described above.

7. A System with a Racial Equity Lens.

"Discrimination is both a cause and consequence of homelessness. Those who face discrimination on the grounds of race, ethnicity, place of origin, socioeconomic status, family status, gender, mental or physical disability, health conditions, sexual orientation and/or gender identity and age are more likely to become homeless, and once homeless, experience additional discrimination."
Leilani Farha, UN Special Rapporteur on adequate housing.

As discussed earlier, the disproportionate racial impacts of the housing crisis, especially on African Americans, are clear. Resourcing and renewing a system to reduce the number of unsheltered homeless people can be a critical intervention to increase the health and housing stability of people of color within the homeless population. However, this dual goal of housing justice and racial justice will only be achieved by addressing the complicated, historical realities of discriminatory policies and ensuring that our system is intentional about redressing those.

African Americans are overrepresented among the homeless when compared with the overall populations in Alameda County, making up 49% of the homeless population and 11% of the general population. Similarly, the American Indian and Native Alaskan population makes up 3% of the homeless population in Alameda County, but just 1% of the general population. At the same time, 30% of Alameda County's homeless population identifies as white, as compared with 50% of its general population. Because social and economic inequities are evident in the disproportionate representation of people of color among the homeless population in Alameda County and throughout the country, the *Strategic Update* propose to apply the same level of care and attention to understanding and redressing racial disparities in the Housing Crisis Response System that we are asked to extend to HUD sub-populations.

Historical inequities in housing policies and practice, law enforcement, economic opportunities, wealth disparities, offer explanatory context for racial and ethnic disparities, and it is critical that our response does not perpetuate those inequalities. EveryOne Home commits to continuing to analyze Housing Crisis Response System data to identify racial and ethnic disparities in the way the system is governed, people access programs, are treated by agencies and providers, and achieve positive outcomes. In addition, EveryOne Home partners will collaborate with those who are currently homeless to identify and design preferred models of housing and supports. We will also work in partnership with our people experiencing homelessness to determine needed changes to the way programs and services are delivered so that they are more equitable and accessible.

8. Reaching Our Goal: Our Communities

Homeless Families

The 2017 Point-In-Time Count and HMIS data show variation of the scale of family homelessness. Overall, families constituted 12.6% of the people counted in the PIT Count and 27% of the population served throughout the year in HMIS. One explanation could be that the pattern of family homelessness is different from that of adult-only households. Families without homes might stay with family and friends, in hotels, and in vehicles as well as in shelters, but less often on the streets. To account for the unique pattern, the Department of Education includes doubled-up families in its definition of homelessness. However, HUD does not consider doubling-up to be homeless. Coordinated Entry is identifying more unsheltered families, yet families with minor children remain a smaller proportion of the overall homeless population.

Forty five percent (45%) of the year-round shelter and transitional housing capacity and 74% of the Rapid Re-Housing capacity in Alameda County is dedicated to families. The number of homeless families with minor children has declined steadily over the last decade, and that trend will likely continue considering current resources as well as new Temporary Assistance to Needy Families (TANF) resources to dedicated to rehousing families. New and proposed prevention services will also assist families who are couch surfing and doubled up.

In addition, families with adults or children impacted by a serious mental illness or serious emotional disturbance are eligible for MHSA-funded permanent supportive housing as well as future housing units developed with No Place Like Home funds. Alameda County Behavioral Health Care Services coordinates mental health services for children with serious emotional disturbances and will work to link eligible families to the Coordinated Entry System for prioritization and matching to MHSA and No Place Like Home-funded housing.

The *Strategic Update* sets the following targets for reducing family homelessness:

>> Eliminate unsheltered family homelessness by December 2019.

>> Reduce the number of homeless persons in families to fewer than 200 by 2023.

Veterans

Operation Vets Home (OVH) is the initiative working to end veterans' homelessness in Alameda County. OVH members include staff from the U.S. Department of Veterans Affairs (VA), local veteran housing providers, and Continuum of Care staff. Other providers and elected officials participate periodically. Partners participate in monthly case conferencing and strategy meetings. Since the fall of 2015, the group has worked a By-Name-List (BNL) of homeless veterans, which stands at 437 people as of September 30, 2018. Thirty three percent (144) are chronically homeless. On average, 34 veterans per month join the BNL. This has increased with the launch of Coordinated Entry, as vets seeking services from a wide range of partners are now immediately added to the BNL. An average of 21 vets move off the list every month, primarily to permanent housing supported with Veterans Affairs Supportive Housing (VASH) vouchers or Supportive Services for Veteran Families (SSVF) rapid re-housing funds. Some veterans exit the list because they can no longer be located or have moved out of the county.

The *Strategic Update* and Operation Vets Home have set the following Targets:

>> End chronic veteran homelessness by March 31, 2020. With 125 new VASH vouchers in 2018-19 and 67 more project-based subsidies under construction, as well as the CoC prioritizing the high-need veterans who are ineligible for VA resources for other sources of PSH, partners expect to double the number of chronically homeless vets housed each month. At that pace, ending chronic veteran homelessness is possible in one year.

>> Reduce the number of veterans experiencing homelessness at any point-in-time to under 90 by December 31, 2021. Reaching this target would require housing an additional 18 veterans a month. SSVF resources often provide move-in funds for veterans with VASH vouchers. Once fully leased, SSVF slots for non-chronically homeless will increase by about 10 slots per month. The gap may be closed by reducing the number of vets becoming homeless using the prevention actions discussed above.

Chronically Homeless People, including seniors and persons living with serious mental illness

Chronic homelessness has been a focus of HUD Continuum of Care (CoC) funding and programs for many years. In 2017, 1,652 people in Alameda County met the definition of

chronically homeless[22] on the day of the Point-in-Time Count. HMIS data indicate that, over the course of a year, 3,000 individuals in 2,600 households met the definition of chronically homeless. Increasing lengths of time spent homeless result in people with disabilities "aging into" chronic homelessness.

Alameda County's customized assessment tool prioritizes chronically homeless persons for housing. Those with the longest histories of homelessness and the highest barriers to housing have the highest priority for most resources, including year-round emergency shelter, transitional housing and housing navigation. All CoC and Mental Health Service Act (MHSA) funded Permanent Supportive Housing operators are required to fill their openings from the Coordinated Entry prioritized list. Until June of 2018 the prioritized list for homeless disabled persons was maintained outside of HMIS and recently migrated to a new software platform that will integrate all previous By-Name-Lists. The goal of this transition is to increase the efficiency of matching to resources and reduce the lengths of time homeless. If so, it will help reduce chronic homeless. Partners continue to recruit housing operators to participate in Coordinated Entry to expand the number of units available.

Chronically Homeless Seniors: HMIS data indicate that 350, or 14%, of the 2,568 homeless seniors (ages 55+) in our system have been homeless longer than 12 months and have a disabling health condition. These seniors would be highest priority for any PSH built for this age range. Seniors require unique engagement and supportive service approaches to meet their needs. Many seniors may struggle with a wide range of health conditions that impact their ability to manage daily tasks. They are also more likely to be in and out of health care institutions that may make it more difficult to document their homelessness status according to HUD standards. Linkages with senior-specific community resources, as well as training and support for health and social service providers can help to address these issues. The county's In-Home Supportive Services Bridge Pilot project, which improved access to in-home care for individuals experiencing homelessness, is an example of an effective approach to replicate.

Persons with Serious Mental Illness—There are variety of data sources that show the considerable overlap between chronic homelessness and serious mental illness. Within Alameda County's mental health system, there has been a steady increase in annual mental health service program admissions among homeless individuals. In FY 17/18, 2,702 unique individuals entering County mental health programs were homeless, representing 10% of all the people receiving County mental health services. During the 2017 Point-in-Time Count, 2,307 (41%) of the people counted self-reported having a mental health condition. Over the course of one year, 4,238 adults (39%) represented in the County's HMIS self-reported a mental health condition. HMIS data indicate that 1,950, or 46%, of the 4,268 people reporting a mental health condition at intake also met the definition of chronic homelessness.

Individuals with serious mental illness also require unique engagement strategies. They may be more reluctant to access services due to their condition and may have had negative experiences with helping professions. For these reasons, many homeless people with mental health illnesses may not appear in the system at all, or do not receive services on an ongoing basis. In addition, individuals with serious mental health issues are more likely than the general population to experience co-occurring physical and substance use challenges. Integrated health services and improved access to co-occurring informed substance use treatment resources is critical for meeting the needs of this population.

California's No Place Like Home Program (NPLH) will make funds available to build permanent supportive housing for this population. It is imperative that the County maximize the use of these funds as soon as they are available. Efforts to expand outreach to these populations and their providers are underway and progress will be monitored through the HCSA data repository. Alameda County's Whole Person Care effort is investing resources to build a more integrated treatment system and provider organizational capacity to better meet the needs of Medi-Cal beneficiaries with complex health needs. These service resources will be linked with new No Place Like Home and other supportive housing units created for this subpopulation.

22 HUD definition of chronically homeless includes any person who has been homeless for 12 or more months (either continuously or in four or more distinct episodes over 3 years); who lives in a place not meant for human habitation, a safe haven, or an emergency shelter; and is living with a disability of longstanding duration. There are a number of additional qualifying details, all of which can be accessed on the HUD Exchange website: https://www.hudexchange.info/homelessness-assistance/resources-for-chronic-homelessness/

The *Strategic Update* sets following targets to reduce chronic homelessness:

>> End chronic homelessness for older adults age 50 and older by December 2020.

>> Reduce chronic homelessness among persons with serious mental illness by 30% by December 2021.

>> Reduce the overall annual count of chronically homeless people by 50% by December 2023.

Homeless Youth

In the first ever separate youth Point-In-Time Homeless Count in 2017, 919 unaccompanied Transitional Aged Youth (TAY) ages 18-24 were identified, 74% of whom were unsheltered. This number is more than double that of previous counts. Patterns of homelessness in this population are like families, and include nights staying off the streets, but often involving unsafe indoor situations. Homeless youth are also more likely to identify as LGBTQ+ than the general homeless population and have increased risk of violence and other forms of trauma. They are especially vulnerable to domestic violence, sexual assault, exploitation and human trafficking.

Interventions for TAY must be designed to address racial disparities, as almost 50% of unaccompanied TAY in Alameda County were African American. According to the SPARC report, African American youth had an 83% higher risk of homelessness compared to youth of other races.[23] In addition, TAY are more likely to have a history of foster care. At the Point-In-Time Homeless Count, 45% of sheltered TAY and 26% of unsheltered TAY reported a history of foster care.

Shelter and permanent housing targeted to this population includes:

>> 8 emergency shelter beds for minors,
>> 48 emergency shelter beds for TAY,
>> 284 transitional housing beds,
>> A new RRH project serving 60 youth per year, and
>> 70 units of PSH.

Alameda County partners that include Social Services Agency and All In Alameda County (formerly Interagency Children's Policy Council), and the CoC have launched a Youth Advisory Board.

This youth-specific planning process will set targets for reductions in youth homelessness and expanded capacity in youth services. In addition, the Behavioral Health Care Services for youth will work to ensure that homeless youth with serious mental illness are connected to the Coordinated Entry system and that youth are considered for MHSA, NPLH permanent supportive housing units, and other Housing Crisis Response System resources as appropriate.

Survivors of Domestic Violence

"Survivors of domestic violence" in this section refers to individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions, including human trafficking.

Survivors of domestic violence often face an untenable choice between their safety and their housing. Because of confidentiality requirements and the social stigma associated with victimization, accurately measuring the need for victim-centered housing and support services is difficult. However, the 2017 Point-In-Time Homeless Count showed that 1,026, or 18%, of homeless people reported having experienced domestic violence or sexual assault at some point in their lifetime. This is a significant proportion of the homeless population and warrants additional attention and focused resources.

Alameda County's domestic violence and sexual assault service providers offer the following resources targeted to survivors of domestic violence:

>> 175 beds of emergency shelter
>> 47 units of Rapid Re-Housing
>> 32 units of PSH

To identify survivors of domestic violence, the standard coordinated entry process begins with a safety screening. Once screened, survivors can choose to receive services from domestic violence service providers, and/or they can choose to access homeless support service and shelter. Survivors of domestic violence will have equal access to available housing resources through matching case conferences, which will include domestic violence service providers.

23 Center for Social Innovation. (2018, March) SPARC Phase One Study Findings. Retrieved from: http://center4si.com/wp-content/uploads/2018/03/SPARC-Phase-1-Findings-March-20181.pdf

Going forward, Alameda County's Housing Crisis Response System will need to collaborate with victim service providers and seek input from homeless survivors, to ensure the Housing Crisis Response System is trained and equiped to effectively serve survivors of violence. One of the most immediate steps the Housing Crisis Response System can take is to incorporate training on domestic violence, sexual assault, and trafficking into the standard training provided to the Housing Crisis Response System workforce. Additionally, the system can incorporate safety planning into housing problem solving interactions and implement trauma informed practices throughout the Housing Crisis Response System. The Continuum of Care will continue to pursue funding opportunities for safely housing this population.

9. Adoption and Implementation:

What does it mean to adopt the *EveryOne Home Plan to End Homelessness: 2018 Strategic Update?*

Jurisdictions committed to preventing and ending homelessness in Alameda County are encouraged to adopt the *Strategic Update* and develop local action plans to achieve the goals and targets. Implementation will look different depending on the specifics of each jurisdiction. However, adoption of the *Strategic Update* demonstrates a commitment to prevent homelessness, increase permanent affordable housing opportunities, and enhance the safety and dignity of people experiencing homelessness by:

>> Identifying and implementing policies, investments and actions that are applicable to your community.

>> Setting specific targets for how your community will contribute to achievement of the county-wide targets.

>> Participating in the mutual accountability structure of collective impact, which includes tracking performance to targets and adjusting approaches as needed.

>> Contributing human, financial, and political resources toward ending homelessness in your community.

>> Considering how your community can help address the needs of vulnerable populations while advancing solutions that benefit everyone who is affected.

>> Pursuing policies and practices that advance racial justice as well as housing justice.

>> Joining with other partners and communities to implement strategies that require collaboration and scaled effort.

>> Increasing awareness among and seeking endorsement of the *Strategic Update* by others in your community.

Non-profit, business, faith and community groups are invited to endorse the *EveryOne Home Plan to End Homelessness: 2018 Strategic Update.* Determine how your organization can contribute to achieving the collective goal and targets with advocacy, financial contributions, changes in programs and practices.

It will take all of us to implement and achieve the collective impact outlined in this plan. Here are just a few ideas:

Individuals can advocate for increasing resources.

Faith Communities can support advocacy efforts, open buildings and land as safe spaces for those who are unsheltered or for housing development.

Non-profit and organizations can review and improve program operations and outcomes.

Business Leaders can contribute resources and expertise to the advocacy effort and new initiatives such as the Flexible Housing Pool.

Government Agencies can ensure funding is aligned with strategies and redirect unspent resources to expand housing and prevention.

Advocacy Organizations can build momentum and look for additional opportunities for joint efforts.

City Councils and County Supervisors can adopt the Strategic Update and work to align public policies and resources.

Appendix A: Methodology

Projections were developed using the following approaches:

Number of People Experiencing Homelessness Annually (Figure 6)
According the 2017 Point-In-Time Count 2.2% of persons surveyed had been homeless for 7 days or less. That proportion was used to calculate the number of people becoming homeless each week in Alameda County as well as to estimate the total over the course of year.

> 2.2% X 5,629 = 124 people becoming homeless each week
>
> 124 people/week X 52 weeks = 6,440 people in 5,545 households becoming homeless annually
>
> 6,440 new people + 5,629 people already homeless as of January 2017 = 12,069 total people in 10,400 households experiencing homelessness annually

What Would Have Ended Their Homelessness (Figure 7)

Projecting those who could have been prevented from becoming homeless began with the number of persons who became homeless for the first time in 2017, multiplied by the percent of persons who were experiencing homelessness for the first time in the PIT Count survey who also said they came from rental housing or living with friends and family. These locations before homelessness indicate some existing housing resource that could be preserved. That total was multiplied by 80% assuming not all prevention efforts would succeed.

Those who self-resolved were estimated by using the proportion of those who exited in 2017 to unassisted permanent housing without going through RRH first. They may have used homeless support services and shelter, but solved their homelessness without financial assistance from the Housing Crisis Response System.

Those estimated to need Rapid Re-Housing had low or no incomes, but the possibility of increasing their resources to eventually maintain housing on their own.

Those projected to need permanent subsidies were those living on fixed disability or retirement incomes. In 2017 that was 42% of all adults served.

The portion who would need wrap-around services as well as subsidies (PSH) were estimated based using the number of chronically homeless served over the course of a year divided by 50%. This proportion reflects the history of chronically homeless persons exiting to permanent housing, many of whom do not exit to PSH, combined with those who have remained homeless.

Annual Targets for Reducing Newly Homeless through Prevention and Exits to Homes with Permanent Housing (Figure 8 and 9)

The annual targets of 500 each year are based on what it would take to get to a point in time count of under 2,200 people (the number of shelter beds) within five years.

Projected Needed Capacity (Figure 10)

The amount of each housing intervention needed by the end of 2023 derives from the proportion of people needing a given intervention to the number of people exiting to housing each year. For example, the 26% of people needing subsidized permanent housing applied to the 4,000 people exiting to housing in 2022 would give the number of people needing subsidized permanent housing that year. In case of Prevention and Rapid Re-Housing, the capacity only includes the year in which the services are provided, since these interventions are time limited. In the case of subsidized housing and PSH the capacity needed would increase each year because the support is permanent, and the capacity needed would accumulate until the need could be met with turnover.

Projected Costs (Figure 11)

Projected costs were developed using the average per household costs in 2017 for current prevention, Year Round Shelter Beds, RRH, and PSH programs. The average was then multiplied by the number of slots for the annual cost. The average cost, increased by 5% each year, and multiplied by the estimated needed capacity by 2023. For the permanent subsidy program the following assumptions underlie the amount of support required: assume 1/3 in affordable housing for those at 50% AMI, with the amount of subsidy calculated at the difference between allowable rent for a 50% AMI and 30% of SSI income; assume 1/4 in market rate paying 50% of the rent; assume 1/5 with getting a flat subsidy of $600/month; assume ¼ in market rate housing paying only 30% of SSI income. The 5% rent increases were presumed for this calculation as well. Program delivery costs are 12.5% of all direct costs.

These calculations resulted in the $228 million shortfall for operating a system at capacity. These cost estimates do not account for capital costs to develop units.

Appendix B: Glossary Terms

Annual Performance Report (APR): A standard report of the Homelessness Management Information System (HMIS) data required by the federal department of Housing and Urban Development (HUD).

Area Median Income (AMI): 100% of the gross median household income for a specific Metropolitan Statistical Area, county or non-metropolitan area established annually by HUD.

By-Name List : A real-time list of people experiencing homelessness in Alameda County. A robust By-Name List allows a community to not only know who is currently homeless, but also to understand the inflow (the number of people becoming homeless each month) and the outflow (the number of people obtaining permanent housing or otherwise leaving the system each month).

Chronic Homelessness: Either (1) a homeless adult with a disabling condition who has been continuously homeless for a year or more, OR (2) an individual with a disabling condition who has had at least four episodes totaling twelve months or more of homelessness in the past three years. Chronically homeless individuals may be accompanied by other family members.

Continuum of Care (CoC): Is an integrated system of care organized to carry out the responsibilities of addressing homelessness required by the McKinney-Vento Homeless Assistance Act, the HEARTH Act, and the 2012 Interim Rule in order to receive federal homeless assistance funding. It was designed to promote communitywide commitment to the goal of ending homelessness, provide funding for efforts by nonprofit providers, promote access to and utilization of mainstream programs by homeless individuals and families, and optimize self-sufficiency among individuals and families experiencing homelessness. EveryOne Home is the lead agency for the Alameda County Continuum of Care.

Coordinated Entry: Coordinated Entry (CE) is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed and prioritized for, referred, and connected to housing and assistance based on their strengths and needs. In Alameda County, HMIS is used in conjunction with CE to maximize accountability and organization.

Emergency Shelter: Temporary or interim places for people to stay, which include year-round emergency shelters, winter and warming shelters, navigation centers and transitional housing. These types of shelter have varying hours, lengths of stay, food service, and support services.

Fair Market Rent (FMR): The fair market rent is used by the Housing and Urban Development to determine how much rent should be covered through Section 8 and other housing subsidy programs.

Flexible Housing Pool: A Flexible Housing Pool (FHP) is a funding mechanism for public and private entities in a community to invest around a unified vision and to significantly and rapidly expand innovative solutions to ending homelessness.

Housing Choice Voucher (HCV): Also referred to as Section 8 Housing, Housing choice vouchers allow very low-income families to rent safe, decent, and affordable privately-owned rental housing. The tenants pay 1/3 of rent and the voucher pays the balance.

Homeless Management Information System (HMIS): A local database 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. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Homeless Services and Shelter: Describes the services and lodging people utilize while homeless. It includes Coordinated Entry, street outreach, housing navigation, drop-ins, shelters, transitional housing, and other social and health services

Housing And Urban Development (HUD): A federal agency dedicated to strengthening and supporting the housing market.

Housing Crisis Response System: The Housing Crisis Response System is Alameda County's overall system of housing services and programs that are coordinated to prevent homelessness whenever possible and ensure episodes of homelessness are brief and non-recurring.

Housing First: An approach that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered,

but are not mandatory, to maximize housing stability and prevent returns to homelessness.

Housing Inventory Count: An annual count of all temporary and permanent housing beds and units that are dedicated to homeless people, including emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing. The Housing Inventory Count is required by HUD and takes place during the last 10 days of January each year.

Housing Navigation: A set of services designed to support homeless households to locate, obtain, and retain housing. Navigation services include, but are not limited to, developing a housing support plan; searching for housing and assisting with applications and gathering required documentation; securing resources for one-time move-in expenses; coordinating move-in; and supporting housing retention.

Landlord Liaison and Housing Subsidy Management Services: Identify landlords willing to accept clients and subsidies from publicly funded rental assistance programs and provide support to landlords when issues arise as a result of their involvement in these programs. Support may include efficiently managing housing subsidies and payments to landlords, ensuring landlord concerns are addressed in a timely and appropriate fashion, and the operation of a landlord incentive and risk mitigation fund.

Literal Homelessness: Individual or family who lacks a fixed, regular, and adequate nighttime residence, specifically a person who:

>> Has a primary nighttime residence that is a public or private place not meant for human habitation

>> Is living in a publicly- or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)

>> Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

>> Is fleeing domestic violence, human trafficking and sexual assault.

Measure A1 (Alameda County): On November 8, 2016 Alameda County voters supported Measure A1, passing it with 73% of the vote. It will raise 580 million dollars for affordable housing across Alameda County. At least 20% of the units funded by the rental housing portion of the program will serve extremely low-income households at or below 20% of AMI.

Mental Health Services Act (MHSA): Proposition 63, the Mental Health Services Act (MHSA), expands and transforms California's county mental health service systems by imposing an additional one percent tax on individual, but not corporate, taxable income in excess of one million dollars. Funding provides more comprehensive and better coordinated care to those with serious mental illness, particularly in underserved populations. MHSA has provided resources to affordably house those living with serious mental illness.

Permanently Affordable Housing: Affordable housing that has been subsidized by government funds during construction and/or operation, such that the operator must charge below market rents affordable to tenants with moderate, low, very low, and extremely low incomes. Both rents and tenant incomes are capped by the regulatory agreements for use of public funds.

Permanent Supportive Housing (PSH): In addition to rent subsidies, PSH includes voluntary support services. The extent of services can vary depending on program resources and tenant needs. They typically include providing a case manager, care coordinator, and/or social worker who meets regularly with the tenant to assess needs and help accessing services. They often also include a range of health care services including clinics, psychiatric care and sobriety services.

Point-In-Time Homeless Count (PIT Count): Conducted within the last ten days of January, this biennial count of homeless persons provides a snapshot of the number of people experiencing homelessness on a given night. The PIT Count is a HUD mandated reporting process and one of the main sources of homeless data collection and reporting for Alameda County.

Prevention Resources: These resources are intended to help individuals and families resolve a housing crisis without having to enter shelter, transitional housing, or spend time living outdoors. They are more targeted to people most likely to become homeless than tradition eviction prevention services. Examples of prevention resources include one-time financial assistance, legal services, benefits advocacy, housing education and problem solving.

Proposition 13 (California): An amendment of the Constitution of California enacted during 1978, by means of the initiative process. The initiative was approved by California voters on June 6, 1978. The proposition decreased property taxes by assessing property values at their 1976 value and restricted annual increases of assessed value of real property to an inflation factor, not to exceed 2 percent per year. It also prohibited reassessment of a new base year value except for in cases of (a) change in ownership, or (b) completion of new construction. In addition to decreasing property taxes, the initiative also contained language requiring a two-thirds majority in both legislative houses for future increases of any state tax rates or amounts of revenue collected, including income tax rates. It also requires a two-thirds vote majority in local elections for local governments wishing to increase special taxes.

Rapid Re-Housing (RRH): Housing intervention that includes both financial and support services to locate, move-into and retain permanent housing. Assistance is time limited but can be up to 24 months in some programs.

Results Based Accountability: A framework that helps communities use data to make real progress in solving entrenched social problems. Using data, RBA asks whether the current situation is acceptable, or good enough. If not, then RBA seeks to "turn the curve" of the data by working backward from "ends," or a desired outcome, to "means," or the strategies and approaches to realize that outcome. RBA uses data to develop accountability for the well-being of people and the performance of programs.

Self-Resolved: This term is used to describe individuals and families who end their homelessness without financial assistance from the system of care. They may use homeless services such as outreach or shelter, but are not provided move-in monies or ongoing subsidies

Sheltered Homelessness: Describes those homeless individuals who are living in emergency shelters or transitional housing programs.

Support Services for Veteran Families (SSVF): A program of the U.S. Department of Veterans Affairs and community-based organizations that provides supportive services to very low-income Veteran families to improve housing stability. SSVF offers outreach, case management, and assistance in obtaining VA and other benefits and services. SSVF also provides time-limited payments to third parties (e.g., landlords, utility companies, moving companies, and licensed child care providers) if these payments help Veterans' families stay in or acquire permanent housing on a sustainable basis.

System Performance Measures: System level measures designed to measure the effectiveness and impact of the Housing Crisis Response System. HUD has defined six system performance measures that include: length of time persons remain homeless, the extent to which persons who exit homelessness to permanent housing destinations return to homelessness, change in annual counts of homeless persons, employment and income growth for homeless persons, number of persons who became homeless for the first time, and the successful placement in or retention of permanent housing. The Alameda County Continuum of Care has translated the HUD system performance measures into a set of local measures and targets designed to help understand and improve the performance of individual programs, agencies, and the system.

Temporary Financial Assistance: Time-limited assistance that can help with a range of costs associated with obtaining or retaining housing including rent and utility arrears, rental deposits, etc.

Tenancy Sustaining Services: Once homeless individuals and families are housed, many need ongoing support to sustain tenancy. Services include intervention for behaviors that may jeopardize housing; coaching on relationships with landlords; dispute resolution assistance; advocating and linking to eviction-prevention community resources; assistance with housing recertification; and housing management skills such as paying rent, money management, and community-building.

Transition Aged Youth: Refers to a youth aged 18-24 years

Transitional Housing (TH): A project that is designed to provide time-limited housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

United States Interagency Council on Homelessness (USICH): Coordinators of the Federal response to homelessness who work to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation.

Unsheltered Homelessness: Homeless individuals and families who are living on the streets or in

abandoned buildings, storage structures, vehicles, encampments, or any other place not meant for human habitation.

Veterans Administration Supportive Housing (VASH): A Federal Housing and Urban Development (HUD) program that combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics.

Veteran's Affairs (VA): The US Department of Veterans Affairs provides patient care and federal benefits to veterans and their dependents. Its housing programs include SSVF and HUD-VASH.

Whole Person Care: Whole Person Care is a five-year pilot (2016-2020) that is funded by a $140 million grant from the California Department of Health Care Services. The initiative allows the use of Medi-Cal funding for services not usually thought of as healthcare, in particular, housing services. In Alameda County, the pilot is called AC Care Connect and was developed to ensure people facing complex physical, mental, and housing challenges get the care and services needed to improve overall health and reduce unnecessary crisis system utilization. System-wide changes are focused on consumers receiving regular care from providers and finding a safe place to live. This is an innovative approach to enable providers from different systems (physical health, mental health, and housing) to work together to help people achieve optimal health.

Appendix C: 2018 Strategic Update Planning Process

This *Strategic Update* reflects a collaborative process between the EveryOne Home Leadership Board, its committees, and staff as well as community members, elected leaders, formerly and currently homeless people, nonprofit partners, and philanthropic organizations. Stakeholders offered critical insights that strengthened the analysis and generated the strategies included here. The EveryOne Home Leadership Board wishes to thank all those who contributed to this *Strategic Update* and who will be essential to its successful implementation.

Timeline	
May 2017	Call for updated Plan at Point-in-Time Count Press Event
June-October 2017	Develop key strategies in conversation with EveryOne Home Leadership Board, membership, key stakeholders and elected leaders
October 2017	Receive feedback on strategies at Annual Membership Meeting
November 2017- January 2018	Refine strategies using feedback gathered at Annual Membership and Leadership Board meetings
January 2018	6 Consumer Focus Groups
February 2018	Present strategies and analysis at Countywide Summit hosted by Alameda County Supervisor, Keith Carson
February-April 2018	Leadership Board refine content and direction of the Plan
June 2018	Leadership Board releases draft for public comment
July 2nd-August 6, 2018	Public Comment Period
October 2018	Leadership Board and membership adopted revised plan based on public comments
January 2019-May 2019	Alameda County Board of Supervisors and City Councils vote on adopting the plan

In January 2018, EveryOne Home held six consumer focus groups at locations throughout the county to solicit the opinions and expertise of people experiencing homelessness. Read more about findings from the Consumer Focus Groups in the Summary Report here.

Date	Location	City
1/25/2018	East Oakland Community Project	Oakland
1/26/2018	Dorothy Day House	Berkeley
1/29/2018	St Mary's Center	Oakland
1/30/2018	Abode Services	Hayward
1/31/2018	Ashbury Methodist Church	Livermore
2/1/2018	Family Resource Center	Fremont

EveryOne Home's Executive Director conducted the following stakeholder interviews to develop and improve strategies.

Date:	Key Stakeholders:	Agency/Jurisdiction:
1/11/2018	Supervisor Wilma Chan	Alameda County District 3
1/11/2018	Mayor Jesse Arreguin	City of Berkeley
1/12/2018	Dan Sawislak, Executive Director	Resources for Community Development
1/17/2018	Eric Johnson, Executive Director and Staff	Oakland Housing Authority
1/18/2018	Mayor Libby Schaaf	City of Oakland
1/19/2018	Rachael McNamara and Dana Bailey	City of Hayward
1/23/2018	Supervisor Keith Carson	Alameda County District 5
1/23/2018	Chris Gouig, Executive Director and Staff	Housing Authority of the County of Alameda
2/02/2018	Vivian Wan, Associate Director	Abode Services
2/06/2018	Councilmember Annie Washington	City of Oakland District 4
2/07/2018	Linda Gardner, Kathleen Clannon, Lori Cox, Colleen Chawla, Chris Bazar, Susan Muranishi	Alameda County Homelessness Council Meeting
2/07/2018	Supervisor Richard Valle	Alameda County District 2
2/09/2018	Sara Bedford and Lara Tannenbaum	City of Oakland
2/13/2018	Supervisor Keith Carson	Alameda County District 5
7/10/2018	Mayor Libby Schaaf	City of Oakland
8/07/2018	Mayor Lily Mei	City of Fremont
8/09/2018	Mayor Jesse Arreguin	City of Berkeley
8/09/2018	Mayor John Marchand	City of Livermore

The draft *EveryOne Home Plan to End Homelessness: 2018 Strategic Plan Update* was made publicly available on the EveryOne Home website and distributed to EveryOne Home's mailing list of over 2,000 recipients including but not limited to all 14 cities in Alameda County, County agencies and departments (Social Services Agency, Community Development Agency, Health Care Services Agency, Probation Department and Sherriff's Office), housing and homeless serving organizations, community members, public housing authorities in Alameda County, community health centers, former and currently homeless consumers, an family members.

Community members provided written comment using an electronic form available on the EveryOne Home website or by email. EveryOne Home received 77 written comments from 15 sources.

EveryOne Home also presented the plan and obtained feedback through the subsequent public discussion from two community meetings on July 16th and August 10th with 45 participants.

The EveryOne Home committees and working groups that provided expertise, revisions, and recommendations at several critical junctures included the Results Based Accountability Committee, Advocacy Committee, System Coordination Committee, Operation Vets Home Committee, and Funders Collaborative. The Strategic Update was also brought to the Youth Action Board for discussion.

A Strategic Plan Work Group worked with staff to finalize the draft post public comment. Members included Rachael McNamara from the City of Hayward, Susan Shelton the Membership Representative, Moe Wright the chair of the Leadership Board, and Claudia Young from the City of Livermore. Edits were also provided by Leadership Board Members Gloria Bruce and Robert Ratner.

EveryOne Home Leadership Board		
Name	**Title**	**Organization**
Sara Bedford	Human Services Director	City of Oakland
Paul Buddenhagen	Health, Housing and Community Services, Director	City of Berkeley
Kristen Lee	Health, Housing and Community Services, Acting Director	City of Berkeley
Linda Gardner	Director	Alameda County Housing and Community Development
Colleen Chawla	Director	Alameda County Health Care Servies Agency
Robert Ratner	Director of Housing	Alameda County Behavioral Health Care Services
Lori Cox	Director	Alameda County Social Services Agency
Claudia Young	Human Services Program Manager	City of Livermore
Jill Dunner	Member	City of Berkeley Human Welfare and Community Action Commission
Moe Wright	Principal	BBI Construction
Mayor Peggy McQuaid	Mayor	City of Albany
Suzanne Shenfil	Human Services Director	City of Fremont
Vivian Wan	Chief Operating Officer	Abode Services
Gloria Bruce	Executive Director	East Bay Housing Organizations
Melanie Ditzenberger	Captain	Alameda County Sheriff's Office
Kelly Glossup	Youth and Services Manager	Alameda County Sheriff's Office
Dr. Margot Kushel	Medical Doctor and Professor	U.C. San Francisco
Darin Lounds	Executive Director	Housing Consortium of East Bay
Supervisor Nate Miley	Supervisor	Alameda County Board of Supervisors
Dr. Christine Ma	Medical Director	UCSF Benioff Children's Hospital, Oakland
Terrie Light	Executive Director	Berkeley Food and Housing Project
Susan Shelton	Membership Representative	n/a
Chris Gouig	Director	Alameda County Housing Authority

Appendix D: Description of Coordinated Entry

The Housing Crisis Response System works to address housing crises for all Alameda County residents who are currently or recently homeless and those at-risk. The goal is for each individual or family that seeks assistance to have a safe, supportive and permanent place to call home.

Alameda County's Housing Crisis Response System is made up of housing services and programs including:

>>nformation & Referral
>> Street Outreach
>> Drop-In Centers
>> Housing Resource Centers
>> Housing Problem Solving Services
>> Homelessness Prevention Services
>> Housing Navigation Services
>> Warming and Seasonal Shelters
>> Year-Round Shelters
>> Navigation Centers
>> Transitional Housing
>> One-Time Financial Assistance and Flexible Funds
>> Short-Term Rental Assistance
>> Tenant Support Services
>> Permanent Subsidized Housing
>> Permanent Supportive Housing
>> Landlord Liaison Services and Incentive Programs
>> Flexible Housing Subsidies
>> Housing-Focused Health, Human, Social, and Legal Services

Coordinated Entry is the central organizing feature of the Housing Crisis Response System. Alameda County's Coordinated Entry operates through a network of access points (2-1-1, Housing Resource Centers, Outreach) and administrative coordination (Resource Zones) to identify, assess, prioritize, and match eligible people to housing services and programs. To ensure reliability and transparency, Coordinated Entry uses a standard process and set of tools for everyone who accesses the system, no matter which access point they use.

When individuals and families at-risk of homelessness seek services through an access point, they are briefly triaged using the standard screening and housing problem solving tools. Depending on their needs they are then referred to homelessness prevention services, legal services, and/or financial assistance to support them to stay housed. They are encouraged to call or visit the 2-1-1 website for information and referral to other social, financial, legal, educational, or health services.

When individuals and families who are currently experiencing homelessness seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately.

The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for the limited available homeless services and housing programs in Alameda County. Prioritization factors include health and vulnerability, age and family characteristics, housing barriers and homeless history. All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. Ranking of the By-Name List is dynamic, meaning a person's position on the list may change due to their circumstances or the circumstances of others.

After completing a Coordinated Entry assessment, individuals or families experiencing homelessness are connected to a housing resource center for outreach, on-going support, and matching to housing services and programs. Matching is the step of Coordinated Entry by which available housing services or programs are offered to homeless individuals or families with the highest need. The following services or programs are offered based on the individual or family's rank on the By Name List and the eligibility criteria established for the available program:

Homeless Services and Housing Programs Matched to by Coordinated Entry.
> Housing Navigation > Year-Round Shelter > Rapid Rehousing > Permanent Supportive Housing > Transitional Housing > Tenancy Sustaining Services > Landlord Liaison Services > Certain SSI Advocacy, Substance Use Treatment, Veteran, Mental Health, and Behavioral Health Programs

Alameda County is committed to ensuring all persons experiencing homelessness remain aware of the assessment and referral process to access available housing and related support services. These efforts include the utilization of Alameda County's 2-1-1 information and referral line with multiple language and TDD capacity as an initial referral portal. Outreach workers throughout the county have received training on the coordinated entry assessment tool and process. Designated access points with drop-in hours have been established throughout the County. Policies and procedures to reduce barriers and discrimination based on race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, and gender identity have been written and are reviewed on a regular basis through a System Coordination Committee. Periodic review of aggregate data is conducted to identify potential signs of discrimination or differential treatment of particular groups.

Alameda County's Coordinated Entry operates through a network of access points (2-1-1, Housing Resource Centers, Outreach) and administrative coordination (Resource Zones) to identify, assess, prioritize, and match eligible people to housing services and programs.

RESOURCE ZONE	ZONE COORDINATOR	COORDINATES FOR	AFFILIATED HOUSING RESOURCE CENTERS	MATCHES TO
Oakland Adults	City of Oakland	Oakland, Piedmont	Downtown Oakland HRC (BACS) East Oakland HRC (EOCP)	Housing Navigation Year-Round Shelter Transitional Housing Rapid Rehousing Certain SSI Advocacy, Substance Use Treatment, Mental Health and Behavioral Health Programs
North County Adults	City of Berkeley	Albany, Berkely, Emeryville	North County HRC (BFHP)	
North County Families	City of Oakland	Albany, Berkeley, Emeryville, Oakland, Piedmont	North County Family Front Door (EOCP, BFWC)	
Mid County Adults + Families	Abode Services	Alameda, San Leandro, Hayward, Castro Valley, San Lorenzo, Cherry Land, Ashland, unincorporated areas	Mid-County West HRC (BFWC)	
East County Adults + Families	Abode Services	Dublin, Livermore, Pleasanton, and unincorporated areas east of foothills	Tri-Valley County HRC (Abode Services)	
South County Adults + Families	Abode Services	Fremont, Newark, Union City, Sunol, and unincorporated areas around Fremont	Tri-City HRC (Abode Services)	
Countywide Adults + Families	Alameda County Health Care Services Agency, Home Stretch	Countywide	N/A	Permanent Supportive Housing Tenancy Sustaining Services Landlord Liaison Services Certain Veteran, Mental Health, and Behavioral Health Permanent Housing Programs

Resource Zones provide administrative coordination of resources and ensure standardized prioritization and matching to those resources.

ALAMEDA COUNTY		STANDARD COORDINATED ENTRY PROCESS										
		SCREENING			HOUSING PROBLEM SOLVING		COORDINATED ENTRY ASSESSMENT				PRIORITIZATION	MATCHING
		Safety Screening	Housing Crisis Screening	Referral	Housing Problem Solving	Referral	Release of Information	Client Profile	Assessment	Referral	Prioritization	Matching
ACCESS POINTS	2-1-1 Call Center	X	X	X	X	X						
	Outreach	X	X	X	X	X	X	X	X	X		
	Housing Resource Centers	X	X	X	X	X	X	X	X	X		
RESOURCE ZONES											X	X

Homelessness prevention services, legal services, and financial assistance are limited resources in Alameda County, and now, the providers offering these services are using a standard method to prioritize who receives these resources. For prevention resources referred to through Coordinated Entry (services funded by Federal ESG funds), the factors used to target individuals and families include:

Factors for Targeting Homelessness Prevention Resources	
At Immediate Risk of Homelessness	An individual or family who will imminently lose their primary nighttime residence, provided that: >The primary nighttime residence will be lost within 14 days of the day of application for homeless assistance; >No subsequent residence has been identified; and, >The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing
Within the category of "imminent risk" special attention and outreach is done to target those households that are:	> Doubled up with family and friends, must move within 14 days and are seeking to enter shelter; > Living in a hotel or motel using their own resources, must leave within 14 days, and are seeking to enter shelter; > Living in their own housing, are being evicted for non-payment of rent, must leave within 14 days, and are seeking shelter; > Fleeing domestic violence; > Imminently leaving foster care or have recently left foster care and are at imminent risk of losing their current housing.

To ensure reliability and transparency, Coordinated Entry uses a standard process and set of tools for everyone who accesses the system, no matter which access point they use.
Prioritization for homeless resources is based on the following factors:

Prioritization Factors	
Household Characteristics	> Children aged 5 or under > Seniors > Larger households > Pregnant household member > Youth head of household aged 18-24
Homeless History	> Unsheltered > In emergency shelter > Episodes of homelessness > Length of time homeless
Housing Barriers	> Time since last held a lease > History of eviction > History of incarceration/law enforcement involvement > Income
Vulnerability	> Emergency service utilization > Functional impairment/disability > Life-threatening illnesses or acute medical conditions > Unsafe or risky survival strategies > Households whose members have run away from home > Chronic homelessness

About the 2018 Strategic Update

This document is a strategic update to the *EveryOne Home Plan to End Homelessness* which was first published in 2007. The update was produced through a year-long community process that included 25 key stakeholder interviews, six focus groups attended by 70 people currently homeless in the county, multiple community forums with over 200 participants, and a review of best practices and plans from communities with similar homeless populations and housing markets. It is informed by data from countywide Point-In-Time Homeless Counts, homeless housing and services inventories, and the Homeless Management Information System (HMIS). The EveryOne Home Leadership Board wishes to thank all who contributed to the update and who are now working to make its vision a reality in our community.

About EveryOne Home

EveryOne Home is leading the collective effort to end homelessness in Alameda County. We're building momentum, using data to improve our efforts, and aligning resources for long-term solutions.

EveryOneHome

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