

**Presentation Summary – Melissa Moore**  
**Alameda County Measure W/Home Together Fund**  
**Community Meeting, District 2**  
**Monday December 8<sup>th</sup>, 5-6:30pm**

**Presenter:** Melissa Moore

**Background & Experience**

- Seven years of lived experience with homelessness
- Former Community Health Outreach Worker, Tiburcio Vasquez
- Board Member, Street Medicine Institute
- Founder, RISE (Rising Into Self-Empowerment) — street outreach focused on engagement, dignity, and self-determination

**Purpose of Presentation**

This presentation walked participants through the homelessness response system from both lived experience and service provider perspectives, highlighting system successes, structural failures, and opportunities for improvement.

**-Accessing the System**

Fragmented and inconsistent entry points

Access depends heavily on provider capacity and follow-through

Primary access pathways discussed:

- Street Medicine Teams/Street Outreach
- HMIS / Clarity System

**Street Medicine Teams Strengths**

Medical providers meet people where they are

Immediate diagnosis and engagement in non-clinical settings

**Challenges**

Understaffed due to funding limitations

Inconsistent return visits result in loss of engagement and continuity of care

**-HMIS / Clarity System**

**Strengths**

Centralized client information

Supports housing navigation when used correctly

**Challenges**

Inaccurate or false data entry

Lack of follow-up after initial contact

Clients stagnate and are not housing-ready

**-Encampment Sweeps**

Often conducted without preemptive planning

**Needed before sweeps:**

Early legal aid and advocacy

Storage provided in advance

Credible, humane alternatives for relocation

Preemptive coordination preserves dignity and reduces trauma

### **-Housing Models**

Non-congregate interim housing should be prioritized

Congregate shelters:

Do not work for many individuals

Create additional barriers

Do not resolve homelessness

### **System-Level Needs**

-Stronger accountability and oversight of large nonprofit providers

-Meaningful integration of people with lived experience and peer support

-Expanded legal advocacy to protect basic human rights

-Community collaboration and storytelling to build public support

### **Sanctioned Encampments**

Proven effective in other jurisdictions

A local pilot project can demonstrate feasibility and impact

### **Measure W Funding: Closing Message & Call to Action**

Measure W funding is critical and should be used to:

Challenge traditional ideology

Question existing system structures

Build new bridges that actually move people off the streets

Funding should be outcome-driven, not system-preserving:

Do not continue to expand or sustain programs that fail our people

Invest in real-world solutions highlighted throughout this presentation

### **Targeted Measure W investments include:**

-Fully staffed and consistent street medicine teams

-HMIS/Clarity training, audits, and accountability

-Preemptive sweep response: legal aid, storage, credible relocation options

-Non-congregate interim housing

-Lived-experience leadership and peer transitional support

-Community collaboration and storytelling

-Pilot projects like sanctioned encampments

### **The goal of Measure W funding is clear:**

**To get people off the streets — not to maintain ineffective systems or programs that do not serve the people most impacted**