

2022 ALAMEDA COUNTY



HOMELESS COUNT AND SURVEY COMPREHENSIVE REPORT

REPORT BY ASR

APPLIED SURVEY RESEARCH

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

Project Lead: Julie Burr

Senior Data Analyst: Javier Salcedo, Kevin Click, and Alex Werner

Graphic Design and Layout: Jenna Webber and Emily Eder

Department Vice President: Peter Connery

LOCATIONS

Central Coast:

55 Penny Lane, Suite 101
Watsonville, CA 95076
tel 831-728-1356

Bay Area:

1871 The Alameda, Suite 180
San Jose, CA 95126
tel 408-247-8319

Sacramento:

5440 Park Dr.
Rocklin CA 95650
tel 916-247-8319

www.appliedsurveyresearch.org



TABLE OF CONTENTS

EveryOne Counts! 2022 PIT Count Planning Committee.....	7
Acknowledgments	9
Introduction	12
Point-In-Time Census.....	14
Point-In-Time Count – Key Data Findings	17
Number And Characteristics of Homeless Persons	18
Subpopulations	25
Survey Findings	26
Living Accommodations.....	26
Duration And Recurrence of Homelessness	29
Primary Cause of Homelessness	31
Sexual Orientation and Gender Identity.....	32
Foster Care System	33
Criminal Justice System	34
Health.....	35
Domestic/Partner Violence or Abuse	37
Services and Assistance	38
Employment, Income, and Benefits.....	39
Select Populations	41
Single Adults 25 Years and Older	42
Families with Children	45
Unaccompanied Children and Transition-Age Youth	47
Chronically Homeless Persons	51
Veterans.....	54
Conclusion.....	56
Appendix A: Methodology	58
Street Count Methodology	60
Shelter Count Methodology	64
Survey Methodology.....	65
Appendix B: Definitions and Abbreviations	67
Appendix C: Point-In-Time Count Results.....	69
All Households	69

Youth Households.....	71
Veteran Households	72
Additional Homeless Populations.....	74
Appendix D: Adult Survey and Youth Screening Tool.....	75
Appendix E: Survey Results.....	78

TABLE OF FIGURES

Figure 1. Total Number of Homeless Persons Enumerated During the Point-in-Time Count	18
Figure 2. Total Number of Homeless Persons by Shelter Status	18
Figure 3. Total Number of Homeless Persons by Location	19
Figure 4. Total Number of Homeless Persons by Household Type, Age, and Shelter Status	20
Figure 5. Total Number of Homeless Persons by Gender	20
Figure 6. Total Number of Homeless Persons by Household Type, Gender, and Shelter Status	21
Figure 7. Total Number of Homeless Persons by Hispanic/Latinex Ethnicity	22
Figure 8. Total Number of Homeless Persons by Race	22
Figure 9. Total Number of Homeless Persons by Jurisdiction and Shelter Status	23
Figure 10. Total Number of Homeless Persons by Census Tract	24
Figure 11. Federally Reported Subpopulations	25
Figure 12. Location of Residence When Most Recently Becoming Homeless (All Respondents)	27
Figure 13. Length of Time Spent in Alameda County (All Respondents)	27
Figure 14. Living Arrangements Immediately Prior to Becoming Homeless by First Time Homelessness	28
Figure 15. Experiencing Homelessness for the First time	29
Figure 16. Number of Episodes of Homelessness in the Past Three Years	29
Figure 17. Length of Current Episode of Homelessness	30
Figure 18. Age at First Experience of Homelessness	30
Figure 19. Primary Cause of Homelessness (Top Five Responses)	31
Figure 20. COVID-19/Wildfire Causing Homelessness	31
Figure 21. Sexual and Gender Identity	32
Figure 22. History of Foster Care	33
Figure 23. Criminal Justice Involvement	34
Figure 24. Health Conditions	35
Figure 25. Health Conditions by Shelter Status	36
Figure 26. COVID-19 Vaccine Status	36
Figure 27. Domestic Violence	37
Figure 28. History of Domestic Violence by Gender	37
Figure 29. Preventing Homelessness (Top Five Responses)	38
Figure 30. Reasons for Not Using Shelter Services (Top Five Reasons)	38
Figure 31. Income or Benefits Currently Being Received (Top Five Responses and Refuse)	39
Figure 32. Current Employment Status	39
Figure 33. Barriers to Employment (Top Five Responses)	40
Figure 34. Number of Single Adults 25 Years and Older Enumerated During the Point-in-Time Count by Shelter Status	42
Figure 35. Length of Current Episode of Homelessness Among Single Adults 25 years and Older	42
Figure 36. Living Arrangements Immediately Prior to Becoming Homeless This Time Among Single Adults 25 Years and Older (Top Five Responses)	43
Figure 37. Primary Cause of Homelessness Among Single Adults 25 Years and Older (Top Five Responses)	43
Figure 38. Support Needed to Prevent Housing Loss Among Single Adults 25 Years and Older (Top Five Responses)	44
Figure 39. Health Conditions Among Single Adults 25 Years and Older	44
Figure 40. Total Number of Homeless Families Enumerated During the Point-in-Time Count	45
Figure 41. Primary Cause of Homelessness Among Families with Children	46

Figure 42. Health Conditions Among Families with Children	46
Figure 43. Total Number of Unaccompanied Children and Transition-Age Youth Enumerated During the Point-in-Time Count.....	47
Figure 44. Primary Cause of Homelessness Among Unaccompanied Children and Transition-Age Youth (Top Five Responses)	48
Figure 45. Health Conditions Among Unaccompanied Children and Transition-Age Youth	49
Figure 46. Sexual and Gender Identity Among Unaccompanied Children and Transition-Age Youth	49
Figure 47. History of Foster Care Among Unaccompanied Children and Transition-Age Youth	50
Figure 48. Total Number of Chronically Homeless Persons Enumerated During the Point-in-Time Count	51
Figure 49. Primary Cause of Homelessness Among Chronically Homeless Persons (Top Five Responses)	52
Figure 50. Health Conditions Among Chronically Homeless Persons.....	53
Figure 51. Total Number of Homeless Veterans Enumerated During the Point-in-Time Count	54
Figure 52. Primary Cause of Homelessness Among Veterans (Top Five Responses)	55
Figure 53. Health Conditions Among Veterans	55

EVERYONE COUNTS! 2022 PIT COUNT PLANNING COMMITTEE

The PIT Count Planning Committee in collaboration with Applied Survey Research (ASR) led the strategy design and implementation of the 2022 data collection effort. The Committee also coordinated with the CoC Committee and other city and county stakeholders, conducted outreach and engagement activities, and oversaw all data collection components. Committee members contributed critical understanding of local resources, deep understanding of enumeration best practices, and many years of experience conducting the Count in Alameda County.

EVERYONE HOME

Everyone Home, the collective impact initiative for the Berkeley/Oakland/Alameda County Continuum of Care (CoC) is actively engaged in the fight to end homelessness in Alameda County. In partnership with the Alameda County homeless and housing service delivery system, city leaders, the business community, the faith community, non-profits, and, most importantly, those who have themselves experienced the trauma of homelessness, EveryOne Home is building a future that aspires to sufficient resources, advocacy, and strong community involvement to erase homelessness in our social landscape. In partnership, EveryOne Home is building a future in which there are sufficient resources that 1) Prevent homelessness, 2) Ensure safer conditions for those experiencing homelessness, 3) Increase the quantity of and access to permanent homes, 4) Centers racial equity in our homelessness response, 5) Includes people with lived experience of homelessness as decision-makers throughout our homelessness response system, and 6) Strengthens our system's coordination, communication, and capacity.

EveryOne Home Staff:

Chelsea Andrews, Executive Director

Katie Haverly, Director of Research and Data Analytics

ASPIRE CONSULTING LLC

Aspire Consulting LLC empowers communities to refine its programs and housing crisis response system to be housing-focused, oriented to outcomes, effective, efficient, and well-coordinated in order to reduce homelessness and serve people experiencing homelessness well. Focal points of Aspire Consulting LLC's work include: training and project management for measuring and improving outcomes; staff training, retreats, and learning collaboratives to align organizational culture and practices toward housing first, low barrier approaches; planning and launching coordinated entry systems; optimizing housing pathways; and training diverse community stakeholders about the cultural shift and technical refining to be more permanent housing, and outcome, focused. Aspire Consulting LLC also has many years of experience in Point-in-Time Counts, Homeless Management Information Systems, Homeless and Caring Court, and 100 Day Challenge performance improvement initiatives.

Aspire Consulting LLC Staff:

Kathie Barkow, Principal

ALAMEDA COUNTY HOUSING AND COMMUNITY DEVELOPMENT (HCD) DEPARTMENT

The Housing and Community Development Department (HCD) plays a lead role in the development of housing and programs to serve the county's low- and moderate- income households, homeless, and disabled populations in Alameda County. HCD maintains and expands housing opportunities for low- and moderate- income persons and families by preserving the county's housing stock through rehabilitation and repair assistance programs, expanding the supply of affordable housing for low-income renters and owners, serving the needs of the homeless community through collaboration with homeless service providers.

Alameda County HCD Department Staff:

Michelle Starratt, Director

Natasha Paddock, Deputy Director, Homeless Division

Riley Wilkerson, Housing and Community Development Manager

Suzanne Campillo, HMIS Admin Support

ALAMEDA COUNTY OFFICE OF HOMELESS CARE AND COORDINATION (OHCC)

The Office of Homeless Care and Coordination (OHCC), formed in early 2020 within the Alameda County Health Care Services Agency, is working to build a robust, integrated, and coordinated homelessness response system and housing services in Alameda County. OHCC works to improve efficiency and coordination around strategic planning and service delivery for efforts to end homelessness within the Continuum of Care and among county agencies and local jurisdictions.

Alameda County OHCC Staff:

Kerry Abbott, Director

Suzanne Warner, Director of Policy and Planning

ACKNOWLEDGMENTS

The considerable talents and efforts of many individuals helped ensure the success of this endeavor. EveryOne Counts! 2022 PIT Count Planning Committee would like to thank the hundreds of community volunteers who were out in the cold morning hours to enumerate people who were unsheltered, staff of sheltering programs who enumerated and surveyed program residents, and many service providers who facilitated the process of homeless peer enumeration by recruiting Count workers, assisting in the administration of surveys, and opening the doors of their facilities to host training sessions, deploy Count workers, and distribute surveys. Finally, and importantly, the EveryOne Counts! 2022 PIT Planning Committee would like to thank the many hundreds of people experiencing homelessness who responded to the survey, whose experience is reflected throughout the findings of this report.

COUNT & SURVEY COORDINATION AND PLANNING

A special thank you to the following agencies, programs and individuals, who generously supported with planning, coordination, recruitment, communications, and participation in the 2022 Alameda County Point-in-Time Census and Survey activities including the pre-Count, the visual Count, youth Count, and recruitment and support of Guides:

Alameda County Health Care for the Homeless - Lynette Ward, Phil Clark

Alameda County Housing and Community Development Department - Michael Drane
Alameda County Housing and Community Development Department, Homeless Management Information System (HMIS) - Suzanne Campillo

Bay Area Community Services (BACS) - Amanda Olson, Clarisa Burton, Jovan Yglecias, Gary Tia & Khalil Tokhey

Berkeley Food and Housing Project - Rafay Mazhar

Building Futures with Women and Children (BFWC) - Cecilia Flores

City of Alameda - Veronika Cole & Lois Butler

City of Albany - Annemarie Heineman

City of Berkeley - Josh Jacobs

City of Emeryville - Chadrick Smalley

City of Fremont - Laurie Flores

City of Hayward - Jessica Lobedan

City of Livermore - Josh Thurman

City of Oakland - Talia Rubin, LaNita Hogue & Anthony Smalls

City of Oakland Youth Action Board - Philip Jones

City of Pleasanton - Jay Ingram & Becky Hopkins

City of San Leandro - Elsa Castillo

City of Union City - Jesus Garcia

CityServe of the Tri-Valley - Margaretann Fortner

Covenant House of Oakland - Brian Bob

Downtown Streets Team - Ian Betrand & Sidney Siu

DreamCatcher Youth Services

East Bay Home Bridge Connect - Cathy Ralph

HIV Education and Prevention Project of Alameda County (HEPPAC) - Sabrina Fuentes

Operation Dignity - Tomika Perkins, Doris

Freeman, L. Wilson, Z. Wilson, Eric James &

Sabrina Buster

Second Chance - Nicole George

Tiburcio Vasquez Health Center - Elizabeth

Torkington & Maxx McNeil

Village of Love - Joey Harrison & Raj S

Other special thanks to the following agencies and individuals for their support and participation in the 2022 Alameda County Point-in-Time Census and Survey, PIT Stops, safe parking programs, and unsheltered family data collection:

24 Hour Parent Teacher Center
A Safe Place
Abode Services
Alameda County Housing and Community Development Department
Alameda County Health Care for the Homeless Regional Coordinators
Alameda County Sheriff's Office
Alameda County Office of Education
All Home
Asbury Church
BART – Daniel Cooperman
Bay Area Community Services
Bay Area Council
BBI Construction
Berkeley Food and Housing Project
Berkeley Unified School District
Block By Block
Bonita House
Building Futures with Women and Children
Building Opportunities for Self Sufficiency (BOSS)
Caltrans Bay Area-District 4 – Dina El-Tawansy, Debra Nelson, Cheryl Chambers, Leah Budu, and John Samson
City Team International
City of Alameda
City of Albany
City of Berkeley
City of Dublin
City of Emeryville
City of Fremont
City of Fremont Family Resource Center
City of Hayward
City of Livermore
City of Newark
City of Oakland
City of Piedmont
City of Pleasanton
City of San Leandro
City of Union City
City of Union City CAREavan
CityServe of the Tri-Valley
Cityteam

Cornerstone Fellowship
Covenant House
Dorothy Day House
Downtown Streets Team
East Bay Housing Organizations
East Bay Regional Parks District
East Oakland Collective - Candice Elder & Darbi Howard
East Oakland Community Project (EOCP)
Eden I & R, Inc.
El Puente Comunitario - Elena Lepe & Elisa Lopez
Family Bridges - David Le
Family Emergency Shelter Coalition (FESCO)
FEMA COVID-19 Shelters
First Congregational Church of Berkeley
First Place for Youth
First Presbyterian Church of Hayward
Five Keys FEMA Shelter
Fred Finch Youth Center
Fremont Unified School District
Karen Boyd
Housing Consortium of the East Bay (HCEB)
Lifelong Street Medical - Ryan Wythe
Men of Valor
New Haven Unified School District
Oakland Catholic Worker
Oakland Dream Center
Oakland Elizabeth House
Oakland Unified School District
Open Heart Kitchen
Operation Dignity
Roots Community Health Center
Ruby's Place
Safe Alternatives to Violent Environments (SAVE)
Salvation Army Oakland Garden Center
Second Chance
Seventh Step Foundation, Inc.
ShelterOak
Shepherd's Gate
St James Episcopal Church
St. Mary's Center
St. Vincent de Paul
Swords to Plowshares

The Village of Love
Tiburcio Vasquez Health Center - Elizabeth
Torkington & Maxx McNeil
Tri Valley Haven

Volunteers of Love
Women's Daytime Drop in Center
Youth, Engagement, Advocacy and Housing - YEAH!
Youth Spirit Artworks

LIVED-EXPERIENCE GUIDES AND SURVEYORS

A team of approximately 120 trained, currently and formerly homeless individuals worked as Guides, embedded reporters, and surveyors, ensuring the 2022 count's accuracy. We thank them for their excellent work and time spent on the project. Their insight and wisdom are invaluable to this work.

SURVEY TRANSLATION

Javier Salcedo, Juliana Huaroc, and Laura Guzman



INTRODUCTION

As required by the U.S. Department of Housing and Urban Development (HUD) of all communities receiving federal funding to provide homeless services, Continuums of Care (CoC) across the country report the findings of their local Point-in-Time Count to HUD. Currently, the Alameda County CoC receives approximately \$40 million dollars annually in federal funding. Furthermore, Alameda County, its providers and cities, and the State of California all use the Point-in-Time Count and Survey data for various fundraising, modeling for bringing the system to scale, planning, funding allocations, and expanding housing and services to meet the needs and make improvements.

Significantly, the Alameda County Point-in-Time (PIT) Census and Survey in 2022 was conducted during the COVID-19 pandemic and is the only full sheltered and unsheltered Count since 2019. The 2021 unsheltered PIT Count was postponed to the end of January 2022 due to COVID-19 safety concerns and again to February 2022 due to the January 2022 Omicron COVID-19 surge.

Alameda County has partnered with ASR to conduct its Point-in-Time (PIT) Census since 2017, maintaining a similar methodology, thus ensuring as much consistency as possible from one Count to the next, even with adaptations to the 2022 Count to maximize safe participation. ASR is a locally based social research firm that has extensive experience in homeless enumeration and needs assessment, having conducted homeless Counts and surveys throughout California and across the nation. Their work is featured as a best practice in the standard process HUD publication, *A Guide to Counting Unsheltered Homeless People*, as well as in the Chapin Hall at the University of Chicago publication, *Conducting a Youth Count: A Toolkit*.

PROJECT OVERVIEW AND GOALS

For the Homeless Census and Survey to best reflect the experience and expertise of the community, the EveryOne Counts! 2022 PIT Count Planning Committee held planning meetings with various local stakeholders. These meetings engaged those from City and County departments, community-based service providers, people experiencing homelessness, and other interested and informed stakeholders. The contributions made by stakeholders helped inform the 2022 Planning Committee and were instrumental to ensuring the 2022 Alameda County Point-in-Time Homeless Census and Survey reflected the needs and concerns of the community.

The 2022 Planning Committee identified several important project goals:

- To conduct the PIT Count in such a manner that the health and safety of all participants was a primary operational consideration and all County Public Health recommended practices were followed in field work associated with the PIT Count;
- To preserve current federal funding for homeless services and to enhance the ability to raise new funds;
- To improve the ability of policy makers and service providers to plan and implement services that meet the needs of the local homeless population;
- To measure changes in the numbers and characteristics of the homeless population and track the community's progress toward ending homelessness;
- To increase public awareness of overall homeless issues and generate support for constructive solutions;

- To assess the status of specific subpopulations, including veterans, families, youth, young adults, and those who are chronically homeless;
- To capture race and equity data;
- To increase integration of jurisdictional support; and
- To automate data collection tools.

FEDERAL DEFINITION OF HOMELESSNESS FOR POINT-IN-TIME COUNTS

In this study, the HUD definition of homelessness for the Point-in-Time Count was used. This definition includes individuals and families:

- Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements; or
- With a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

It should be noted that the broader definition of homelessness defined by the McKinney-Vento Act and used by K-12 school districts includes persons and families living in “double-up” situations as well as hotels and motels. However, this definition could not be used for purposes of this report.



POINT-IN-TIME CENSUS

The 2022 Alameda County Point-in-Time Homeless Census represents a complete enumeration of all sheltered and unsheltered persons experiencing homelessness. It consisted of two primary components:

- **General Street Count:** An early morning count of unsheltered homeless individuals and families on February 23, 2022 by group size, type of living structure, and census tract. This included those sleeping outdoors on the street; at bus and train stations; in parks, tents, and makeshift shelters; and in vehicles and abandoned properties.
- **General Shelter Count:** A nighttime count of homeless individuals and families staying at publicly and privately-operated shelters on February 22, 2022. This included those who occupied emergency shelters, transitional housing, and safe havens and a few safe parking programs for RVs that met HUD's definition of a sheltered location in new guidance issued for the 2022 PIT Count.

The Point-in-Time Census also included the following supplemental and important components:

- **Targeted Street Count of Unaccompanied Children and Young Adults:** A limited afternoon count of unsheltered unaccompanied children under 18 and unaccompanied youth 18-24 years old on February 23, 2022.
- **Homeless Survey:** An in-person interview of sheltered and unsheltered individuals conducted by outreach surveyors in the weeks following the general street count. Data from the survey were used to refine the Point-in-Time Census estimates; produce race, ethnicity and other demographic information for unsheltered persons; and generate data for both sheltered and unsheltered persons about all other survey fields such as duration of homelessness, residency upon becoming homeless, employment and other service needs, and disabling conditions.
- **Safe Parking:** Census and household data were provided by safe parking programs throughout the County to be deduplicated from and compiled with the general street Count data.
- **Unsheltered Family Homelessness:** With HUD permission this year, providers from McKinney-Vento programs in local school districts and family Coordinated Entry resource centers whose caseload includes families who experience unsheltered homelessness contacted those families within 7 days following the Count, asked where the family stayed the night of the Count, and gathered additional household information.

For more information regarding the research methodology, please see *Appendix A: Methodology*.

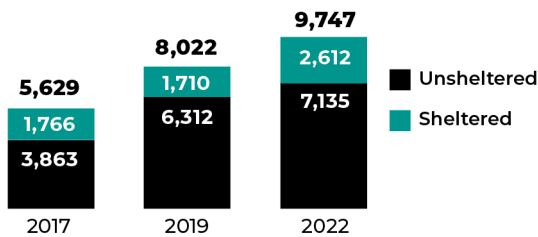
This section of the report provides a summary of the results of the Point-in-Time Census. For comparison, results from prior years are provided to better understand the trends and characteristics of homelessness over time.

ALAMEDA COUNTY

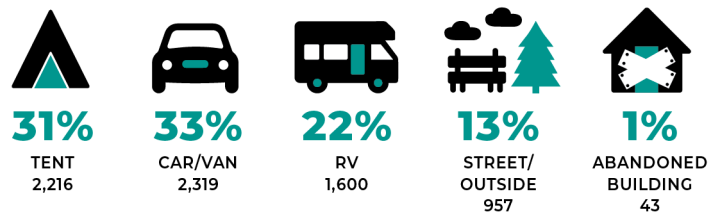
2022 HOMELESS POINT-IN-TIME COUNT & SURVEY

Every two years, during the last 10 days of January, communities across the country conduct comprehensive counts of people experiencing homelessness in order to measure the prevalence of homelessness in each local community. The 2022 Alameda County EveryOne Home Point-in-Time Count was a community-wide effort conducted on February 23rd, 2022. In the weeks following the street count, a survey was administered to 1,517 unsheltered and sheltered individuals experiencing homelessness in order to profile their experience and characteristics. Population data is sourced from census count data and data expressed in percentages is sourced from the survey.

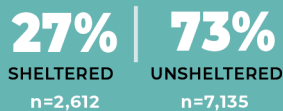
CENSUS POPULATION: TREND



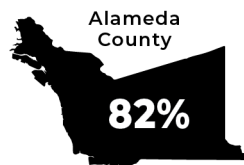
UNSHELTERED POPULATION BY LOCATION



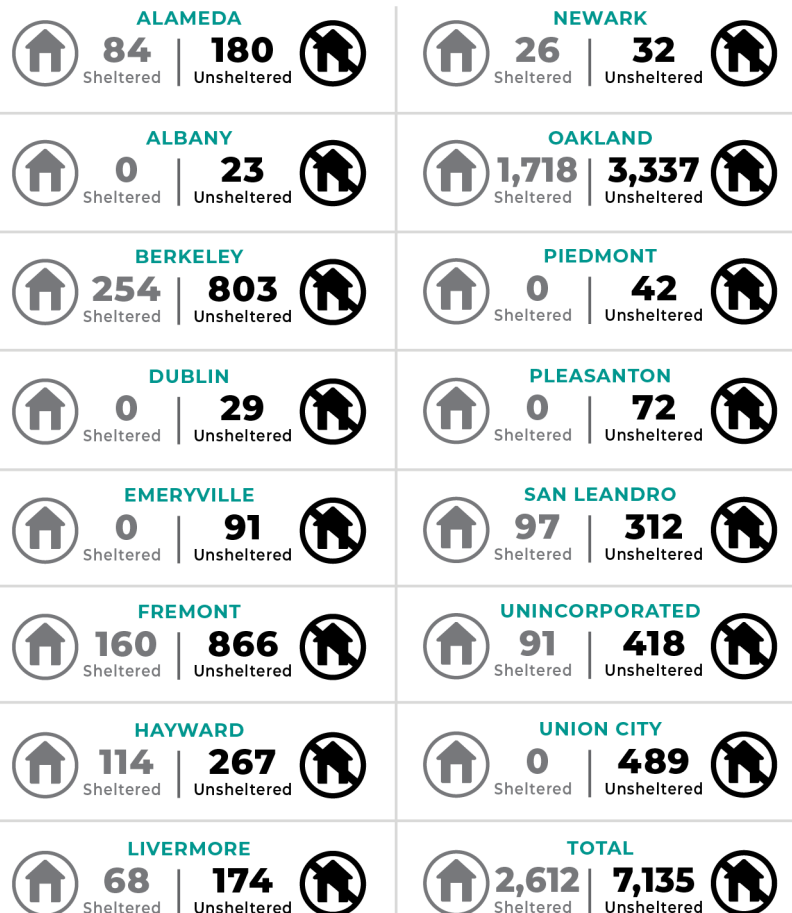
2022 SHELTERED/ UNSHELTERED POPULATION



RESIDENCE AT TIME OF HOMELESSNESS



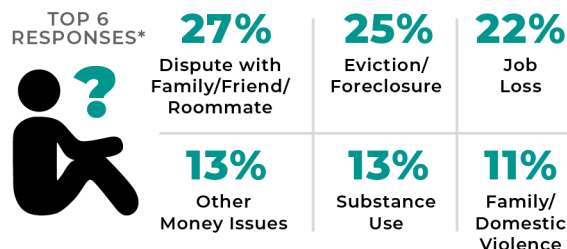
SHELTERED/UNSHELTERED POPULATION BY CITY



LENGTH OF TIME IN ALAMEDA COUNTY



PRIMARY CAUSES OF HOMELESSNESS



WHAT MIGHT OF PREVENTED HOMELESSNESS



COVID-19



68%
HAVE RECEIVED A COVID-19 VACCINE

16%
SAID COVID-19 WAS THE PRIMARY CAUSE OF THEIR HOMELESSNESS

DURATION OF CURRENT EPISODE OF HOMELESSNESS



4%
1-30 DAYS

21%
1-11 MONTHS

75%
A YEAR OR MORE

HOUSEHOLD BREAKDOWN

SINGLE ADULTS



FAMILIES

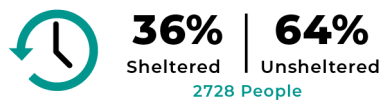


UNACCOMPANIED YOUTH



SELECT POPULATIONS

CHRONICALLY HOMELESSNESS



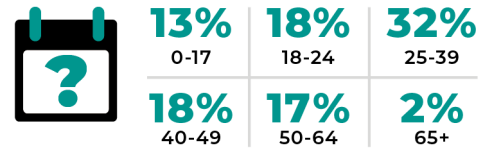
VETERANS



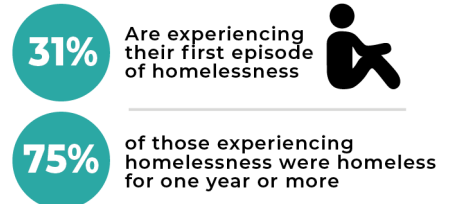
UNACCOMPANIED YOUTH AND YOUNG ADULTS



AGE AT FIRST EPISODE OF HOMELESSNESS

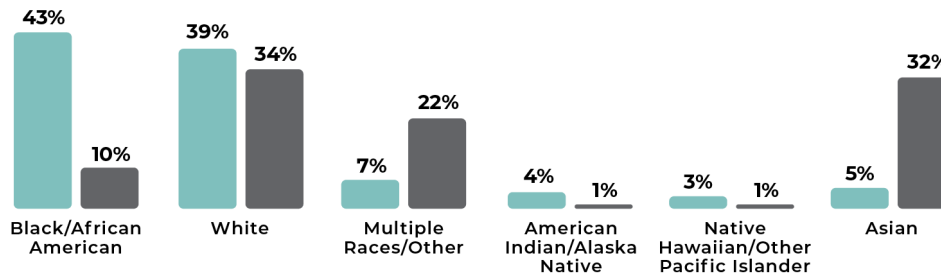


FIRST EPISODE OF HOMELESSNESS

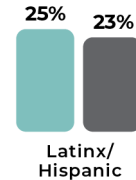


RACE AND ETHNICITY COMPARED TO GENERAL POPULATION

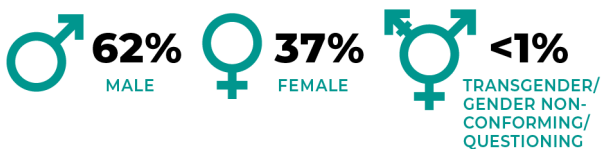
RACE



ETHNICITY



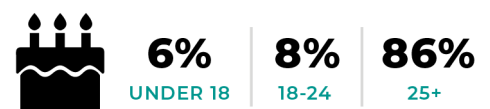
GENDER



LGBTQ+ STATUS



AGE



HEALTH CONDITIONS*

Current health conditions reported by survey respondents



DISABLING CONDITIONS



A disabling condition is defined by HUD as a developmental disability, HIV/AIDS, or a long-term physical or mental impairment that impacts a person's ability to live independently, but could be improved with stable housing.

For more information regarding the research methodology, please see Appendix A: Methodology. Definitions can be found in Appendix B: Definitions and Abbreviations.

For more information about EveryOne Home and efforts to address homelessness in Alameda County please visit www.EveryOneHome.org

Source: Applied Survey Research, 2022, Alameda EveryOne Home Homeless Count & Survey, Watsonville, CA.

POINT-IN-TIME COUNT – KEY DATA FINDINGS

The EveryOne Counts! 2022 Homeless Census and Survey included a complete enumeration of all unsheltered and publicly or privately sheltered homeless persons. The general street Count was conducted on February 23, 2022 from approximately 5:00 a.m. to 10:00 a.m. and covered all of Alameda County. The shelter Count was conducted on the previous evening and included all individuals staying in emergency shelters, transitional housing facilities, and domestic violence shelters. The general street Count and shelter Count methodology were similar to 2019, but some modifications were made to maximize safe participation for the general street Count in response to the COVID-19 pandemic.

The methodology used for the general street count is commonly described as a “blitz count” since it is conducted by a large team over a very short period of time. This method was utilized in Alameda County in 2022, resulting in an observation-based Count of individuals and families who appeared to be homeless.

The occupancy (person and household) and demographic data of homeless shelters, transitional housing, and safe haven programs in Alameda County was collected for the night of February 22, 2022. All shelter data were gathered directly from the sheltering program or from Alameda County’s Homeless Management Information System (HMIS), except for one program for which data was estimated.

The sheltered and unsheltered Count was followed by an in-person survey of a representative sample of sheltered and unsheltered persons experiencing homelessness, the results of which were used to profile and estimate the condition and characteristics of the local homeless population. Information collected from the survey was used to fulfill HUD demographic reporting requirements (age, gender, ethnicity, race, and disabling conditions) for unsheltered persons in conjunction with the sheltered occupancy and demographic data.

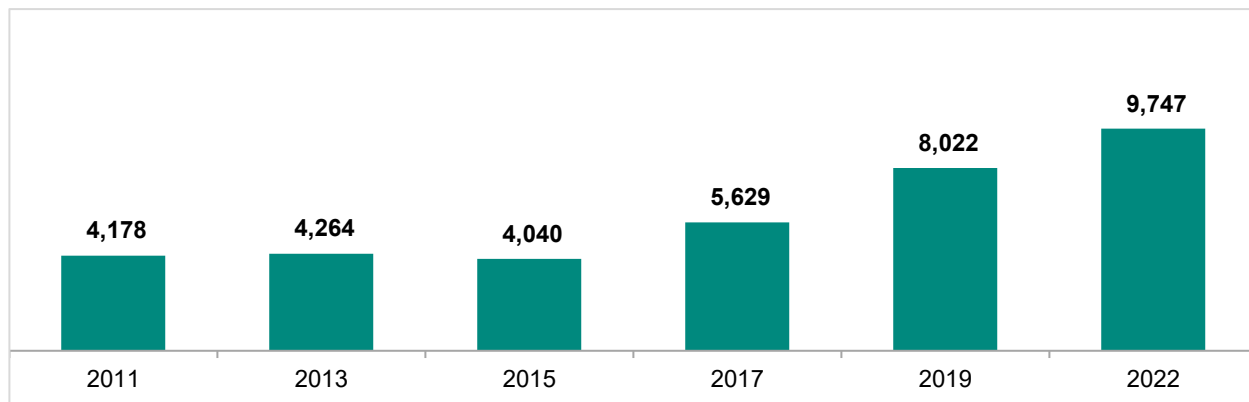
In a continuing effort to improve data on the extent of youth homelessness, Alameda County also conducted a dedicated youth Count. For more information regarding the dedicated youth Count, deduplication, and project methodology, please see *Appendix A: Methodology*.

NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS

Total Population and Trend Data

A total of 9,747 individuals experiencing homelessness were counted on February 23, 2022, an increase of 1,725 individuals (+22%) from 2019.

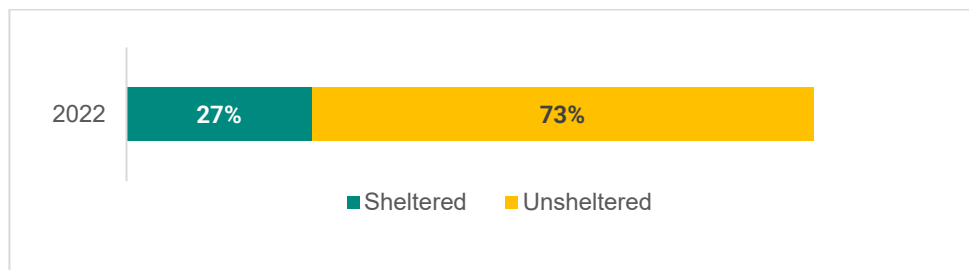
Figure 1. Total Number of Homeless Persons Enumerated During the Point-in-Time Count



Shelter Status

While the number of individuals served by countywide shelters increased (+55%) between 2019 and 2022, there was an increase of 823 unsheltered individuals (+13%). In 2022, 73% of the people experiencing homelessness in Alameda County were unsheltered (79% in 2019).

Figure 2. Total Number of Homeless Persons by Shelter Status

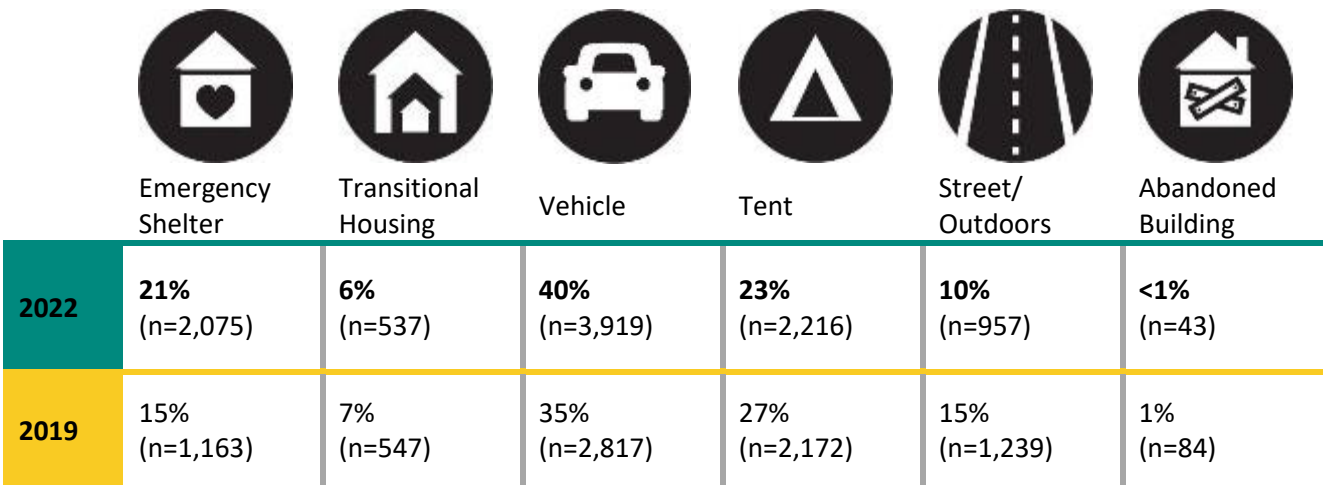


Year	2011	2013	2015	2017	2019	2022
Unsheltered	2,106	1,927	1,643	1,766	1,710	2,612
Sheltered	2,072	2,337	2,397	3,863	6,312	7,135
Total	4,178	4,264	4,040	5,629	8,022	9,747

Almost one third (31%) of the unsheltered population were residing in tents or makeshift shelters. An additional 33% were residing in cars or vans, 22% in RVs, and 13% were identified sleeping on the streets and other outdoor locations. One percent (1%) were identified in abandoned buildings.

While the number of individuals sleeping on the streets and other outdoor locations decreased by 23% (282 individuals), the number of individuals sleeping in tents increased by 2% (44 individuals) and the number of persons residing in their vehicles (cars, vans or RVs) increased by 39% (1,102 individuals).

Figure 3. Total Number of Homeless Persons by Location



Household Status and Age

Persons in families with at least one adult and one child under age 18 represented approximately 9% of the overall population experiencing homelessness in Alameda County, a slight increase (+2%) over 2019. The majority of persons in families (62%) were enumerated in shelters or transitional housing programs.

Ninety-one percent (91%) of the population were single individuals. Seventy-seven percent (77%) of single individuals were unsheltered.

Figure 4. Total Number of Homeless Persons by Household Type, Age, and Shelter Status

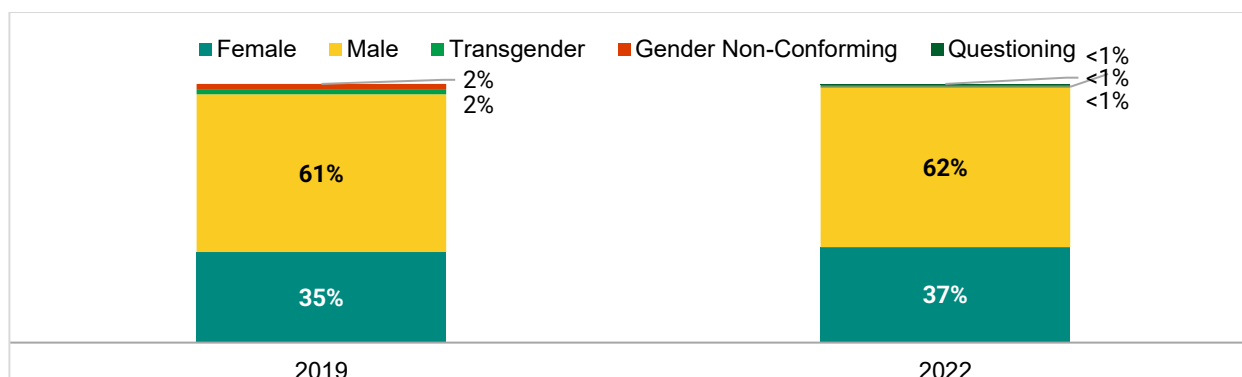
POPULATION	UNSHELTERED	SHELTERED	TOTAL	TOTAL PERCENT
Persons in Families with Children	322	522	844	9%
Children under 18	188	298	486	5%
Youth 18-24	22	47	69	<1%
Adults 25+	112	177	289	3%
Single Individuals	6,813	2,090	8,903	91%
Children under 18	88	9	97	1%
Youth 18-24	574	161	735	8%
Adults 25+	6,151	1,920	8,071	83%

Note: Single Individuals include couples without children and unaccompanied children and youth without a parent or guardian.

HOUSEHOLD STATUS AND GENDER

Overall, 62% of the population experiencing homelessness in Alameda County identified as male, 37% as female, <1% (n=49) as transgender, <1% (n=52) as gender non-conforming, and <1% (n=34) as Questioning.

Figure 5. Total Number of Homeless Persons by Gender



2019 n= 8,022; 2022 n=9,747

2019 and 2022 Homeless Count data sourced from the survey responses in the respective years and includes some HMIS data for shelter residents when available.

Questioning added as a response option in 2022.

Fifty-nine percent (59%) of the overall population identified as male single individuals, while 5% of people identified as female in families, including children.

Figure 6. Total Number of Homeless Persons by Household Type, Gender, and Shelter Status

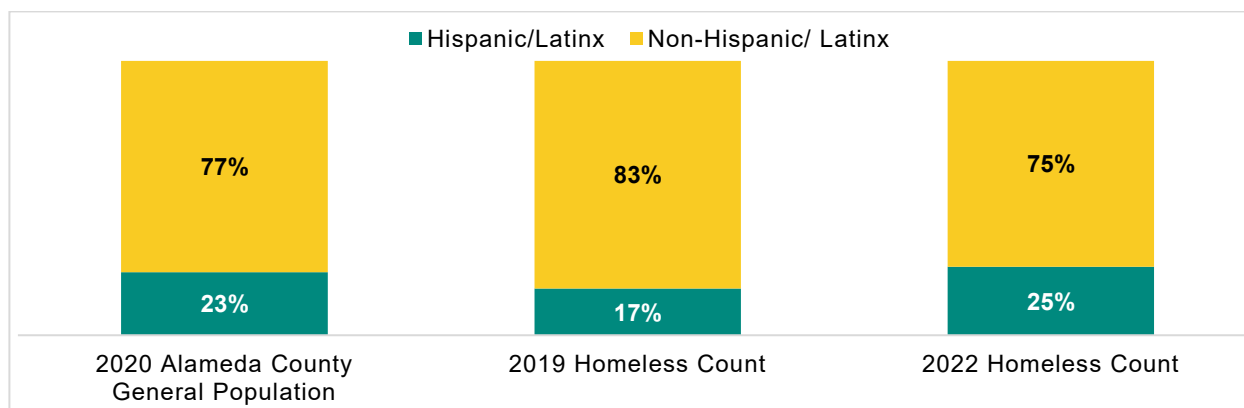
POPULATION	UNSHELTERED	SHELTERED	TOTAL	TOTAL PERCENT
Persons in Families	322	522	844	9%
Male	112	207	319	3%
Female	203	313	516	5%
Transgender	0	1	1	<1%
Gender Non-Conforming	0	1	1	<1%
Questioning	7	0	7	<1%
Single Individuals	6,813	2,090	8,903	91%
Male	4,333	1,384	5,717	59%
Female	2,378	682	3,060	31%
Transgender	34	14	48	<1%
Gender Non-Conforming	41	10	51	<1%
Questioning	27	0	27	<1%



Ethnicity and Race

The U.S. Census Bureau as well as HUD report race and ethnicity separately. In 2022, 25% of individuals experiencing homelessness identified as Hispanic/Latinx.

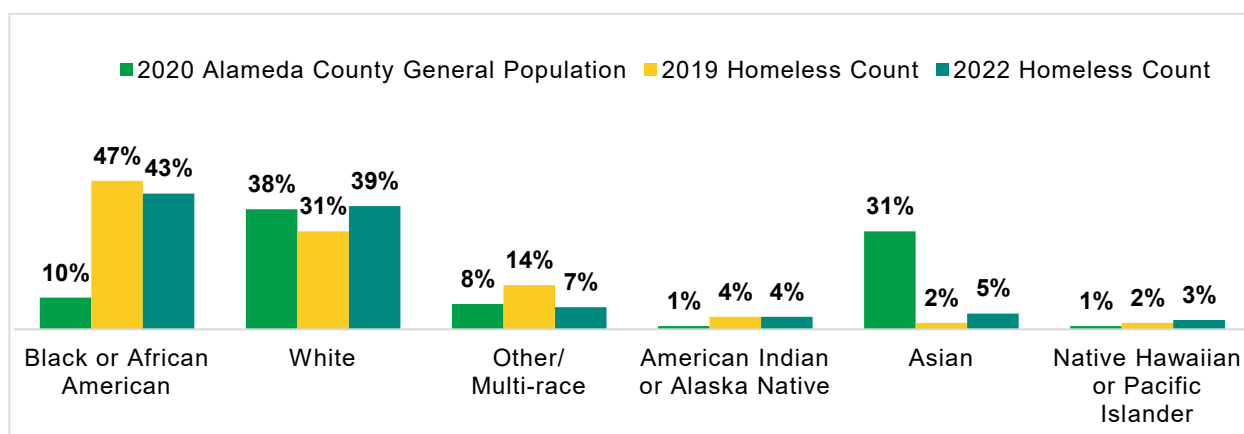
Figure 7. Total Number of Homeless Persons by Hispanic/Latinex Ethnicity



2020 General Population n=1,661,584; 2019 Homeless Count n=8,022; 2022 Homeless Count n=9,747

2019 and 2022 Homeless Count data sourced from the survey responses in the respective years and includes some HMIS data for shelter residents when available.

Figure 8. Total Number of Homeless Persons by Race¹



2020 General Population n=1,661,584; 2019 Homeless Count n=8,022; 2022 Homeless Count n=9,747

2019 and 2022 Homeless Count data sourced from the survey responses in the respective years and includes some HMIS data for shelter residents when available.

Note: Percentages may not add up to 100 due to rounding.

¹ U.S. Census Bureau. (2020). American Community Survey 2020 5-Year Estimates. Table DP05: ACS Demographic and Housing Estimates. Retrieved July 2022 from <http://factfinder2.census.gov>.

Individuals identifying as Black/African American were overrepresented in the population experiencing homelessness. An estimated 43% of persons experiencing homelessness identified as Black/African American compared to 10% of the county's overall population. Alternatively, 5% of those counted identified as Asian compared to 31% of the general population.

GEOGRAPHIC DISTRIBUTION

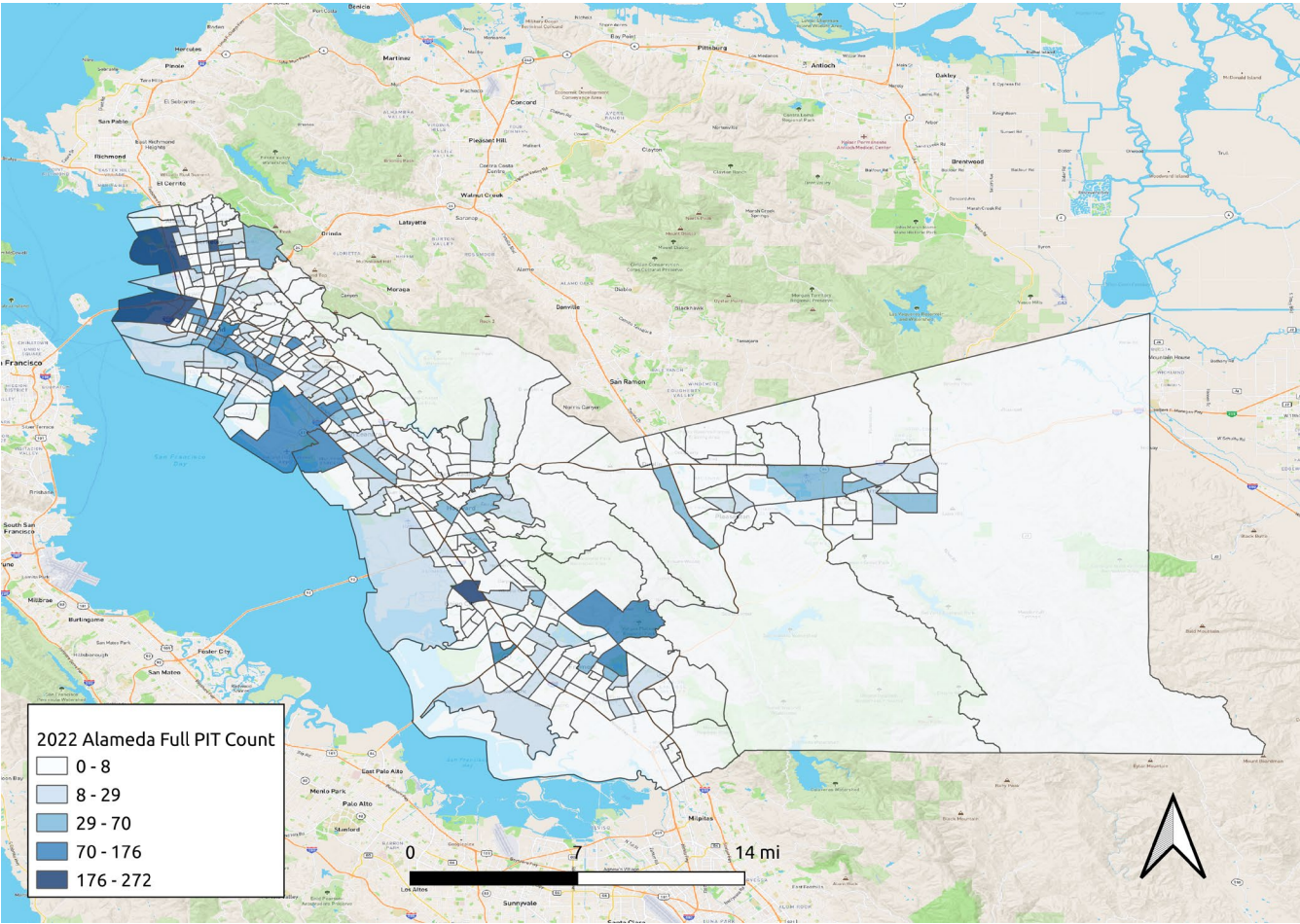
Similar to 2019, the population of individuals experiencing homelessness in Alameda County was concentrated in the urban centers. Over half (52%) were enumerated in Oakland, followed by 11% each in Berkeley and Fremont. Five percent (5%) of those experiencing homelessness were located in Union City and 4% were in Hayward.

Figure 9. Total Number of Homeless Persons by Jurisdiction and Shelter Status

	2019				2022			
Jurisdiction	Sheltered	Unsheltered	Total Count	Total %	Sheltered	Unsheltered	Total Count	Total %
Alameda	99	132	231	3%	84	180	264	3%
Albany	0	35	35	<1%	0	23	23	<1%
Berkeley	295	813	1,108	14%	254	803	1,057	11%
Dublin	0	8	8	<1%	0	29	29	<1%
Emeryville	0	178	178	2%	0	91	91	1%
Fremont	123	485	608	8%	160	866	1,026	11%
Hayward	115	372	487	6%	114	267	381	4%
Livermore	85	179	264	3%	68	174	242	2%
Newark	30	59	89	1%	26	32	58	1%
Oakland	861	3,210	4,071	51%	1,718	3,337	5,055	52%
Piedmont	0	0	0	0%	0	42	42	<1%
Pleasanton	0	70	70	1%	0	72	72	1%
San Leandro	74	344	418	5%	97	312	409	4%
Union City	0	106	106	1%	0	489	489	5%
Unincorporated	28	321	349	4%	91	418	509	5%
Total	1,710	6,312	8,022	100%	2,612	7,135	9,747	100%

While jurisdictional data provide some insight into the population of persons experiencing homelessness, individuals were not spread equally within these locations. All 360 census tracts in Alameda County were covered on February 23, 2022. Census tract level data provides a more nuanced distribution of where individuals were located on the morning of the Count.

Figure 10. Total Number of Homeless Persons by Census Tract



SUBPOPULATIONS

Home, Together: The Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness in the United States. To adequately address the diversity within the population experiencing homelessness, the federal government identified four subpopulations with particular challenges or needs. Consequently, these subpopulations represent important reportable indicators for measuring local progress toward ending homelessness. Additional detail on single adults, families, unaccompanied children and transition-age youth, veterans, and chronically homeless populations are provided in the subpopulation section of this report on page 41. Definitions of these groups are found on page 66.

REPORTED SUBPOPULATIONS

In 2022, 9% of the overall population experiencing homelessness were persons in families with children under the age of 18 (844 individuals). This is an increase from 2019, when families represented 7% of the population (524 individuals). Unaccompanied children and transition-age youth represented 9% of the overall population in 2022 as in 2019.

Twenty-eight percent (28%) of the population were identified as chronically homeless in 2022; while this was consistent with the percentage of the population identified as chronically homeless in 2019, the number increased by 492 individuals. Six percent (6%) of the population were identified as veterans, down from 9% in 2019.

Adults with serious mental illness comprised nearly one-quarter (24%) of the population in 2022. The percentage of adults living with HIV/AIDS decreased from prior years (1% compared to 3%).

Figure 11. Federally Reported Subpopulations

	2017		2019		2022	
	#	%	#	%	#	%
Persons in Families with Children	711	13%	524	7%	844	9%
Unaccompanied Children and TAY	991	18%	731	9%	832	9%
Chronically Homeless	1,652	29%	2,236	28%	2,728	28%
Veterans	531	9%	692	9%	550	6%
Adults with Serious Mental Illness	1,622	29%	2,590	32%	2,348	24%
Adults with HIV/AIDS	157	3%	207	3%	98	1%
Total Population	5,629		8,022		9,747	

SURVEY FINDINGS

This section provides an overview of the findings generated from the survey component of the EveryOne Counts! 2022 Homeless Census and Survey. Surveys were administered to a randomized sample of homeless individuals between February 24 and April 8, 2022. This effort resulted in 1,517 complete and unique surveys of sheltered and unsheltered persons.

Based on a Point-in-Time Count of 9,747 homeless persons, with a randomized survey sampling process, these 1,517 valid surveys represent a confidence interval of +/- 2.5% with a 95% confidence level when generalizing the results of the survey to the entire estimated population of homeless individuals in Alameda County. In other words, if the survey were conducted again, we can be 95% certain that the results would be within two and a half percentage points of the current results.

In order to respect respondent privacy and to ensure the safety and comfort of those who participated, respondents were not required to complete all survey questions. Missing values were intentionally omitted from the survey results. Therefore, the total number of respondents for each question will not always equal the total number of surveys conducted. For more information regarding the survey methodology, please see *Appendix A: Methodology*.

LIVING ACCOMMODATIONS

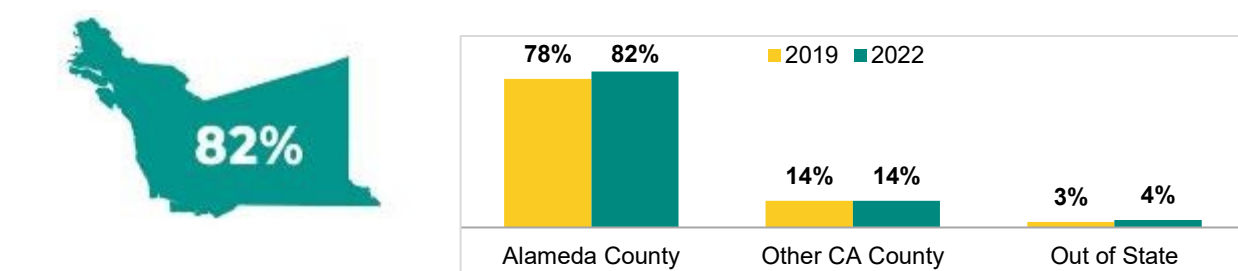
Where individuals lived prior to experiencing homelessness and where they have lived since impacts the way they seek services as well as their ability to access support from friends or family. Previous circumstances can also point to gaps in the system of care and to opportunities for systemic improvement and homelessness prevention.

PLACE OF RESIDENCE

Knowing where individuals were living prior to their housing loss informs discussions regarding how local the homeless population is to the region and where to scale prevention efforts. This information can also influence changes to available support systems if the CoC finds increasing numbers of individuals living locally before experiencing homelessness.

Eighty-two percent (82%) of respondents reported living in Alameda County at the time they most recently became homeless, an increase since 2019. Fourteen percent (14%) reported living in another county in California; this included 2% from San Francisco and 4% from Contra Costa County. Four percent (4%) reported living out of state at the time they lost their housing.

Figure 12. Location of Residence When Most Recently Becoming Homeless (All Respondents)

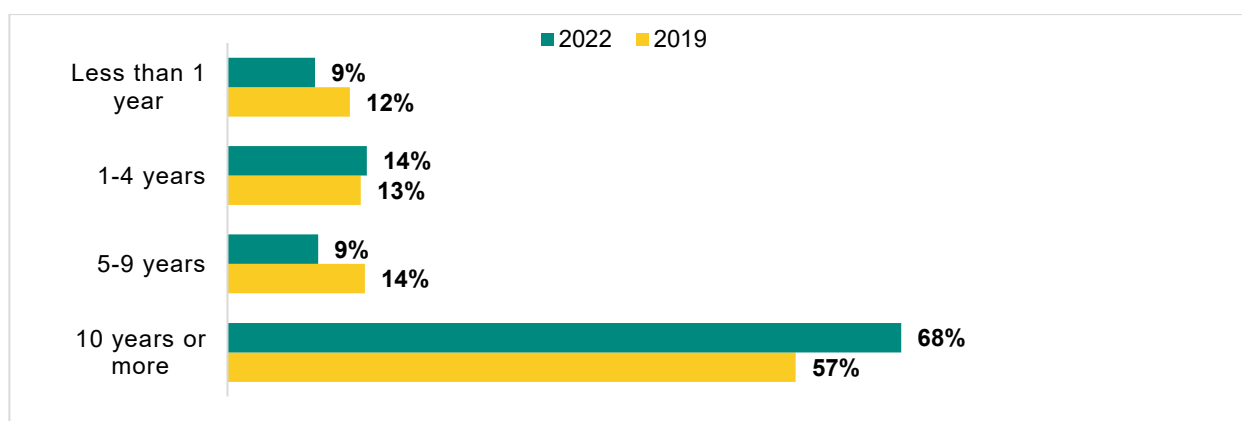


2019 n=1,633; 2022 n=1,388

Note: Percentages may not add up to 100 due to rounding.

In total, 68% of respondents reported they had been living in Alameda County for 10 years or more (this included individuals who were born or grew up in the county), more than in 2019. Nine percent (9%) of the population had been living in Alameda County for less than one year.

Figure 13. Length of Time Spent in Alameda County (All Respondents)



2019 n=1,460; 2022 n=1,181

2019 Refuse=6%; 2022 Refuse=4%

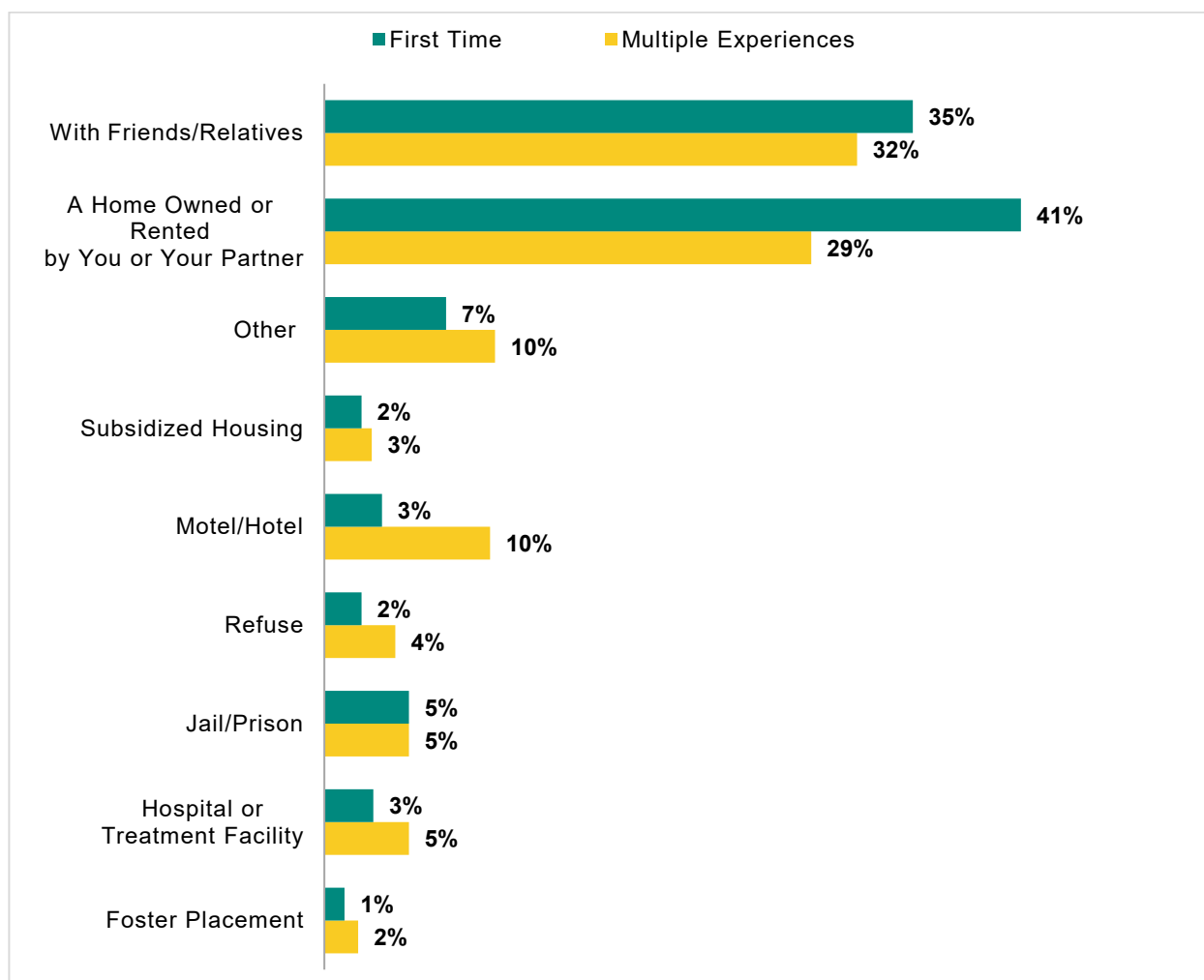
Note: Percentages may not add up to 100 due to rounding.

Prior Living Arrangements

Similar to previous place of residence, the type of living arrangements maintained by individuals before experiencing homelessness provides a look into what types of homeless prevention services might be offered to help individuals maintain their housing.

Where individuals were living varied by whether or not it was the first-time they had experienced homelessness. Forty-one percent (41%) of respondents who were experiencing homelessness for the first-time reported living in a home owned or rented by themselves or a partner immediately prior to becoming homeless, compared to 29% of respondents who had a prior homeless experience. Thirty-five percent (35%) of first-time homeless respondents reported staying with friends or family, 2% in subsidized housing, 3% in a motel or hotel, and 5% in a jail or prison facility. Among those with a prior homeless experience, 32% reported staying with friends of family, 10% in a motel or hotel, 3% in subsidized housing and 5% in jail or prison.

Figure 14. Living Arrangements Immediately Prior to Becoming Homeless by First Time Homelessness



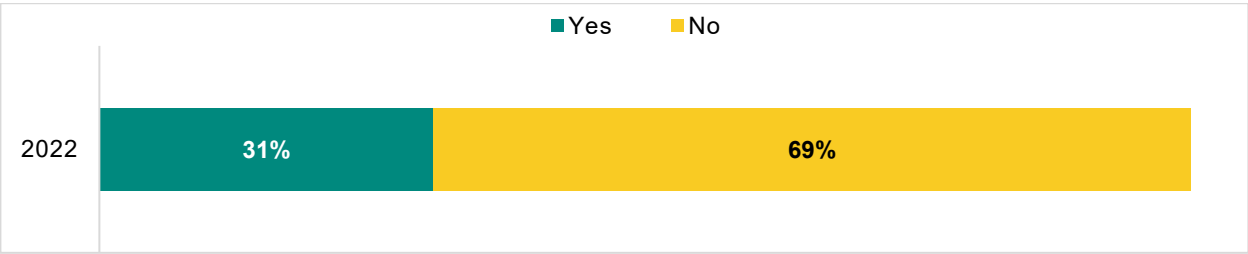
2019 first time n=492, multiple experiences n=1,013, refuse n=88; 2022 first time n=417, multiple experiences n=958, refuse n=51
Note: Percentages may not add up to 100 due to rounding.

DURATION AND RECURRENCE OF HOMELESSNESS

Unstable living conditions, poverty, housing scarcity, and many other issues often lead to some individuals falling into homelessness. For some, the experience of homelessness is part of a recurring history of housing instability. While there is research to show that housing instability has many of the same effects as literal homelessness, particularly on families and children, extended periods of homelessness affect one’s ability to obtain housing and employment and increase one’s health risks.² The length of time individuals remain on the street can also indicate the strain on the homeless assistance and housing systems.

Thirty-one percent (31%) of 2022 survey respondents reported experiencing homelessness for the first time, the same as 2019 at 31%.

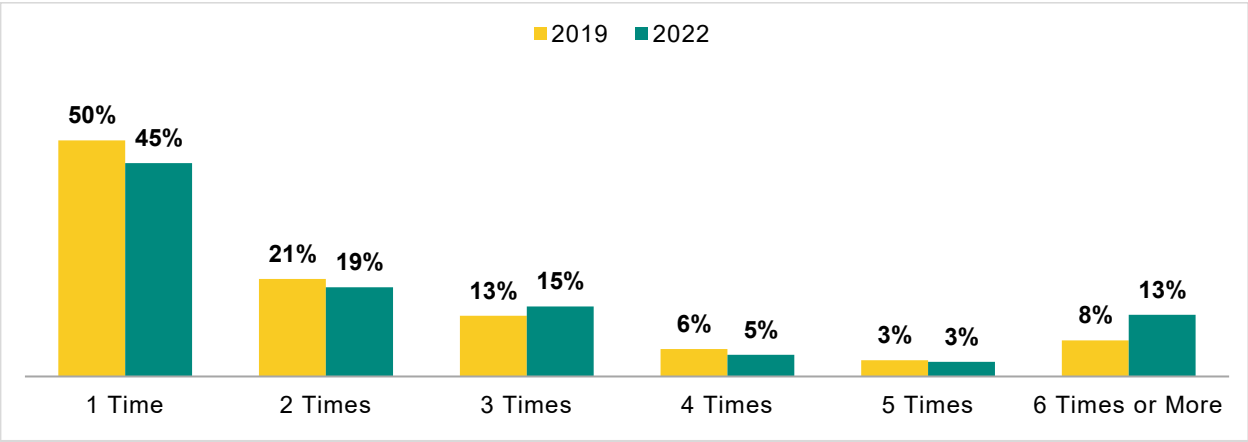
Figure 15. Experiencing Homelessness for the First time



2022 n=1,420

Some individuals who experience homelessness will also experience episodes of stable housing. Thirty-six percent (36%) of respondents reported experiencing homelessness three or more times in the past three years.

Figure 16. Number of Episodes of Homelessness in the Past Three Years

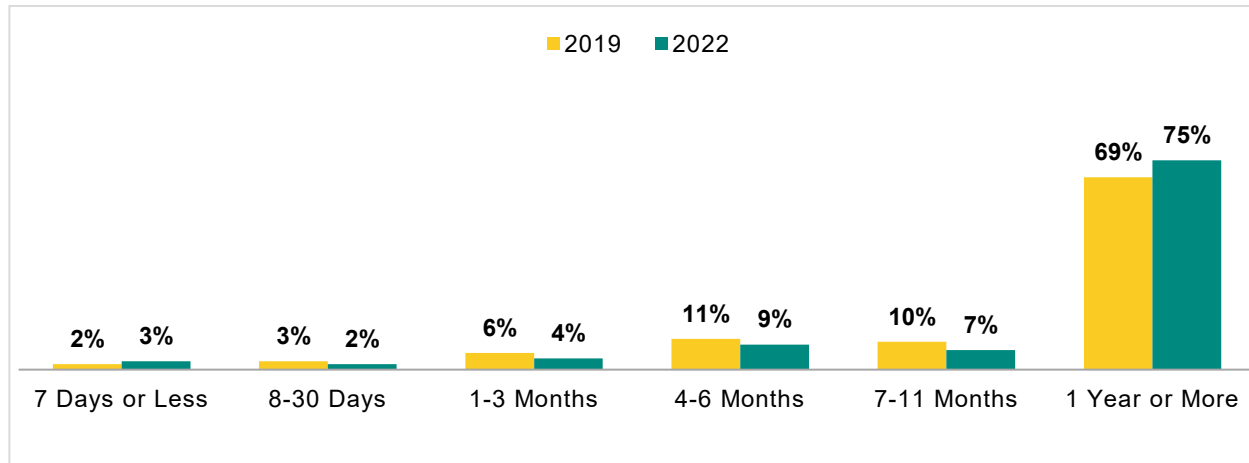


2019 n=1,482; 2022 n=1,390; Note: Percentages may not add up to 100 due to rounding.

²Buckner, J.C. (2008). Understanding the impact of homelessness on children: Challenges and future research directions. American Behavioral Scientist 51 (6), 721-736.

The majority (75%) of survey respondents reported their current episode of homelessness lasting for one year or longer. Three percent (3%) of respondents reported having been on the street for one week or less.

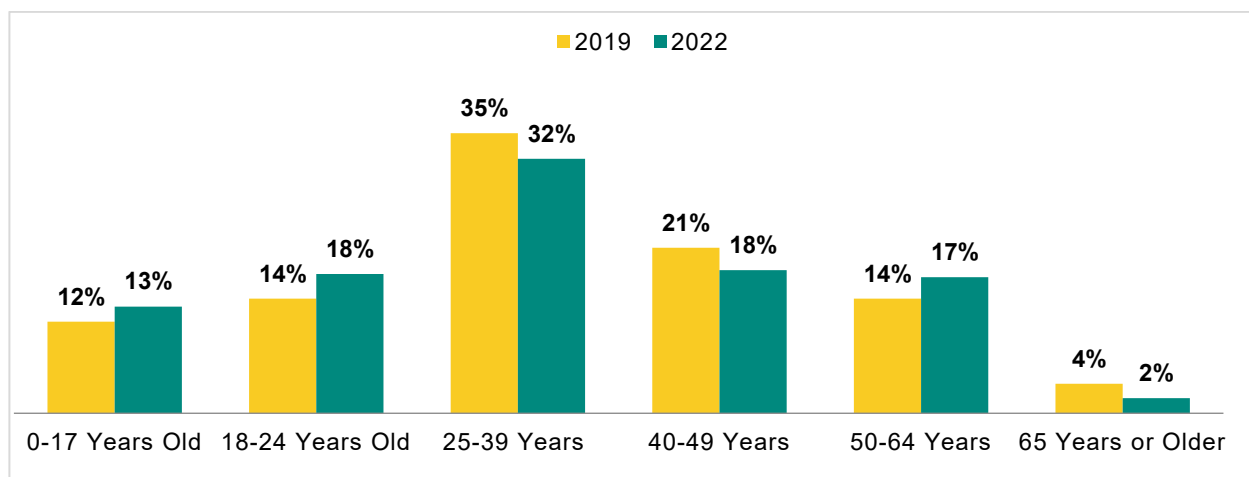
Figure 17. Length of Current Episode of Homelessness



2019 n=1,500; 2022 n=1,371

Respondents were asked the age at which they first experienced homelessness. This question provides some insight into how homelessness and housing instability affect the population over their lifetime. Thirteen percent (13%) of respondents first experienced homelessness as a child under the age of 18, 18% first experienced homelessness as a young adult between the ages of 18 and 24, and over two-thirds (69%) reported their first-time experiencing homelessness occurred over the age of 24. Nineteen percent (19%) reported their first experience of homelessness at age 50 or older. In contrast, 6% of those identified in the Count were under the age of 18, 8% were between the ages of 18 and 24, and 86% were 25 years or older.

Figure 18. Age at First Experience of Homelessness



2019 n=1,518; 2022 n=1,397

Note: Percentages may not add up to 100 due to rounding.

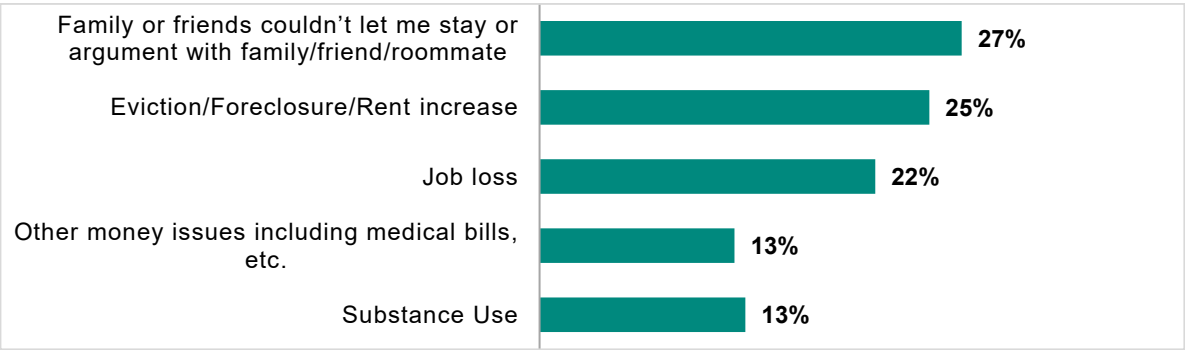
PRIMARY CAUSE OF HOMELESSNESS

The primary cause of an individual’s inability to obtain or retain housing is often difficult to pinpoint as it is often the result of multiple and compounding causes. An inability to secure adequate housing can also lead to an inability to address other basic needs, such as healthcare and adequate nutrition.

When asked to identify the primary event or condition that led to their current homelessness experience from a limited list of predominantly personal responses, 27% reported an issue staying with family or friends, 25% reported eviction/foreclosure/rent increase and 22% reported job loss. Thirteen percent (13%) reported other money issues or substance use issues (13%).

Although not among the five most frequent responses, other reported causes of homelessness included family/domestic violence (12%), mental health needs (11%).

Figure 19. Primary Cause of Homelessness (Top Five Responses)

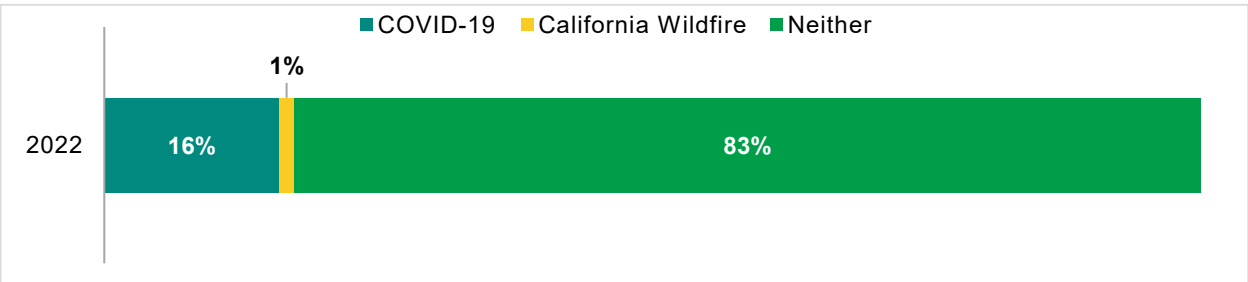


2022 n=1,410
Note: Multiple response questions, percentages will not add up to 100.

IMPACTS FROM COVID-19 AND CALIFORNIA WILDFIRES

In an effort to better understand recent drivers of homelessness, survey respondents were asked specifically if the primary cause of their homelessness (as shown in the chart above) was related to the COVID-19 pandemic or a California wildfire. Sixteen percent (16%) of respondents attributed their homelessness to the COVID-19 pandemic and 1% to a California wildfire.

Figure 20. COVID-19/Wildfire Causing Homelessness



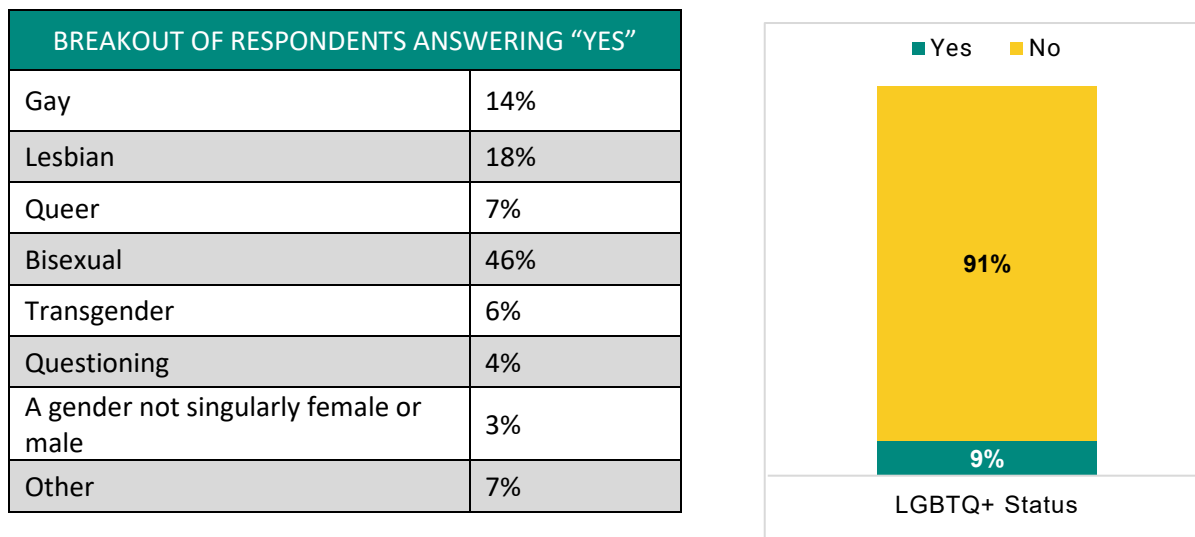
2022 n=1,274

SEXUAL ORIENTATION AND GENDER IDENTITY

While limited data are available on the number of lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals experiencing homelessness, available data suggest that LGBTQ individuals experience homelessness at higher rates – especially among those under the age of 25.^{3 4}

Nine percent (9%) of survey respondents identified as LGBTQ in 2022. Of those, 46% identified as bisexual, 14% as gay, 18% as lesbian, 6% as transgender, and 7% as queer. Ten percent (10%) of LGBTQ respondents reported an unspecified identity by selecting “a gender not singularly female or male” or “other”. Respondents were allowed to mark multiple identities and therefore responses may exceed 100 percent.

Figure 21. Sexual and Gender Identity



LGBTQ+ 2022 n=1,467, Breakout n=136 respondents offering 144 responses
Note: Multiple response question, percentages will not add up to 100.

³ True colors. (2017). *Our Issue. 40% of Youth Experiencing Homelessness Identify as Lesbian, Gay, Bisexual, or Transgender (LGBT)*. Retrieved 2017 from <https://truecolorsfund.org/our-issue/>

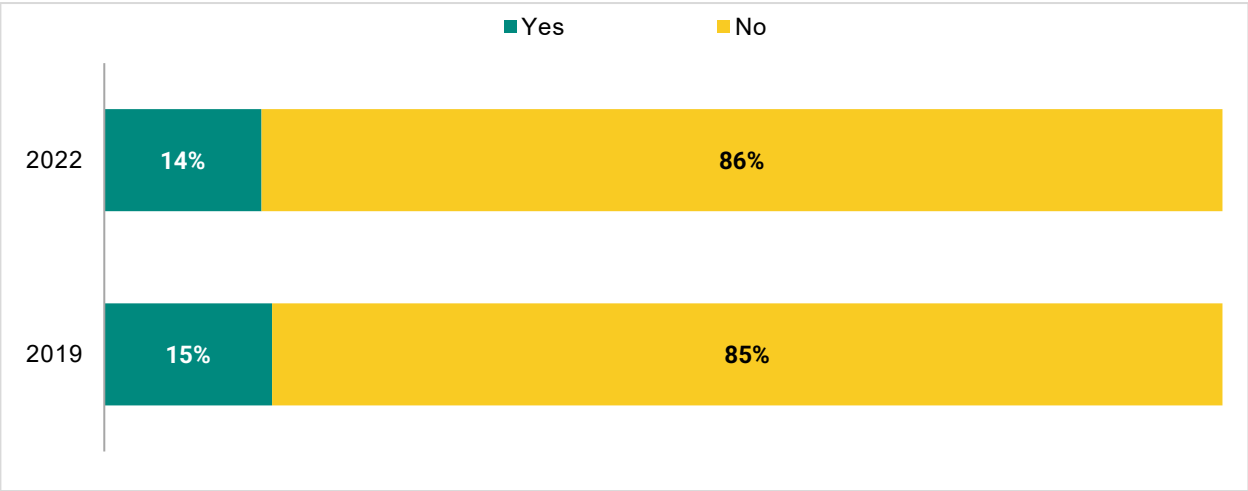
⁴ National Coalition for the Homeless. *LGBT Homelessness*. Retrieved 2017 from <http://nationalhomeless.org/issues/lgbt/>

FOSTER CARE SYSTEM

It has been estimated that one in five former foster youth experience homelessness within four years of exiting the foster care system.⁵ In California, foster youth are now eligible to receive services beyond age 18. Transitional housing and supportive services for youth aged 18-24 are provided through programs often referred to as Transitional Housing Placement-Plus (THP+). It is hoped that these additional supports, implemented in 2012, will assist foster youth with the transition to independence and prevent them from becoming homeless.

In 2022, 14% of survey respondents reported a history of foster care. No youth under age 25 reported that aging out of the foster care system was the primary cause of their homelessness. While there were a number of adults over age 25 who reported a foster care history, just 1% reported aging out of care as the cause of their homelessness.

Figure 22. History of Foster Care



2019 n=1,579; 2022 n=1,411

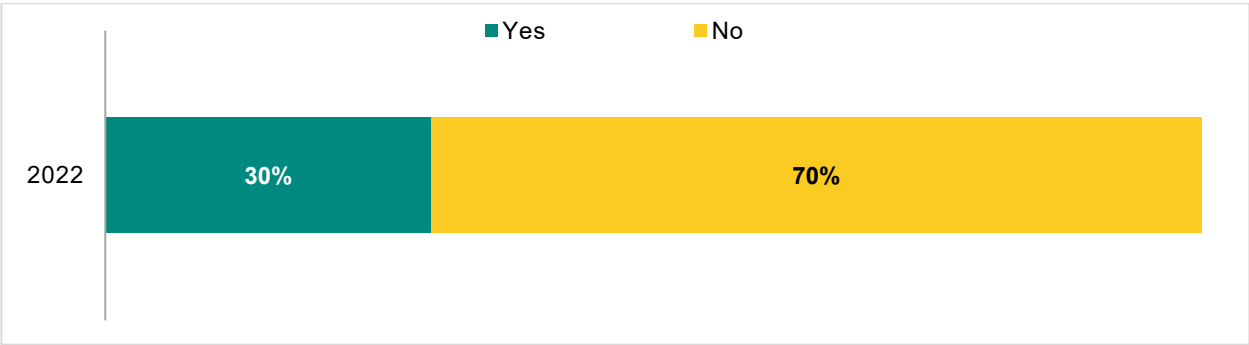
⁵ Fernandes, A.L. (2007). Runaway and homeless youth: Demographics, programs, and emerging issues. Congressional Research Services, January 2007. Retrieved from <http://www.endhomelessness.org/content/general/detail/1451>.

CRIMINAL JUSTICE SYSTEM

Homelessness and incarceration are often correlative. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration histories face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities.⁶

Thirty percent (30%) of respondents reported interactions with the criminal justice system in the past year including probation, parole, court appearances, arrests, tickets, etc. at the time of the survey.

Figure 23. Criminal Justice Involvement



2022 n=1,348

⁶ Greenberg, GA, Rosenheck, RA. (2008). Jail Incarceration, Homelessness, and Mental Health: A National Study. Psychiatric Services, 2008 Feb;59(2): 170-7.

HEALTH

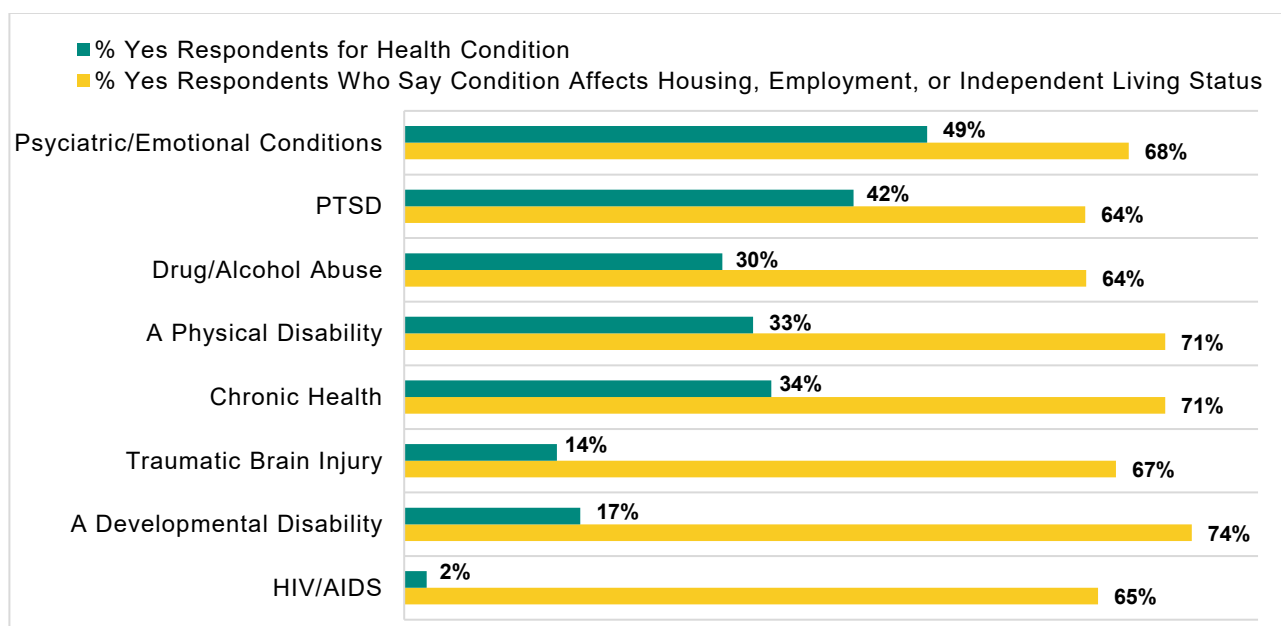
The average life expectancy for individuals experiencing homelessness is 25 years less than those in stable housing. Without regular access to healthcare and without safe and stable housing, individuals experience preventable illness and often endure longer hospitalizations. It is estimated that those experiencing homelessness stay four days (or 36%) longer per hospital admission than non-homeless patients.⁷

HEALTH CONDITIONS

The most frequently reported health condition was psychiatric or emotional conditions (49%), followed by post-traumatic stress disorder (42%), and chronic health problems (34%). Thirty-three percent (33%) reported a physical disability, 30% reported drug or alcohol abuse, 17% a developmental disability, 14% reported a traumatic brain injury, and 2% reported living with an AIDS or an HIV related condition.

Forty percent (40%), or 604 respondents, reported at least one of these conditions was disabling, preventing them from maintaining work or housing. Nearly twenty percent (18%) reported three or more of these disabling conditions.

Figure 24. Health Conditions



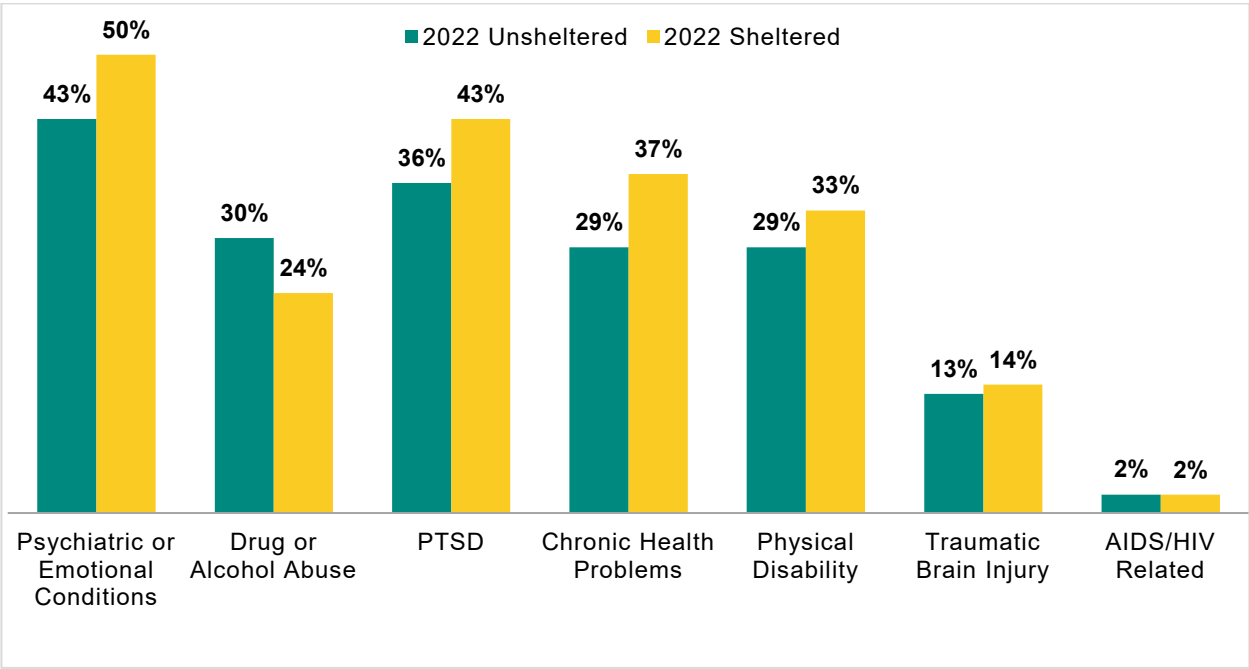
Health Conditions: 2022 Psychiatric or emotional condition n=1,315, PTSD n=1,294, Chronic health problems n=1,332, Physical disability n=1,313, Drug or alcohol abuse n=1,294, Developmental disability n=1,276, Traumatic brain injury n=1,311, AIDS/HIV related n=1,300; offering 2,889 "yes" responses; Impacts Housing, Employment, or Independent Living Status: Psychiatric or emotional condition n=517, PTSD n=439, Chronic health problems n=376, Physical disability n=345, Drug or alcohol abuse n=299, Developmental disability n=172, Traumatic brain injury n=144, AIDS/HIV related n=20; offering 1,572 "yes" responses

Note: Multiple response question, percentages will not add up to 100.

⁷ Sharon A. Salit, M. E. (1998). Hospitalization Costs Associated with Homelessness in New York City. *New England Journal of Medicine*, 338, 1734-1740.

Prevalence of reported health conditions were relatively similar between unsheltered and sheltered survey respondents. The most frequently reported conditions among both populations remained psychological or emotional conditions, post-traumatic stress disorder, and chronic health problems.

Figure 25. Health Conditions by Shelter Status

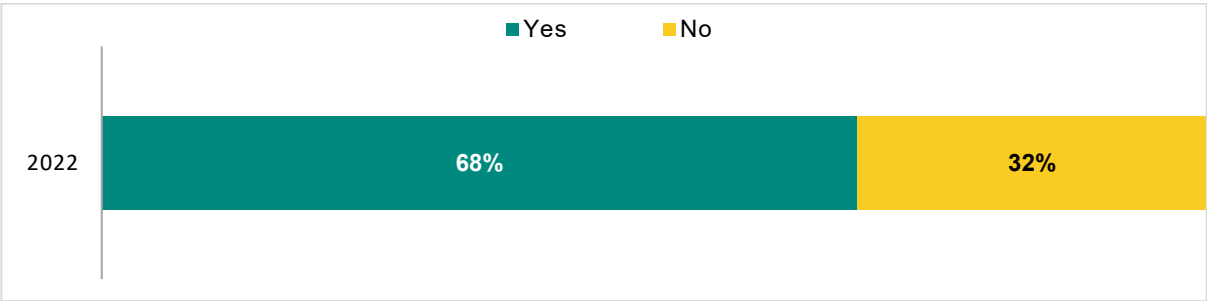


Unsheltered n=798-824; Sheltered n=586-592
Note: Multiple response questions, percentages will not add up to 100.

COVID-19

The majority (68%) of those surveyed reported having received a COVID-19 vaccine.

Figure 26. COVID-19 Vaccine Status



2022 n=1,352

DOMESTIC/PARTNER VIOLENCE OR ABUSE

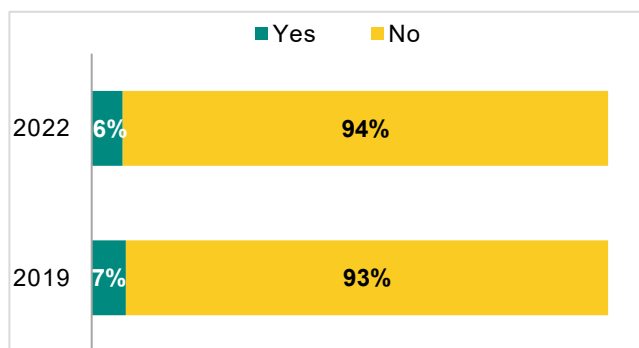
Histories of domestic violence and partner abuse are prevalent among individuals experiencing homelessness, and can be the primary cause of homelessness for many. Survivors often lack the financial resources required for housing, as their employment history or dependable income may be limited.

Six percent (6%) of survey respondents reported currently experiencing domestic violence or abuse. There was a slight difference between unsheltered and sheltered respondents (7% and 5% respectively). Domestic violence did vary by gender, as 5% of male respondents reported currently experiencing domestic violence compared to 7% of females.

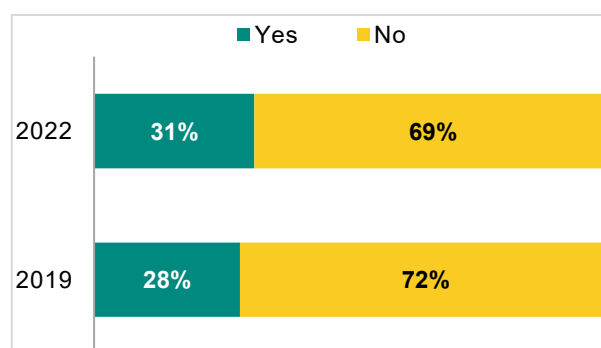
Thirty-one percent (31%) of respondents reported a history of domestic violence or abuse over their lifetime. This also varied by gender, with 22% of male, 41% of female, 25% of transgender, and 31% of gender non-conforming respondents reporting experiencing domestic violence in their lifetime.

Figure 27. Domestic Violence

Current Experience

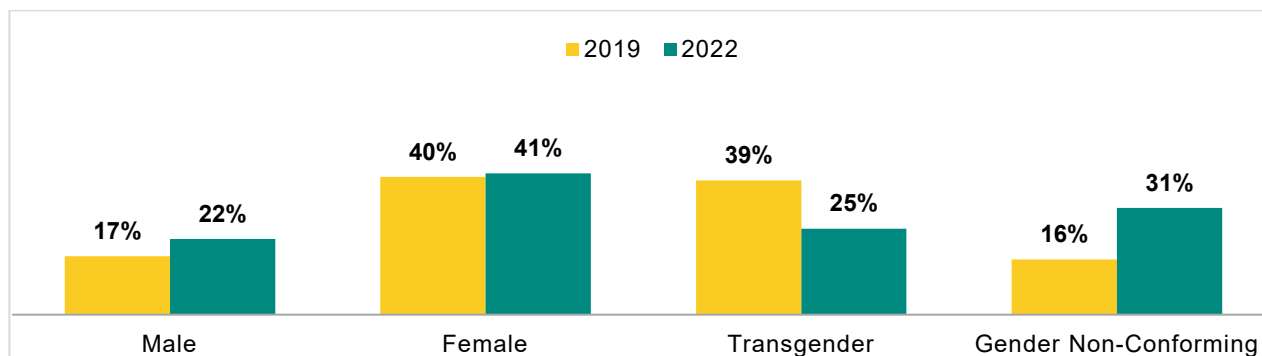


Lifetime Experience



Current Experience 2019 n=1,498, 2022 n=1,305; Lifetime experience 2019 n=1,492, 2022 n=1,363

Figure 28. History of Domestic Violence by Gender



2019 Male n=941, Female n=609, Transgender n=26, Gender Non-Conforming n=38; 2022 Male n=853, Female n=552, Transgender n=8, Gender Non-Conforming n=13

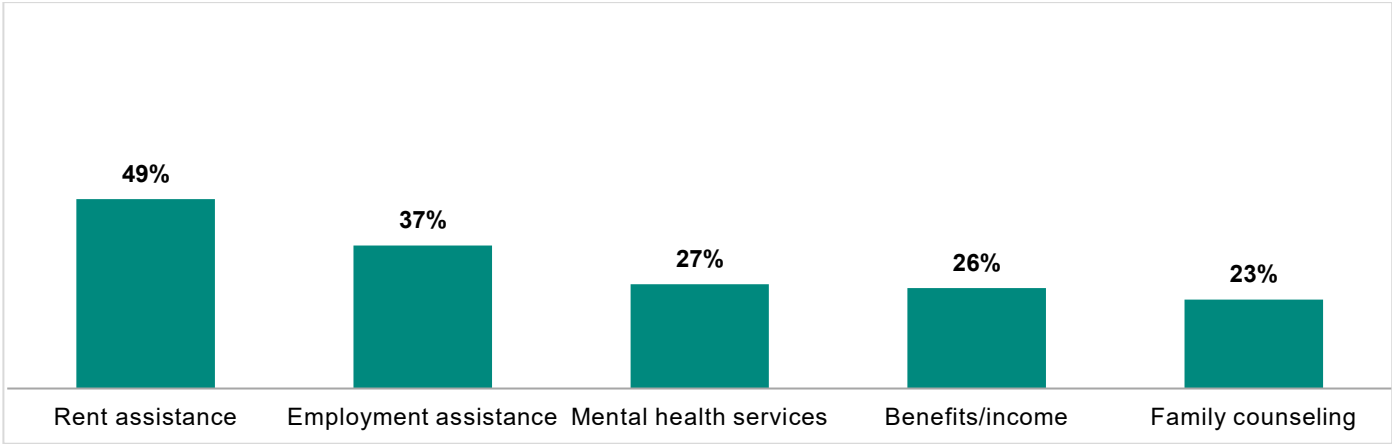
SERVICES AND ASSISTANCE

Alameda County provides services and assistance to those currently experiencing homelessness through federal and local programs. However, many individuals and families do not apply for services, as many believe that they are ineligible for assistance. Connecting homeless individuals and families to these support services creates a bridge to mainstream support services and can prevent future housing instability.

Preventing Homelessness

Forty-nine percent (49%) of survey respondents reported that rent assistance could have prevented them from experiencing homelessness. Employment assistance (37%) and benefits/income (26%) were also top responses.

Figure 29. Preventing Homelessness (Top Five Responses)

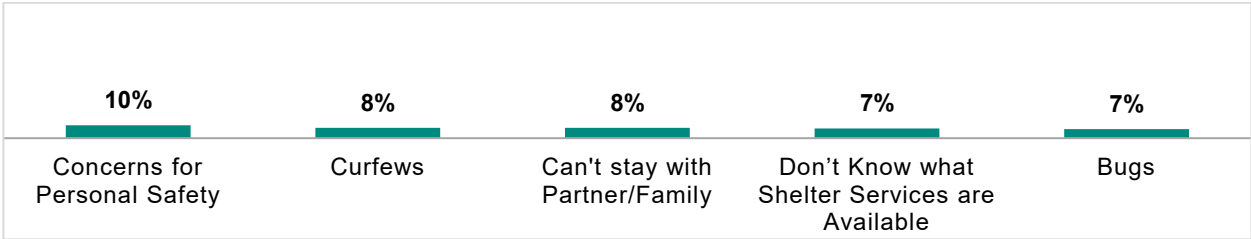


2022 n=1,236 respondents offering 3,525 responses
Note: Multiple response question, percentages will not add up to 100.

Shelter Services

When asked what prevents them from using shelter services, survey respondents cited a number of reasons. Ten percent (10%) said they do not use them because of concerns for personal safety, 8% cited curfews or inability to stay with their partner/family, and 7% reported bugs being a deterrent or not knowing what shelter services are available.

Figure 30. Reasons for Not Using Shelter Services (Top Five Reasons)



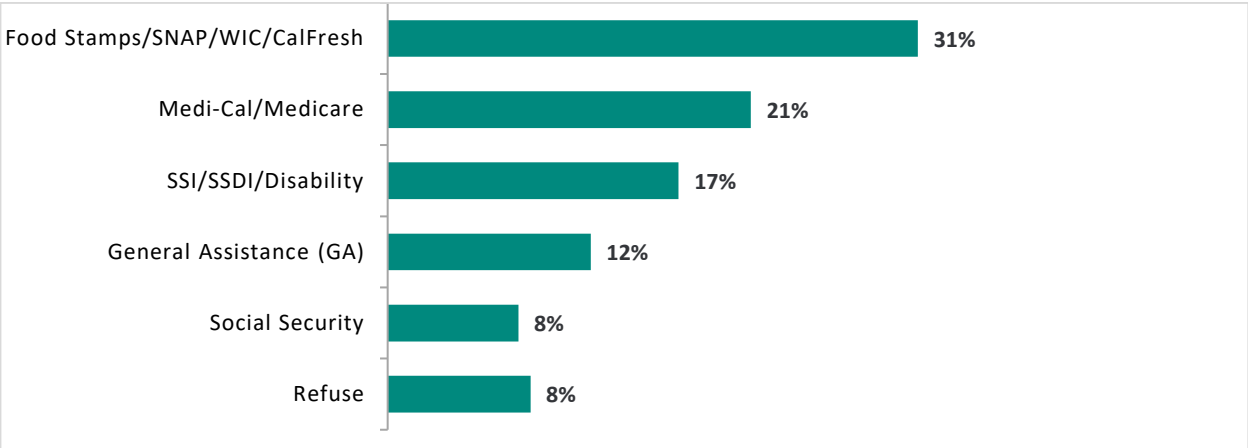
n=1,342 respondents offering 1,582 responses
Note: Multiple response question, percentages will not add up to 100.

EMPLOYMENT, INCOME, AND BENEFITS

Income and Benefits

Almost one third (31%) of individuals surveyed reported receiving food stamps/SNAP/WIC/Cal Fresh benefits. Twenty-one percent (21%) reported being on MediCal/Medicare. Five percent (5%) reported receiving COVID-19 related assistance including increased unemployment assistance.

Figure 31. Income or Benefits Currently Being Received (Top Five Responses and Refuse)

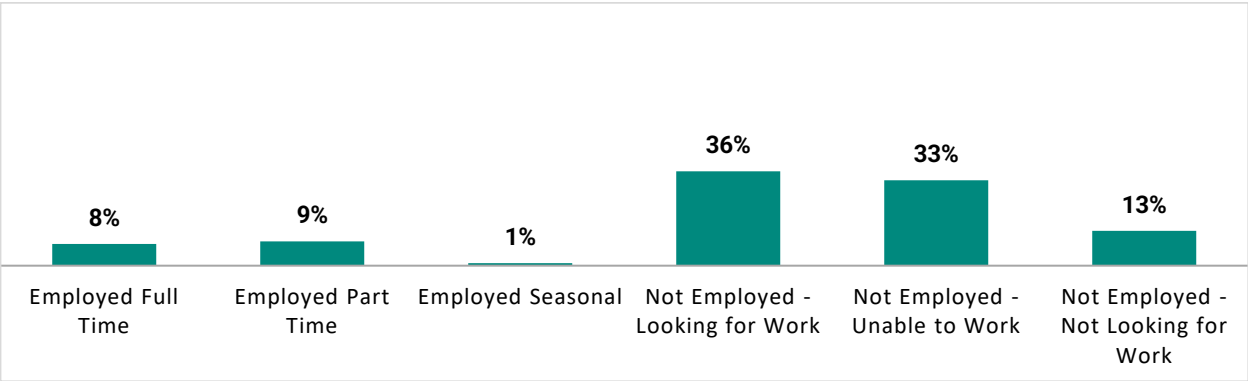


2022 n=1,428 respondents providing 1,889 responses
Note: Multiple response question, percentages will not add up to 100.

Employment Status

A third (33%) of those surveyed indicated they are not employed and are unable to work, while another 36% reported they are not employed, but are looking for work. Eighteen percent (18%) reported being employed either full time, part time, or seasonally.

Figure 32. Current Employment Status

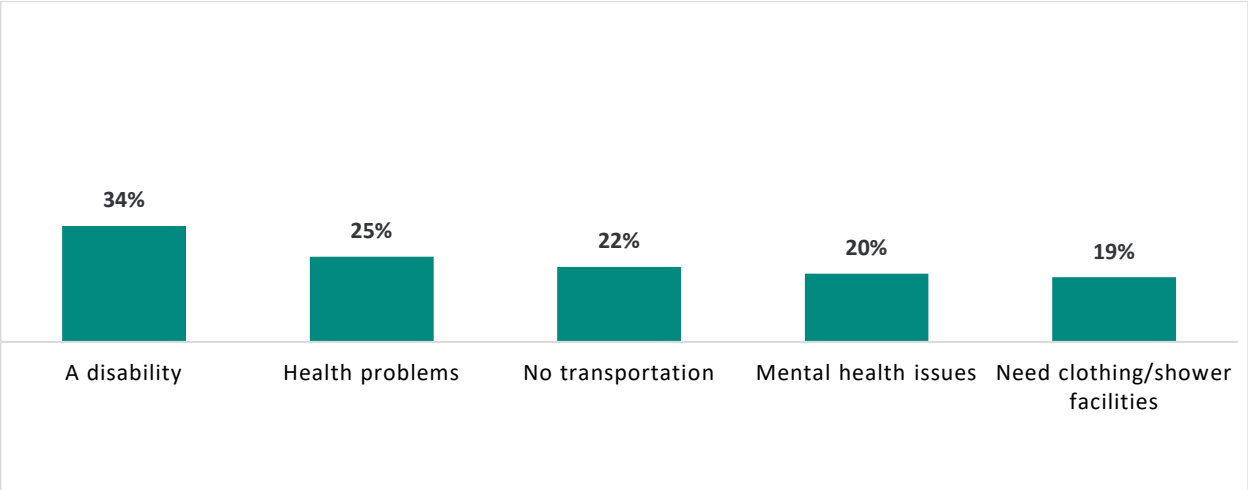


2022 n=1,411

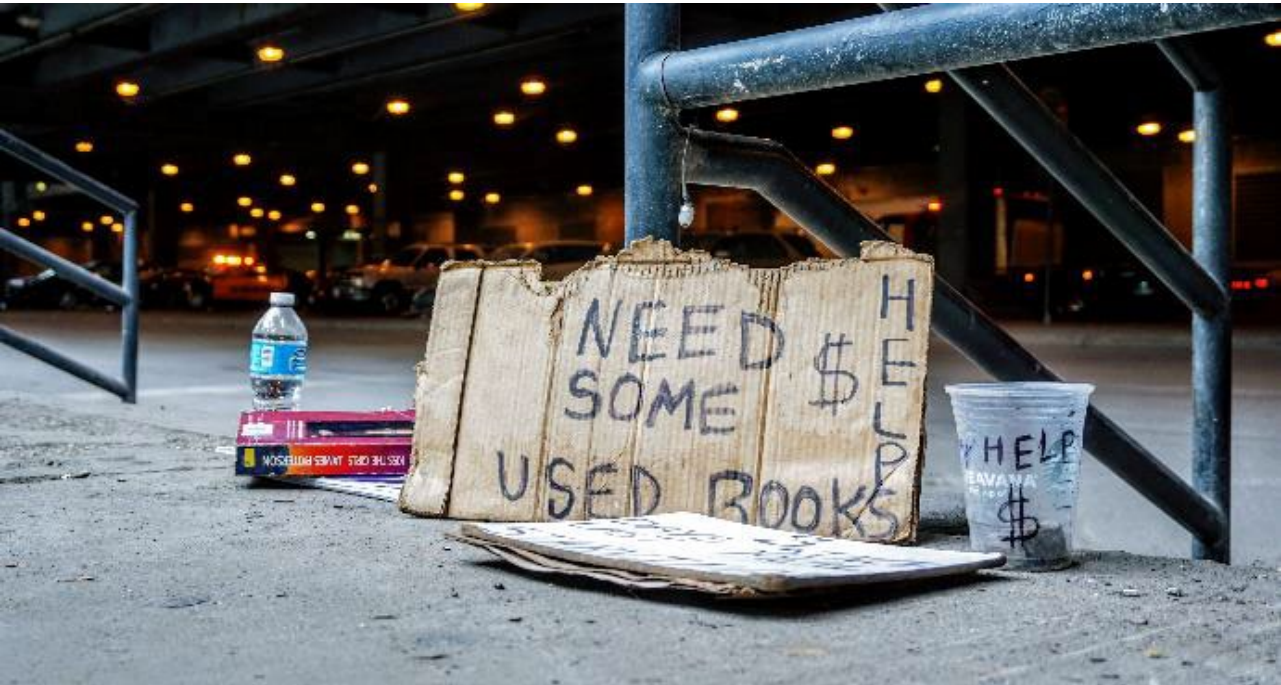
Barriers to Employment

Issues relating to physical and mental health contributed to the top factors keeping those surveyed from employment. Having a disability was the most reported reason for not being employed at 34% followed by 25% reporting health problems more generally, and 20% reporting mental health issues as a barrier. Two of the top five reasons were not related to health conditions.

Figure 33. Barriers to Employment (Top Five Responses)



2022 n=1,277 respondents offering 3,314 responses
Note: Multiple response question, percentages will not add up to 100.



SELECT POPULATIONS

Home, Together: The Federal Strategic Plan to Prevent and End Homelessness outlines national objectives and evaluative measures for ending homelessness among all populations in the United States.

In order to adequately address the diversity within the population experiencing homelessness, the federal government identifies four subpopulations with particular challenges or needs, including:

- Families with children;
- Chronic homelessness among people with disabilities;
- Veterans; and
- Unaccompanied children and transition-age youth.

Consequently, these select populations represent important reportable indicators for measuring local progress toward ending homelessness.

The following sections examine each of these four select populations, as well as single adults over age 25, identifying the number and characteristics of individuals included in the EveryOne Counts! 2022 Homeless Census and Survey. Survey data, in conjunction with the census data, is the primary source of the following sections.

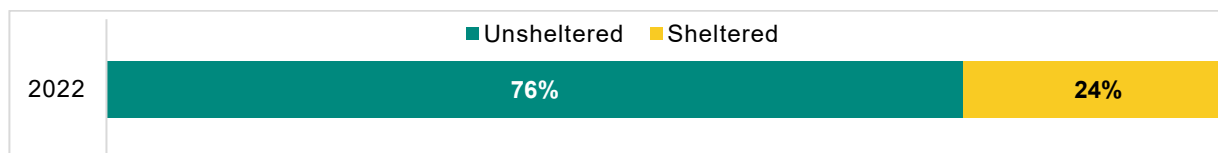
SINGLE ADULTS 25 YEARS AND OLDER

The largest number of people experiencing homelessness are adults age 25 or older in households without children. This population is often referred to as single adults age 25 or older, though it may include married or unmarried couples and multi-adult households. It is often assumed that this population has high medical and mental health needs, yet data suggests that most of this population does not.⁸

Number of Single Adults 25 Years and Older

In 2022, single adults ages 25 years and older comprised 83% of the population experiencing homelessness in Alameda County (8,071 individuals). Unsheltered single adults 25 years and older represented 86% of the overall unsheltered population (6,151 individuals).

Figure 34. Number of Single Adults 25 Years and Older Enumerated During the Point-in-Time Count by Shelter Status



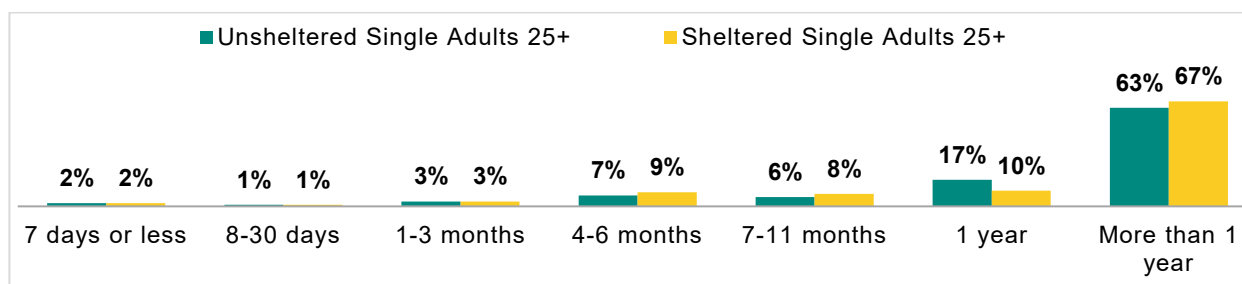
2022 n=8,071

First Time Occurrence and Length of Homelessness Among Single Adults 25 Years and Older

First time homelessness was similar between unsheltered and sheltered single adults ages 25 and older, 28% compared to 29% respectively.

Almost two thirds (63%) of unsheltered single adults ages 25 and older reported experiencing homelessness for more than one year, compared to 67% of sheltered single adults.

Figure 35. Length of Current Episode of Homelessness Among Single Adults 25 years and Older



Unsheltered Single Adults 25+ n=648, Sheltered Single Adults 25+ n=429

Source: 2022 Alameda County Housing Survey

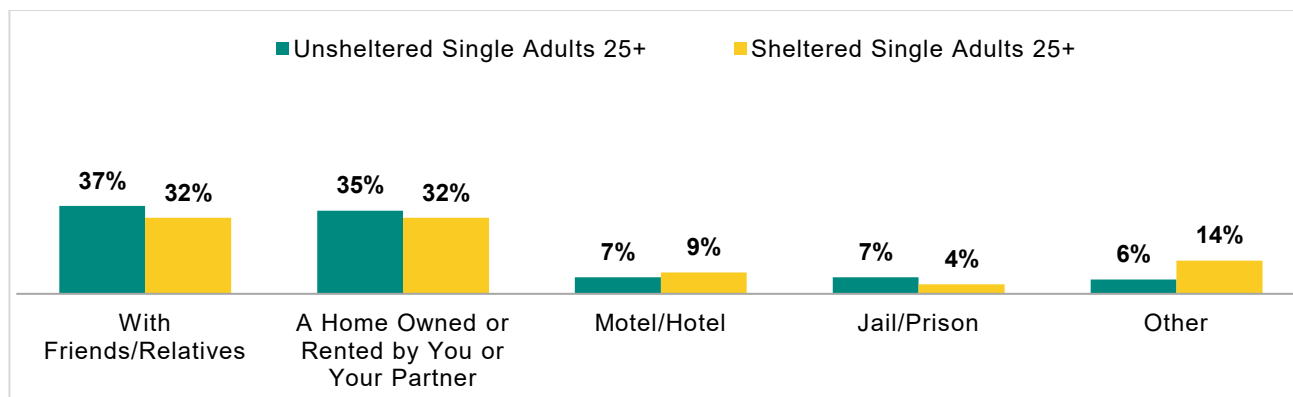
Note: Percentages may not add up to 100 due to rounding.

⁸ NAEH. (July 2016). End Single Adult Homelessness, Retrieved 2017 from http://www.endhomelessness.org/page/-/files/End%20Single%20Homelessness_Final.pdf

Prior Living Situation of Single Adults 25 Years and Older

Unsheltered single adults ages 25 and older most often reported staying in a home with friends or relatives prior to experiencing homelessness; sheltered single adults ages 25 and older most frequently reported staying in a home owned or rented by friends or relatives or in a home owned or rented by them or their partner.

Figure 36. Living Arrangements Immediately Prior to Becoming Homeless This Time Among Single Adults 25 Years and Older (Top Five Responses)

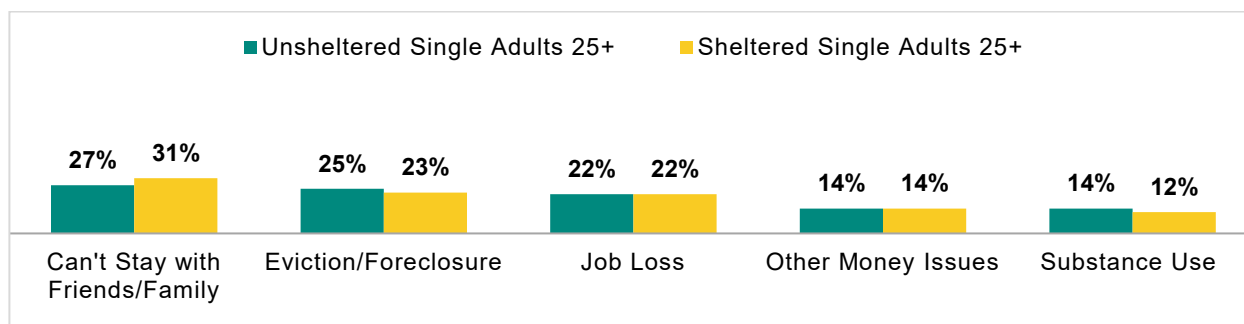


Unsheltered Single Adults 25+ n= 659, Sheltered Single Adults 25+ n=424
Source: 2022 Alameda County Housing Survey

Primary Cause of Homelessness and Prevention Services Needed Among Single Adults 25 Years and Older

The most frequently reported cause of homelessness was an inability to stay with friends/family or an argument with family/friend/roommate, by 27% of unsheltered single adults 25 and older and 31% of sheltered single adults 25 and older. Twenty-five percent (25%) of unsheltered and 23% of sheltered single adults 25 years or older reported eviction/foreclosure as the primary cause of their homelessness. Twenty-two percent (22%) of unsheltered and sheltered single adults 25 years or older cited job loss as the primary cause.

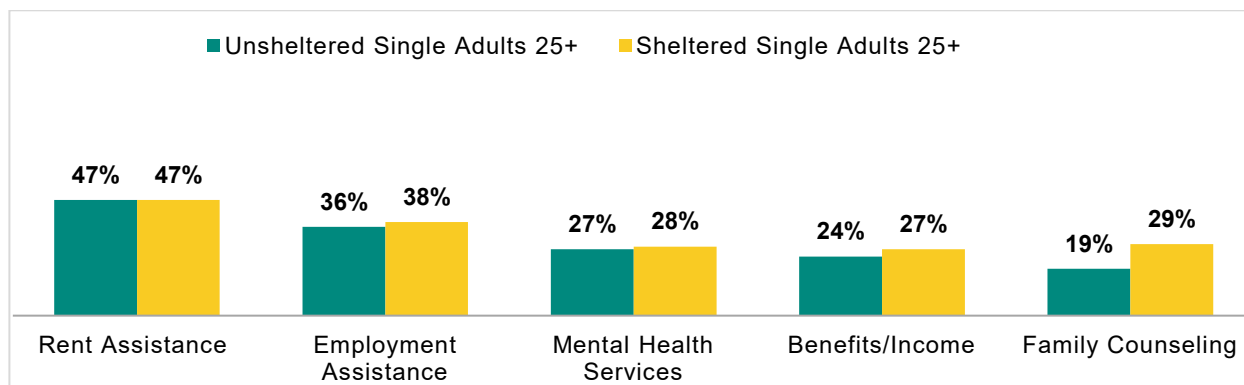
Figure 37. Primary Cause of Homelessness Among Single Adults 25 Years and Older (Top Five Responses)



Unsheltered Single Adults 25+ n=669, Sheltered Single Adults 25+ n=442
Source: 2022 Alameda County Housing Survey
Note: Multiple response question, percentages will not add up to 100.

Nearly one-half (47%) of both unsheltered and sheltered single adults 25 years and older most frequently reported that rental assistance would have helped to prevent their housing loss. Unsheltered and sheltered single adults 25 years and older reported needing similar support overall, although sheltered single adults 25 years and older cited family counseling as a bigger need than those that are unsheltered (29% and 19% respectively).

Figure 38. Support Needed to Prevent Housing Loss Among Single Adults 25 Years and Older (Top Five Responses)



Unsheltered Single Adults 25+ n=597 offering 1,698 responses; Sheltered Single Adults 25+ n=382 offering 1,089 responses

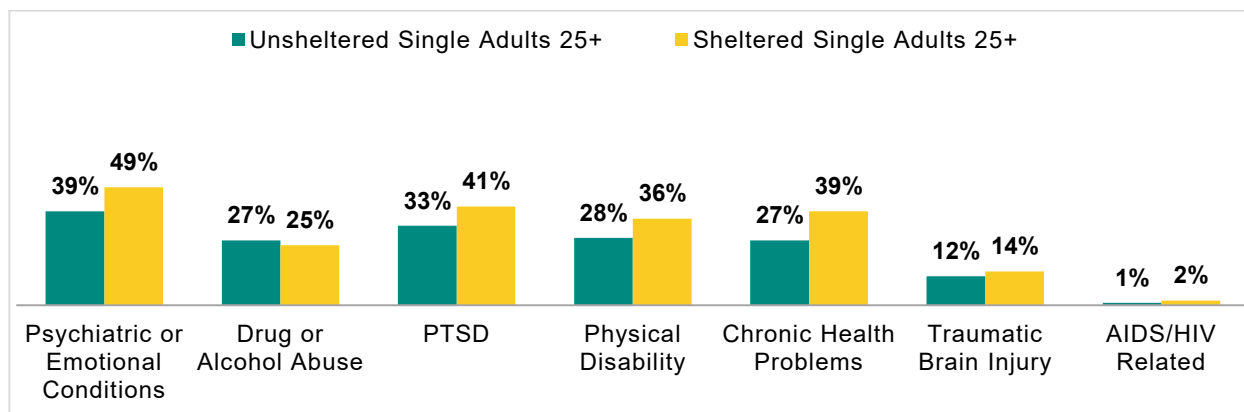
Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

Health Conditions Among Single Adults 25 Years and Older

Unsheltered single adults 25 years and older most often reported psychiatric or emotional problems (39%), PTSD (33%), physical disability (28%), and drug or alcohol abuse tied with chronic health problems (27%). Sheltered single adults 25 years and older most often reported psychiatric or emotional conditions (49%), PTSD (41%), chronic health problems (39%), and physical disability (36%). All data are self-reported.

Figure 39. Health Conditions Among Single Adults 25 Years and Older



Unsheltered Single Adults 25+ n=741, Sheltered Single Adults 25+ n=461

Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

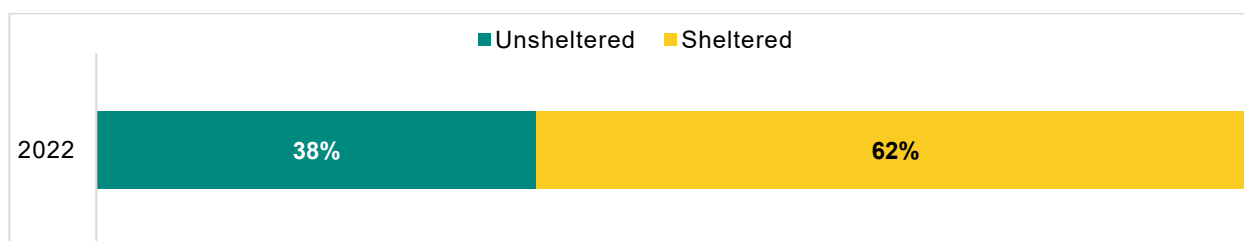
FAMILIES WITH CHILDREN

National data from 2019 suggest that 30% of all people experiencing homelessness are persons in families with minor children in their care.⁹ Very few families experiencing homelessness are unsheltered, as public shelters serve 90% of homeless families in the United States; this is a significantly higher proportion of the population compared with other subpopulations, including unaccompanied children and transition-age youth. Data on families experiencing homelessness suggest that they are not much different from other families living in poverty. Nationally, the majority of homeless families are households headed by single women and families with children under the age of six.¹⁰ Children in families experiencing homelessness have increased incidence of illness and are more likely to have emotional and behavioral problems than children with stable living accommodations.¹¹ In 2022, additional data collection occurred by Coordinated Entry resource centers and McKinney-Vento school liaisons serving unsheltered and unstably housed families to identify families who were unsheltered the night of the Count. It is not possible to discern what portion of the increase, if any, from 2019 to 2022 is from this additional data collection effort or from an actual increase in unsheltered family homelessness.

Homeless Families with Children

There were 286 families consisting of 844 individuals counted in 2022. The number of people in families with children represented 9% of the county's homeless population. Children under 18 represented 58% of those in families.

Figure 40. Total Number of Homeless Families Enumerated During the Point-in-Time Count



2022 n=286 households, 844 individuals

⁹ U. S. Department of Housing and Urban Development. (2019). *The 2019 Annual Assessment Report (AHAR) to Congress*. Retrieved 2022 from <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>

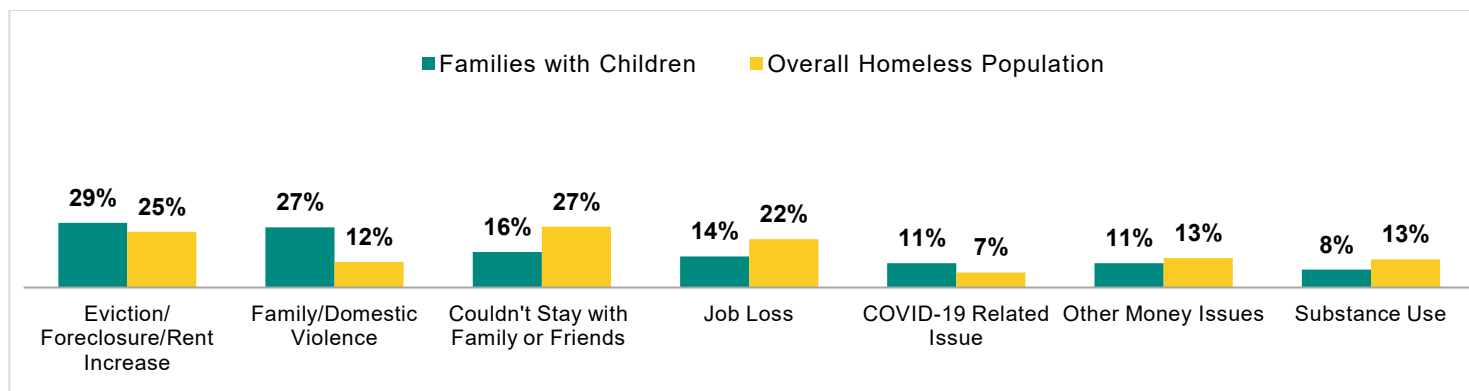
¹⁰ U. S. Department of Health and Human Services. (2007). *Characteristics and Dynamics of Homeless Families with Children*. Retrieved 2015 from <http://aspe.hhs.gov/>

¹¹ U.S. Interagency Council on Homelessness. (2015). *Opening Doors*. Retrieved 2015 from <http://www.usich.gov/>

Primary Cause of Homelessness Among Homeless Families with Children

The most frequently reported cause of homelessness among individuals in families with children was eviction/foreclosure/rent increase (29%). Additionally, 27% cited family/domestic violence, 16% reported they could not stay with friends or family, 14% reported job loss, and 11% reported a COVID-19 related issue or other money issues as the primary cause of their homelessness.

Figure 41. Primary Cause of Homelessness Among Families with Children



Families with Children n=122, Overall Homeless Population n=1,410

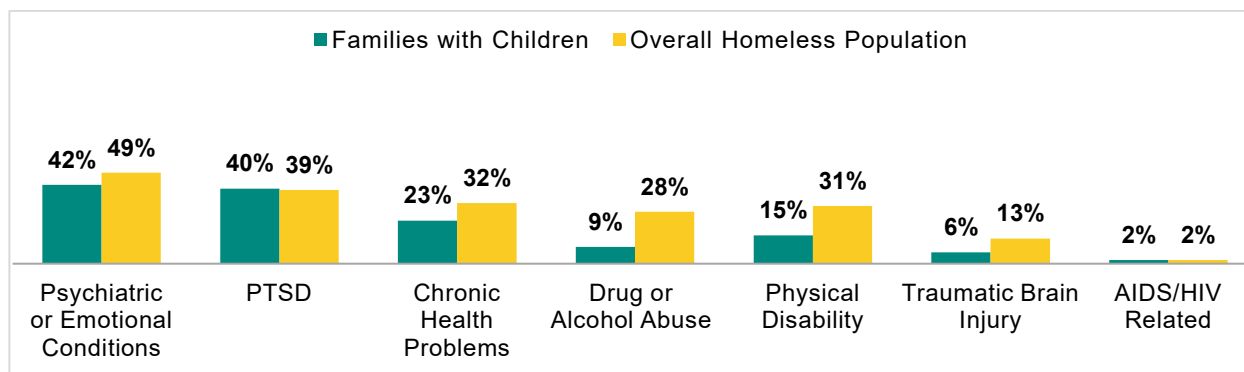
Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

Health Conditions Among Homeless Families with Children

Forty-two percent (42%) of family respondents reported experiencing psychiatric or emotional conditions. Forty percent (40%) reported PTSD, 23% reported chronic health problems, 15% reported physical disability, 9% reported drug or alcohol abuse, 6% reported a traumatic brain injury, and 2% reported living with an AIDS or an HIV related condition. Compared to all respondents, families with children reported a slightly higher rate of PTSD and notably lower rates of drug or alcohol abuse and physical disabilities. It is important to recognize that all data are self-reported.

Figure 42. Health Conditions Among Families with Children



Families with Children n=124, Overall Homeless Population n=1,378

Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

UNACCOMPANIED CHILDREN AND TRANSITION-AGE YOUTH

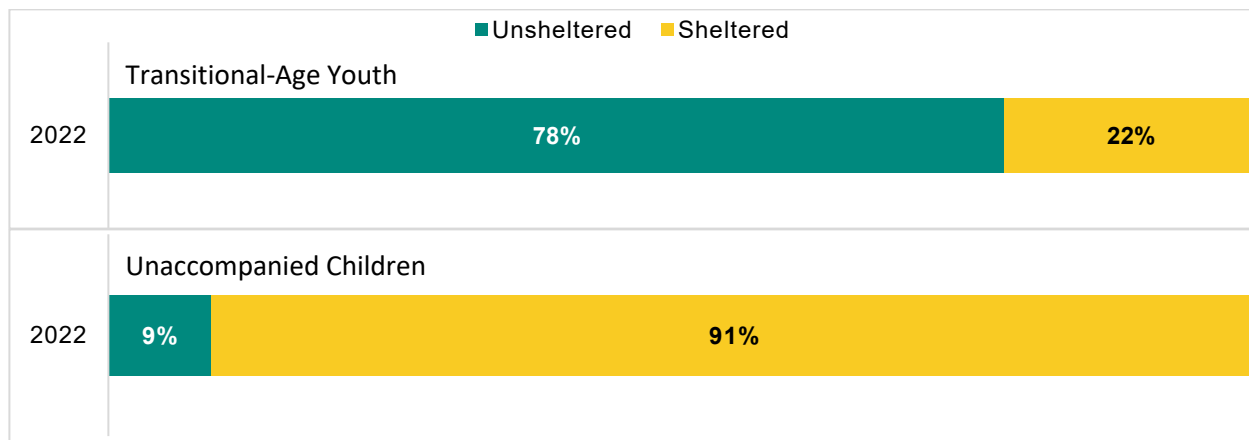
Due to the more challenging outreach experience and greater mobility of youth experiencing homelessness, limited data are available on unaccompanied children and transition-age youth. Young people experiencing homelessness may have a harder time accessing services, including shelter, medical care, and employment. This is due to the stigma of their housing situation, lack of knowledge of available resources, and a dearth of services targeted to young people.¹²

In 2012, the U.S. Interagency Council on Homelessness amended the federal strategic plan to end homelessness to include specific strategies and supports to address the needs of unaccompanied homeless children and transition-age youth. As part of this effort, the U.S. Department of Housing and Urban Development (HUD) placed increased focus on gathering data on unaccompanied homeless children and transition-age youth during the Point-in-Time Count.

Unaccompanied Children and Transition-Age Youth

Transition-age youth (TAY), those between the ages of 18 and 24 years old, represented 8% of the overall population experiencing homelessness in Alameda County (735 individuals). Unaccompanied children, under age 18, represented less than 1% of the population (97 individuals).

Figure 43. Total Number of Unaccompanied Children and Transition-Age Youth Enumerated During the Point-in-Time Count



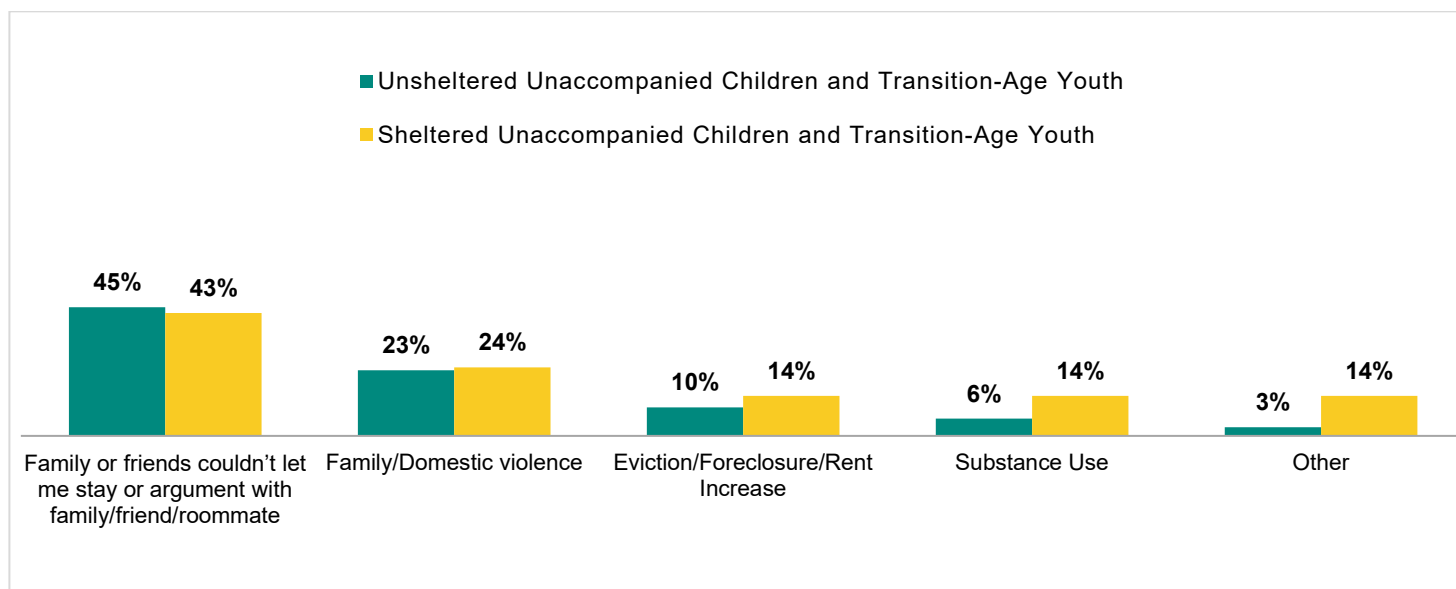
2022 Transitional Age Youth n=735; Unaccompanied Children n=97

¹² National Coalition for the Homeless. (2011). Homeless Youth Fact Sheet. Retrieved 2011 from <http://www.nationalhomeless.org>.

Primary Cause of Homelessness Among Unaccompanied Homeless Children and Transition-Age Youth

An inability to stay with friends/family or argument with a family, friend, or roommate was the most frequently cited cause of homelessness among unsheltered unaccompanied youth (45%). Nearly one quarter of unaccompanied unsheltered youth (23%) and unaccompanied sheltered youth (24%) also frequently attributed their homelessness to family/domestic violence.

Figure 44. Primary Cause of Homelessness Among Unaccompanied Children and Transition-Age Youth (Top Five Responses)



Unsheltered Unaccompanied Children and Transition-Age Youth Survey Population n=31; Sheltered Unaccompanied Children and Transition-Age Youth Survey Population n=21

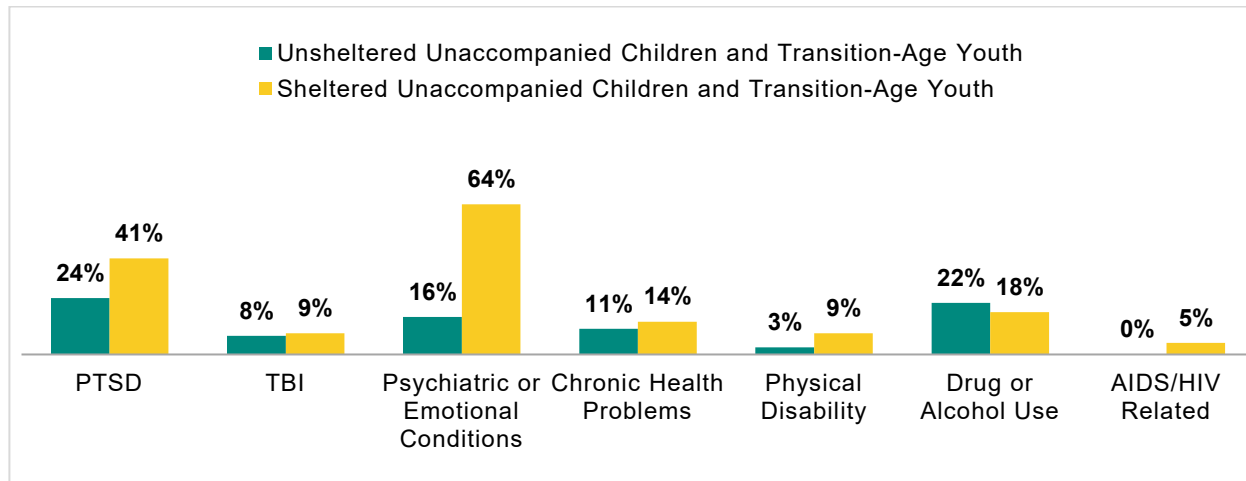
Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

Health Conditions Among Unaccompanied Homeless Children and Transition-Age Youth

Though better than the general homeless population, health is still an issue for young people experiencing homelessness. For six out of seven health conditions, more sheltered youth reported having these conditions compared to unsheltered youth. For example, 64% of sheltered youth reported psychiatric or emotional conditions as compared to 16% of unsheltered youth, and 41% of sheltered youth reported PTSD as compared to 24% of unsheltered youth. It is important to recognize that all data are self-reported and influenced by participant's self-awareness and knowledge of a diagnosis.

Figure 45. Health Conditions Among Unaccompanied Children and Transition-Age Youth



Unsheltered Unaccompanied Children and Transition-Age Youth Survey Population n=37, Sheltered Unaccompanied Children and Transition-Age Youth Survey Population n=22

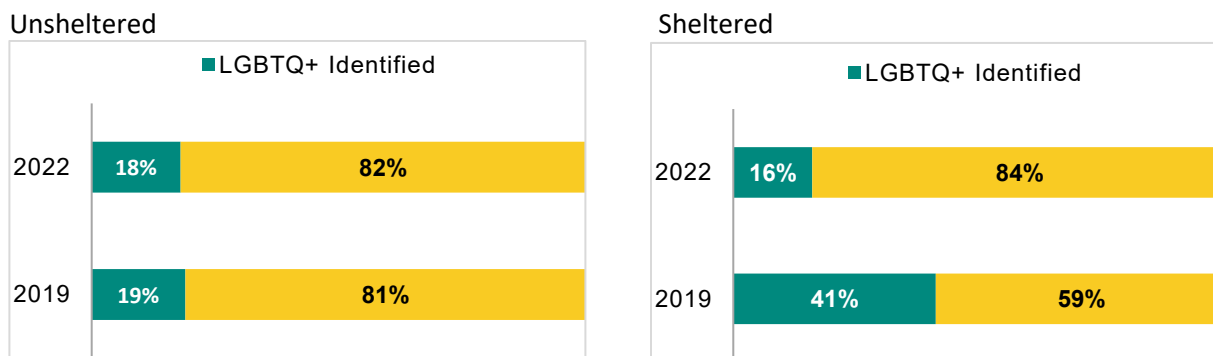
Source: 2022 Alameda County Housing Survey

Note: Note: Multiple response question, percentages will not add up to 100.

Sexual Orientation Among Unaccompanied Children and Transition-Age Youth

Nationally, an estimated 40% of homeless youth identify as LGBTQ. LGBTQ youth remain overrepresented in the population experiencing homelessness.¹³ In total, 17% of unaccompanied children and transition-age youth identified as LGBTQ compared to 9% of adults over 25. Sixteen percent (16%) of sheltered unaccompanied children and transition-age youth identified as LGBTQ, compared to 18% of unsheltered youth.

Figure 46. Sexual and Gender Identity Among Unaccompanied Children and Transition-Age Youth



2019 Unsheltered n=73, Sheltered n=51; 2022 Unsheltered n=33, Sheltered n=19

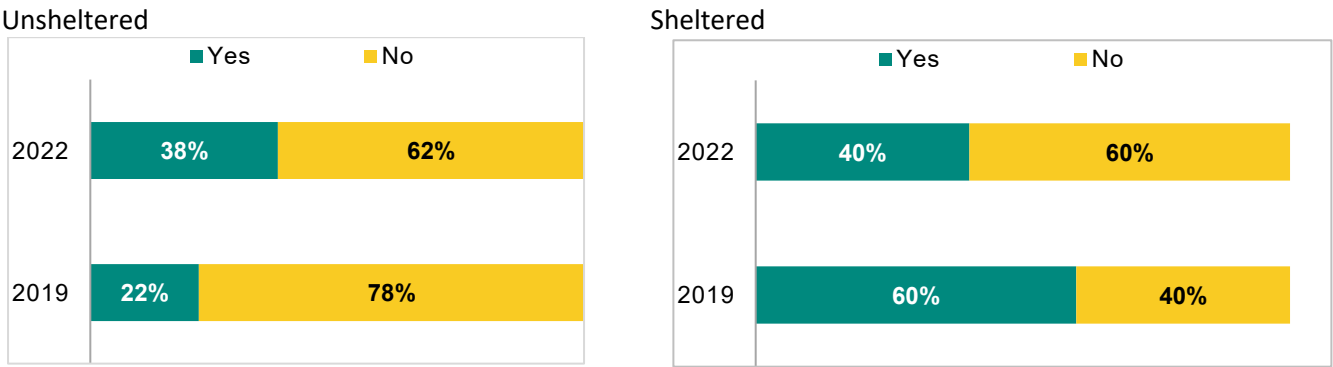
Source: 2019 & 2022 Alameda County Housing Survey

¹³ True Colors Fund. (2017). Our Issue. Retrieved 2017 from <https://truecolorsfund.org/our-issue/>

Foster Care Among Unaccompanied Homeless Children and Transition-Age Youth

Sheltered and unsheltered unaccompanied children and transition-age youth reported similar rates of history of foster care at 38% for unsheltered and 40% of sheltered.

Figure 47. History of Foster Care Among Unaccompanied Children and Transition-Age Youth



2019 Unsheltered Unaccompanied Children and Transition-Age Youth Survey Population n=72, Sheltered Unaccompanied Children and Transition-Age Youth Survey Population n=50; 2022 Unsheltered Unaccompanied Children and Transition-Age Youth Survey Population n=34, Sheltered Unaccompanied Children and Transition-Age Youth Survey Population n=20
Source: 2019 & 2022 Alameda County Housing Survey

CHRONICALLY HOMELESS PERSONS

HUD defines a chronically homeless person as someone who has experienced homelessness for a year or longer—or who has experienced at least four episodes of homelessness totaling 12 months in the last three years—and also has a disabling condition that prevents them from maintaining work or housing. This definition applies to individuals as well as heads of household who meet the definition.

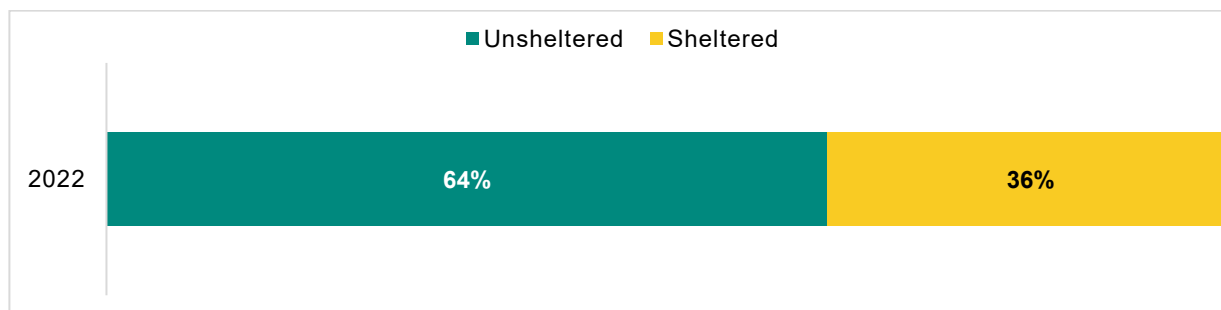
The chronically homeless population represents one of the most vulnerable populations on the street; the mortality rate for those experiencing chronic homelessness is four to nine times higher than that of the general population.¹⁴ Data from communities across the country reveal that public costs incurred by those experiencing extended periods of homelessness include emergency room visits, interactions with law enforcement, incarceration, and regular access to social supports and homeless services.

In 2019, HUD reported that 96,141 individuals, representing 24% of the overall homeless population, were experiencing chronic homelessness.¹⁵ Chronic homelessness has been increasing in recent years after a long decline between 2007-2016. To address homelessness, communities across the country have been increasing the capacity of their permanent supportive housing programs and prioritizing those with the greatest barriers to housing stability through Coordinated Entry or similar policies.

Number of Chronically Homeless Persons

In total, 2,728 individuals were experiencing chronic homelessness in Alameda County in 2022. Of those, 2,591 were single individuals and 127 were adults and children in 46 households with children under 18 years of age in Alameda County. Ten (10) were unaccompanied children under age 18.

Figure 48. Total Number of Chronically Homeless Persons Enumerated During the Point-in-Time Count



2022 n=2,728

¹⁴ United States Interagency Council on Homelessness. (2010). Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010. Retrieved 2017 from https://www.usich.gov/resources/uploads/asset_library/BkgrdPap_ChronicHomelessness.pdf

¹⁵ Department of Housing and Urban Development. (2019). Annual Assessment Report to Congress. Retrieved 2022 from <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>

Chronically Homeless Single Individuals

An estimated 2,591 single individuals were chronically homeless in 2022. Sixty-five percent (65%) of those individuals were unsheltered while 35% were residing in emergency shelter and safe haven programs. In 2022, chronically homeless individuals represented 27% of the homeless population in Alameda County. This was a slight increase from 26% in 2019 (2,103 individuals).

Chronically Homeless Families

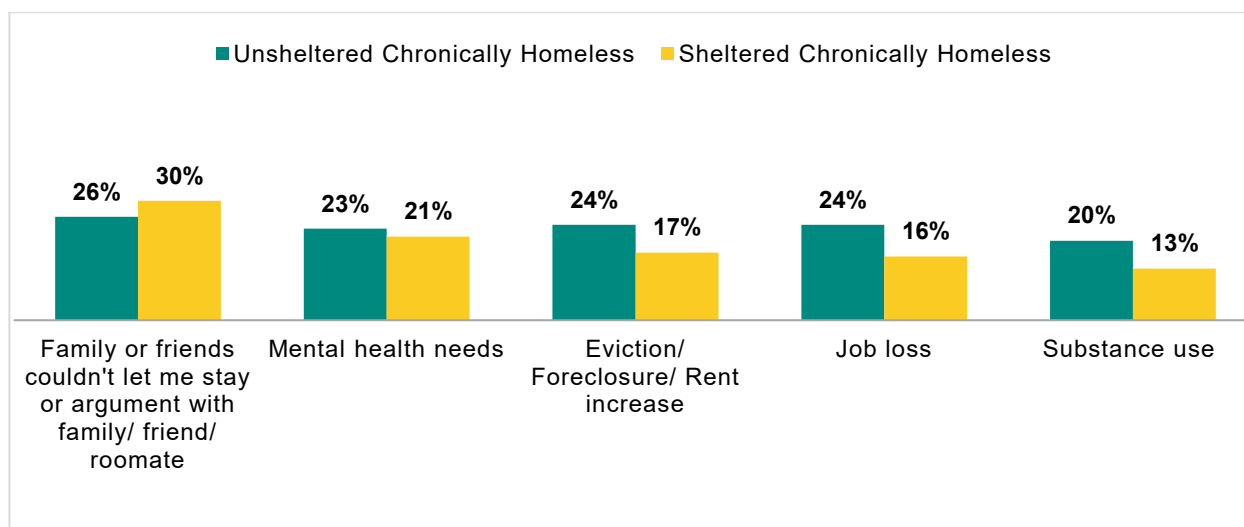
In 2022, 46 families were experiencing chronic homelessness. The majority (78%) were identified in county emergency shelters. Fifteen percent (15%) of persons in families were chronically homeless in 2022, compared to 25% in 2019 (the 2022 rate could be in part a by-product of the expanded outreach to unsheltered families).

Primary Cause of Homelessness Among Those Experiencing Chronic Homelessness

Over one quarter of both sheltered and unsheltered chronically homeless survey respondents identified the primary cause of their homelessness as “family or friends couldn’t let me stay” or “argument with family/friend/roommate” (30% and 26% respectively). Although not in the top five responses, sheltered chronically homeless respondents were slightly more likely to report family/domestic violence was the primary cause of their homelessness (12%) than unsheltered chronic respondents (9%), while unsheltered chronic respondents more often reported substance use or mental health.

While chronically homeless respondents reported some differences in the initial cause of their homelessness compared to non-chronic respondents, 82% of both sheltered and unsheltered chronically homeless respondents reported that neither COVID-19 nor California Wildfires impacted the primary cause for their homelessness.

Figure 49. Primary Cause of Homelessness Among Chronically Homeless Persons (Top Five Responses)



2022 Unsheltered Chronic n=208 respondents offering 450 responses, Sheltered Chronic n=150 respondents offering 284 responses
Note: Multiple response question, percentages will not add up to 100.
Source: 2022 Alameda County Housing Survey

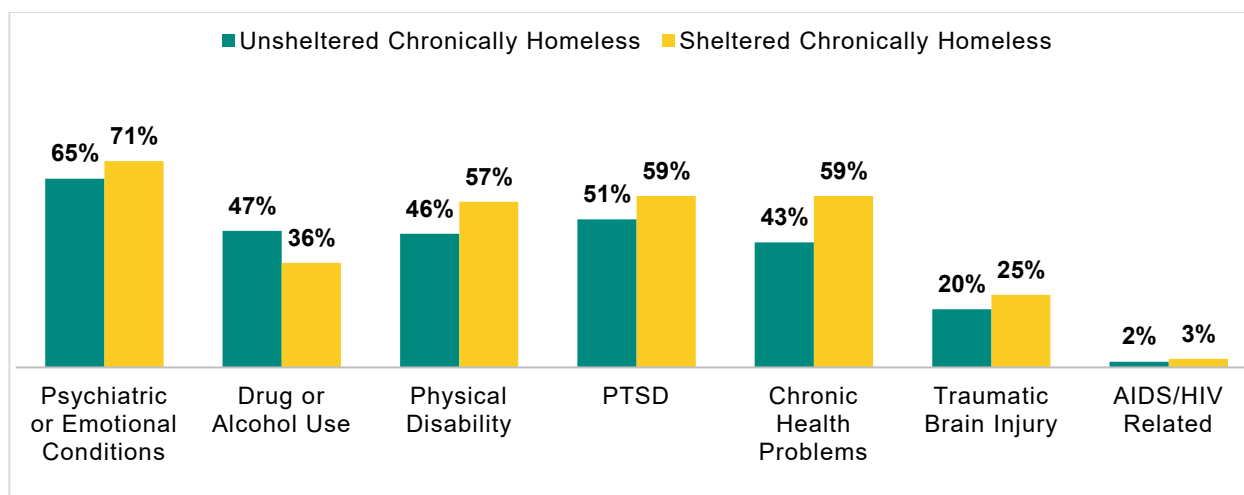
Health Conditions Among Those Experiencing Chronic Homelessness

The definition of chronic homelessness requires a condition that prevents an individual from maintaining work or housing. The definition requires that only one be limiting, however, many chronically homeless respondents reported experiencing multiple physical or mental health conditions. The following data report all conditions regardless of severity.

Seventy-one percent (71%) of sheltered chronically homeless survey respondents reported psychiatric or emotional conditions compared to 65% of unsheltered chronically homeless survey respondents. Fifty-nine percent (59%) of sheltered chronically homeless reported a chronic health problem or medical condition, compared to 43% of unsheltered chronically homeless. Fifty-seven percent (57%) of sheltered and 46% of unsheltered chronically homeless reported physical disability, 59% and 51% (sheltered and unsheltered chronically homeless, respectively) reported PTSD.

In general, higher rates of health conditions were reported for those who were chronically homeless compared to their non-chronically homeless counterparts. For example, 51% of chronically homeless individuals reported having a physical disability compared to 31% of non-chronically homeless individuals.

Figure 50. Health Conditions Among Chronically Homeless Persons



Unsheltered Chronic n=214, Sheltered Chronic n=150

Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

VETERANS

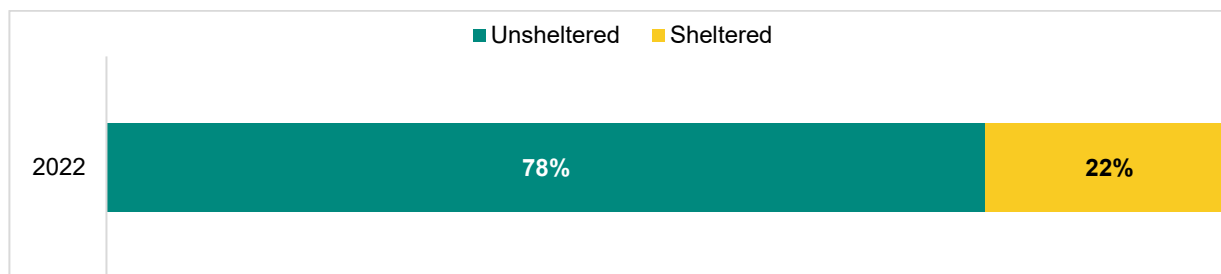
Many U.S. veterans experience conditions that place them at increased risk for homelessness. Veterans experience higher rates of PTSD, traumatic brain injuries, sexual assault, and substance abuse. Veterans experiencing homelessness are more likely to live on the street than in shelters, and often remain unsheltered for extended periods of time.

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits can involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. In addition to these supports, the VA and HUD partner to provide additional housing and support services to veterans currently experiencing homelessness or at risk of experiencing homelessness.

HOMELESS VETERANS

In total, 550 veterans were experiencing homelessness in 2022. Of those, 549 were single individuals and the remaining one was in a family with at least one child. Seventy-eight percent (78%) of veterans were unsheltered in 2022. In 2022, veterans represented 6% of the adult population, slightly below 2019 (9%).

Figure 51. Total Number of Homeless Veterans Enumerated During the Point-in-Time Count



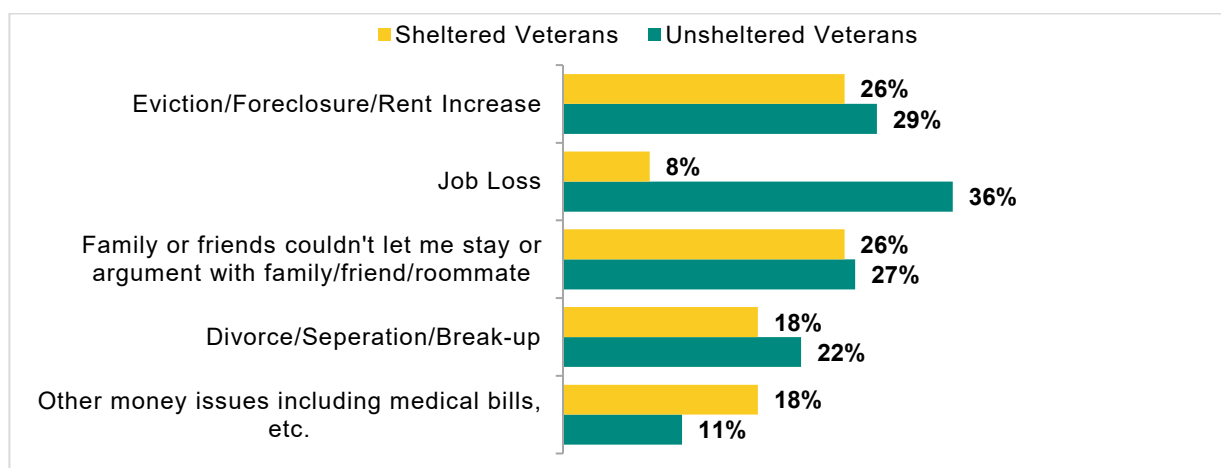
2022 n=550



Primary Cause of Homelessness Among Homeless Veterans

Unsheltered veterans most frequently cited job loss as the primary cause of their homelessness (36%), while sheltered veterans most frequently cited eviction/foreclosure/rent increase or an inability to stay with family or friends at 26% each. Unsheltered veterans attributed their homelessness to job loss at four and a half times the rate as sheltered veterans (36% and 8% respectively). Twenty-nine percent (29%) of unsheltered veterans and 26% of sheltered veterans reported their homelessness was the result of eviction or foreclosure or rent increase. When asked if COVID-19 or a California Wildfire impacted their primary cause of homelessness, 20% of unsheltered veterans cited COVID-19 compared to 11% of sheltered veterans.

Figure 52. Primary Cause of Homelessness Among Veterans (Top Five Responses)



Unsheltered Veterans Survey Population n=55 respondents, Sheltered Veterans Survey Population n=38 respondents

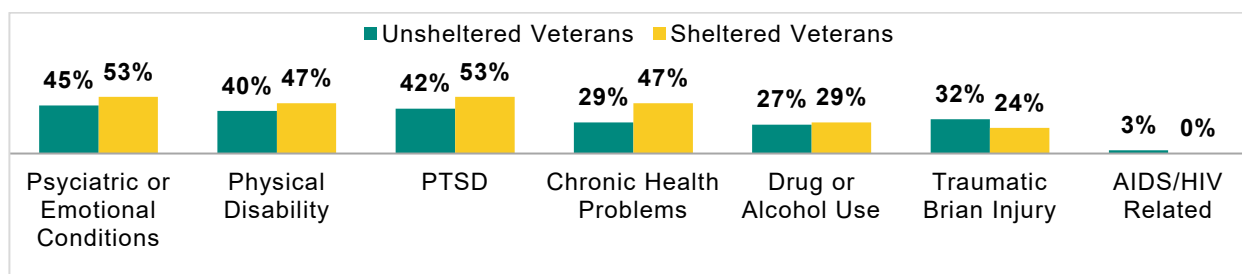
Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

Health Conditions Among Homeless Veterans

A higher percentage of sheltered veteran respondents reported having one or more health conditions, 50% compared to 34% of unsheltered veterans. Sheltered veterans reported higher rates of psychiatric or emotional conditions compared to unsheltered veterans (53% and 45% respectively).

Figure 53. Health Conditions Among Veterans



Unsheltered Veterans n=62; Sheltered Veterans n=38

Source: 2022 Alameda County Housing Survey

Note: Multiple response question, percentages will not add up to 100.

CONCLUSION

HOMELESS COUNT AND SURVEY

The EveryOne Counts! 2022 Homeless Census and Survey was performed using HUD-recommended practices for counting and surveying the homeless population. The 2022 Point-in-Time Count identified 9,747 persons experiencing homelessness in Alameda County. This represents an increase of 22% from the Count conducted in 2019.

The EveryOne Counts! 2022 Homeless Census and Survey revealed a diverse population with many different trends and needs. There are many valuable insights into the Alameda County homeless population from the data collected in this report, including:

- A total of 9,747 individuals experiencing homelessness were enumerated on February 23, 2022, an increase of 1,725 individuals (+22%) from 2019's Count. In 2022, 73% of individuals experiencing homelessness in Alameda County were unsheltered.
- While the number of individuals served by countywide shelters saw a large increase (+53%) between 2019 and 2022, there was also an increase of 823 reported unsheltered individuals (+13%).
- The majority of individuals were living in Alameda County when they lost their housing. Eighty-two percent (82%) of respondents reported they were living in Alameda County at the time they most recently became homeless. Fourteen percent (14%) reported they were living in another county in California, and 4% reported they were living out of state at the time they lost their housing.
- Racial and sexual minorities were overrepresented in the population experiencing homelessness. Black/African American individuals were overrepresented in the population experiencing homelessness. An estimated 47% of persons experiencing homelessness identified as Black/African American, compared to 10% of the county's overall population. Nine percent (9%) of survey respondents identified as LGBTQ in 2022.
- Individuals face behavioral health and physical health challenges that inhibit their ability to obtain work or housing as well as non-health barriers that could be addressed with services. The most frequently reported health condition was psychiatric or emotional conditions (49%), followed by PTSD (42%), and chronic health problems (34%). Thirty-three percent (33%) reported a physical disability, 30% reported drug or alcohol abuse, 14% reported a traumatic brain injury, and 2% reported having AIDS or an HIV related condition. Approximately 40% of individuals surveyed reported one or more of these conditions prevented them from obtaining work or housing.
- The majority of individuals reported no interactions with the criminal justice systems in the past year including probation, parole, court appearances, arrests, tickets, etc. Thirty percent (30%) of survey respondents reported interactions with the criminal justice system in the past year. Seven percent (7%) of survey respondents attributed their homelessness to incarceration.
- Individuals want affordable housing and need additional resources to achieve housing stability. Forty-nine percent (49%) reported rent assistance would have helped prevent their current experience of homelessness.

In summary, there are still many challenges to overcome in achieving the goal of eliminating homelessness in Alameda County and in helping homeless individuals and families access necessary services and support. The results of the EveryOne Counts! 2022 Homeless Census and Survey reflect a significant increase in homelessness in the County despite the considerable additional funding, programming and housing that was provided throughout the County. Macroeconomic and social issues such as poverty, income inequality, housing affordability, racial equity and the overwhelming impact of COVID-19 have all contributed to a period of tremendous challenge to Alameda County residents resulting in increasing hardship that will be overcome by the efforts of a united community committed to ending homelessness.

CLOSING

The EveryOne Counts! 2022 Homeless Census and Survey provides valid and useful data that help create a more comprehensive profile of those experiencing homelessness. The dissemination and evaluation of this effort will help the CoC and all Alameda County stakeholders continue to produce and refine constructive and innovative solutions to end homelessness and make it a rare, brief, and one-time occurrence. Through innovative and effective housing programs and services, Alameda County remains committed to moving homeless persons into permanent housing.

Data presented in the EveryOne Counts! 2022 Homeless Census and Survey report fulfills federal reporting requirements for the Continuum of Care, and will continue to inform additional outreach, service planning, and policy decision-making by local planning bodies as Alameda County continues to address homelessness.

APPENDIX A: METHODOLOGY

OVERVIEW

The Alameda County Point-in-Time Homeless Census and Survey was designed and implemented through a collaborative CoC-wide effort that included County, cities, people with lived experience of homelessness including young adults, and community-based organizations. COVID-19 related safety and public health issues were a key issue and concern in planning from both a process and staffing perspective as we prioritized caution with the need to be accurate and consistent with the outreach success of previous PIT efforts.

The 2022 Alameda County Homeless Census and Survey was performed using HUD-recommended practices and using HUD's PIT Count definition of homelessness. The goal was to produce a point-in-time estimate of individuals and families experiencing homelessness in Alameda County, a region which covers approximately 738 square miles and is comprised of 360 census tracts. Several primary data collection components were integrated to produce the total estimated number of persons experiencing homelessness on a given night. A detailed description of these components follows.

COMPONENTS OF THE HOMELESS CENSUS & SURVEY

The methodology used in the 2022 Point-in-Time Census and Survey had five components:

- 1) **General Street Count:** A morning Count of unsheltered homeless individuals and families on February 23, 2022. This occurred from approximately 5:00 AM to 10:00 AM, and included those sleeping outdoors on the street; at transit stations; in parks, tents, and other makeshift shelters; and in vehicles and abandoned or public properties, like parking garages and related locations. The general street Count was designed to take place before shelter occupants were released. In areas with shelters, the immediate area surrounding the shelter was prioritized to eliminate potential double counting of individuals.
- 2) **General Shelter Count:** A nighttime Count of homeless individuals and families staying at publicly and privately operated shelters on February 22, 2022. This included those who occupied emergency shelters, transitional housing, and safe havens.
- 3) **Targeted Street Count of Unaccompanied Youth and Young Adults:** An afternoon Count of unsheltered unaccompanied youth under 18 and young adults 18-24 years old on February 23, 2022. This occurred from approximately 2:00 PM to 7:00 PM and was led by special youth teams who canvassed specific areas where unaccompanied children and youth were known to congregate. Upon completion, data from this targeted Count was carefully reviewed against the results from the general street Count to ensure that any possible duplicate Counts were removed. Some factors used to deduplicate data include use of partial license plate numbers, geolocation, and follow-up with enumerators.
- 4) **Homeless Survey:** An in-person interview with 1,517 unique sheltered and unsheltered homeless individuals conducted by peer surveyors between February 24 and April 8, 2022, in Alameda County. Data from the survey were used to refine the Point-in-Time Census estimates, and then used to gain a more comprehensive understanding of the demographics and experiences of homeless individuals.

THE PLANNING PROCESS

To ensure the success and integrity of the Count, many county and community agencies collaborated on community outreach, volunteer recruitment, logistical plans, methodological decisions, the survey topics, and interagency coordination efforts. ASR provided technical assistance for these aspects of the planning process.

COMMUNITY INVOLVEMENT

Local homeless and housing service providers, people who are currently or have formerly experienced homelessness, and advocates were valued partners in the planning and implementation of this Count. Due to COVID-19 and the public health risks, the PIT Count Planning Committee made the decision, supported by the County Public Health office, to limit participation levels in the Count by the public and by persons currently experiencing homelessness out of COVID-19 transmission concerns. As a result of significant expansion of outreach services by jurisdictional and local community organizations, the organizing team felt that appropriate, safe and thorough outreach could be achieved by utilizing outreach staff as the primary enumerators in the field. Some lived experience persons were integrated into the effort by outreach staff as in previous PIT Count efforts, but this was selective and subject to compliance with public health requirements and recruitment largely by outreach programs.

Overall, hundreds of individuals and dozens of county, city, and community-based organizations participated in planning and pre-Count coordination, generously offering their time and energy to ensuring an accurate Count. Ultimately, 195 PIT Count teams consisting of over 480 participants, including 71 paid lived-experience Guides, conducted the visual PIT Count. Additionally, for the unsheltered survey component, fourteen (14) survey coordinators from ten (10) agencies facilitated the unsheltered survey coordination for over 70 lived-experience surveyors. Fifty-six (56) survey coordinators supported the sheltered survey component.

PERSONS WITH LIVED EXPERIENCE IN THE PLANNING PROCESS

Targeted outreach and engagement with people with lived experience occurred in the planning process so that young adults with lived experience of homelessness informed all aspects of the youth Count and a focus group of people experiencing homelessness provided feedback and language suggestions on the survey to ensure it used understandable, strength-based, and equity-focused language. These were in addition to other involvement by people with lived experience in the general street Count and survey administration for unsheltered persons.

STREET COUNT METHODOLOGY

DEFINITION

For the purposes of this study, the HUD definition of unsheltered homeless persons was used:

An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train stations, airport, or camping ground.

METHODOLOGICAL IMPROVEMENTS

The 2022 street Count methodology followed an established, HUD-approved approach commonly called a blitz method followed by a sample survey. Very significantly, a change was made in the use of GPS enabled smartphones in data collection using an ESRI Survey 123 application developed and customized by ASR to conform to HUD data collection requirements. The application was also a tool to document compliance with the COVID-19 safety precautions established by the Planning Committee. Also, improvements were made in pre-Count planning efforts to deploy Count teams virtually, wherever possible, thereby avoiding the need for centralized deployment centers where COVID-19 transmission risks would be greater.

Outreach organizations, program staff, county, and city staff along with selected community members were able to select areas for enumeration from an interactive GIS planning map tool that enabled planning for complete coverage of the County with prioritization of high-density homeless routes to outreach staff and personnel with direct service experience. Importantly, regional PIT Count coordinators were established (designated city staff who volunteered for this role) to help with local planning efforts to reflect neighborhood knowledge and resources. These regional coordinators were very successful in route management and team optimization.

VOLUNTEER AND GUIDE RECRUITMENT

As noted above, there was a planned effort to reduce the number of persons directly involved in field work and outreach in the 2022 PIT Count due to COVID-19 safety concerns. In 2022, over 480 outreach workers, community volunteers and homeless Guides participated in the general street Count, slightly less than in 2019. Teams were self-selected and created by people who work together or were in the same social pods to minimize COVID-19 risk and transmission.

Outreach and program staff did limited recruitment of persons with lived experience to act as Guides, and in some cases embedded, lived experience reporters, in order to conduct the Count in 2022. Vaccination requirements and COVID transmission concerns impacted our preferred option of greater lived experience participation. Homeless Guides who could be integrated into Count teams were paid \$20 for the online training as well as \$20 per hour worked on the day of the Count.

In order to participate in the Count, all volunteers and Guides were requested to view a 20-minute training video before the Count. Additionally, targeted virtual trainings were held for multiple groups throughout the county. Training covered all aspects of the Count including:

- definition of homelessness,
- how to identify homeless individuals,
- how to safely and respectfully conduct the Count, how to use the smart phone app and also access the smartphone app training video,

- how to use the route maps to ensure the entirety of the assigned area was covered,
- tips to identify vehicles and to Count only actively occupied vehicles, and
- other tips to help ensure an accurate and safe Count.

SAFETY PRECAUTIONS

Safety for both enumerators and those being surveyed was a top priority for the Count. Every effort was made to minimize potentially hazardous situations. Law enforcement agencies were notified of pending street Count activity in their jurisdictions. In census tracts with a high concentration of homeless encampments, specialized teams with knowledge of those encampments were identified and assigned to those areas along with the utilization of lived-experience embedded reporters, where possible. Enumeration teams were advised to take every safety precaution possible, including bringing flashlights and maintaining a respectful distance from those they were counting.

In 2022, COVID-19 safety precautions were especially important. Eligibility to participate in the Count was limited to persons who were vaccinated. Proof of vaccination, however, was not a requirement. The Planning Committee deferred to local county, city, and organizational COVID-19 compliance and engagement.

LOGISTICS OF ENUMERATION

On the morning of the street Count, teams of two or more persons deployed to enumerate designated census tracts of the county for the street Count. Each team was composed of any combination of outreach workers, lived experience Guides, program staff, service-experienced community volunteers and interested community volunteers with no service experience. Each team had a lead and prior to the Count were provided with their assigned census tract maps, smart phone access information and training, field observation tips and guidelines, including vehicle identification criteria. Teams were all assigned a unique team number and were instructed to text a central PIT Count dispatch center to confirm they were enroute and on task for enumeration of their route assignment.

All accessible streets, roads, parks, and highways in the enumerated tracts were traversed by foot or car. The Alameda County Survey 123 smartphone app was used to record the number of homeless persons observed in addition to basic demographic and location information. Dispatch center volunteers also verified that at least one person on each team had a cell phone available for their use during the Count and recorded the number on the volunteer deployment assignment sheet. Teams were asked to cover the entirety of their assigned census tracts.

UNSHeltered FAMILY HOMELESSNESS

With HUD permission this year, providers from McKinney-Vento programs in local school districts and family Coordinated Entry resource centers whose caseload includes families who experience unsheltered homelessness contacted those families within 7 days following the Count, asked where the family stayed the night of the Count, and gathered additional household information. All households identified through this effort that met the HUD definition of homelessness used for the PIT Count and were residing in Alameda County the night of February 22, 2022 were added to the general Count.

The Alameda County Office of Education assisted in identifying specific school districts that met two criteria:

- Unsheltered families in their district

- Sufficient staffing to complete the PIT Count fieldwork

The McKinney-Vento liaisons from these school districts participated and provided data about unsheltered families in their district:

1. Alameda
2. Berkeley
3. Fremont
4. New Haven
5. Oakland

Hayward and San Leandro school districts were contacted but did not participate.

Additionally, six Coordinated Entry Housing Resource Centers covering the entire County participated and provided data about unsheltered families on their caseloads and in the Crisis Queue.

SAFE PARKING

Census and household data were provided by safe parking programs throughout the County to be deduplicated from and compiled with the general street Count data.

The same procedures were followed in 2019 and 2022 which included:

- excluding the safe parking areas from the visual count of the unsheltered;
- gathering client-level or program-level data from safe parking programs about its participants on the night of the count;
- adding the safe parking data to the unsheltered enumeration in the respective jurisdictions.

Data provided by safe parking programs utilized self-report data from its participants (e.g. age).

On November 15, 2021, the HUD issued a HIC/PIT Count Data Collection Notice, public guidance about how RVs are to be counted and the criteria to inform whether RV residents should be counted as housed, sheltered or unsheltered. The HUD guidance also stated that all residents of cars (and vans) should be counted as unsheltered. Using this federal criteria, four RV Safe Parking programs in Oakland were counted as sheltering programs in 2022, and those specific RV residents included in the sheltered count (6.28% of the sheltered count, N=164 people). All other safe parking programs for RVs and other vehicles were counted as unsheltered compliant with HUD regulations (1.46% of unsheltered count, N=104 people).

Agency Operator	Program Name/HMIS Program Name	City	Sheltered or Unsheltered
BOSS	BOSS-OAF-SSO-Wood Street RV Safe Parking-CoO	Oakland	Sheltered
Housing Consortium of the East Bay (HCEB)	HCEB-OAF-SO-71st-Avenue-RV-Safe-Parking-HEAP	Oakland	Sheltered
Housing Consortium of the East Bay (HCEB)	HCEB-OAF-SSO-High Street RV Safe Parking-HEAP	Oakland	Sheltered
Operation Dignity	OD-OAF-SO-Beach Street Safe Parking-HEAP	Oakland	Sheltered
Abode	AbS-MAF-SSO-First Pres Safe Parking-HCD	Uninc. County	Unsheltered
City of Fremont	Fremont Safe Parking	Fremont	Unsheltered
Cornerstone Fellowship Church	Safe Parking program	Livermore	Unsheltered
Dorothy Day House	DDH-NA-ES-SPARK Safe RV Parking-CoB	Berkeley	Unsheltered
Housing Consortium of the East Bay (HCEB)	HCEB-MAF-SO-Fairmont Safe Parking-HEAP	Oakland	Unsheltered
Union City	UnC-SAF-SSO-CAREavan-Safe-Parking-HEAP	Union City	Unsheltered
Volunteers of Love	VOL Safe Parking	Alameda	Unsheltered

UNACCOMPANIED YOUTH STREET COUNT METHODOLOGY

The goal of the 2022 dedicated Youth Count was to improve representation of unaccompanied homeless children and youth under the age of 25 in the PIT Count. Many youth and young adults experiencing homelessness do not use homeless services, are unrecognizable to adult street Count volunteers, and may be in unsheltered locations that are difficult to find. Therefore, traditional street Count efforts are not as effective in reaching youth.

RESEARCH DESIGN

As in all years, planning for the 2022 supplemental Youth Count included homeless youth service providers and youth with lived experience of homelessness. Local service providers identified locations where homeless youth were known to congregate and recruited youth and young adults currently experiencing homelessness with knowledge of where to locate homeless youth to serve as Guides for the Count. Late afternoon and early evening enumeration were the ideal times recommended by advocates to conduct the youth Count. A screening tool was used to ensure youth that were counted met both the age and the homelessness criteria.

2022 continued the enhancement to the Youth Count effort made in 2019. The youth serving agency Covenant House contacted youth via telephone from the drop-in center list and other sources they had of youth with unstable housing. These youth were contacted and their sleeping status on the night of the Count was evaluated for PIT Count reporting eligibility. This was piloted in 2022 and while there was limited success due to agency resources, it holds promise as a future outreach opportunity for the Youth Count component.

Youth workers were paid \$20 per hour for their time, including time spent in training prior to the Count. Youth and youth service provider staff members were trained on where and how to identify homeless youth as well as how to record the data.

YOUTH DATA COLLECTION

Youth worked in teams of two to four, with teams coordinated by youth street outreach workers. The Youth Count was conducted from approximately 3pm to 7pm in several areas across Alameda County using the same smartphone app used in the general Count.

HUD and the United States Interagency Council on Homelessness recognize that youth do not commonly commingle with homeless adults and are not easily identified by non-youth. For this reason, these agencies accept and recommend that communities count youth at times when they can be seen rather than during traditional enumeration times.

STREET COUNT DE-DUPLICATION

Data from the supplemental Youth Count and general street Count were compared and de-duplicated by assessing location, gender, and age.

SHELTER COUNT METHODOLOGY

GOAL

The goal of the sheltered Count is to gain an accurate Count of persons temporarily housed in shelters, transitional housing, and safe haven programs across the county. These data are vital to gaining an accurate, overall Count of the homeless population and understanding where homeless persons receive shelter.

DEFINITION

For the purposes of this study, the HUD definition of sheltered homelessness for PIT Counts was used. This definition includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements such as emergency or transitional shelters or Safe Haven facilities.

RESEARCH DESIGN

All shelter data were gathered either directly from the shelter including domestic violence programs or from the county's Homeless Management Information System, except one shelter program that was unresponsive after numerous attempts and whose data were imputed using average occupancy and demographic data. Only programs listed on the Housing Inventory Chart (HIC) that were operational on the night of the Count were included.

DATA COLLECTION

To collect data on individuals staying in shelters, ASR worked with the County HMIS staff and Aspire Consulting. The County collected data on all emergency shelters, transitional housing programs, and Safe Havens operating in the county. Data was collected on household status, age, gender, race and ethnicity, veteran status, chronic status, and if individuals had certain health conditions following the HUD data requirements. Data were cleaned by HMIS staff and validated by the operator of the program.

CHALLENGES

There are many challenges in any homeless enumeration, especially when implemented in a community as large and diverse as Alameda County. Point-in-Time Counts are "snapshots" that quantify the size of the homeless population at a given point during the year. Hence, the Count may not be representative of fluctuations and compositional changes in the homeless population seasonally or over time.

The COVID-19 pandemic was an especially challenging issue faced by the PIT Count planning committee for a number of reasons, not the least of which was the Omicron variant surge that peaked in the last two weeks of January 2022. The inability to better integrate persons with lived experience as route Guides was a challenge though mitigated by an increased use of outreach staff.

The methods employed in a non-intrusive visual homeless enumeration, while academically sound, have inherent biases and shortcomings. Many factors may contribute to potential undercounts. For example: it is difficult to identify homeless persons who may be sleeping in vans, cars, recreational vehicles, abandoned buildings, or structures unfit for human habitation or to determine if the inhabitants are a family with minor children.

Homeless families with children and unaccompanied homeless children and youth often seek opportunities to stay on private property, rather than sleep on the streets, in vehicles, or in makeshift shelters. Some of that was mitigated through the efforts to engage school districts to query their McKinney-Vento families and the Family Resource Centers to outreach to families living in unfit and unstable housing situations in 2022.

SURVEY METHODOLOGY

PLANNING AND IMPLEMENTATION

The data collected through the survey are used to develop subpopulation data needed for HUD and are important for future program development and planning. The survey elicited information such as gender, family status, military service, duration and recurrence of homelessness, nighttime accommodations, causes of homelessness, and access to services through open-ended, closed-ended, and multiple response questions. The survey data bring greater perspective to current issues of homelessness and to the provision and delivery of services.

The unsheltered surveys were conducted primarily by those with current or recent lived experience with homelessness, while shelter surveys were conducted by a limited number of staff from each program that surveyed a sample of its residents. Training sessions were facilitated by ASR and community partners. Potential interviewers were led through a comprehensive orientation that included project background information as well as detailed instruction on respondent eligibility, interviewing protocol, and confidentiality. Unsheltered survey workers were compensated at a rate of \$10 per completed survey.

It was determined that survey data would be more easily obtained if an incentive gift was offered to respondents in appreciation for their time and participation. McDonalds gift cards, and in some cases socks, were provided as an incentive for participating in the 2022 homeless survey. The gift cards and socks were easy to distribute, had broad appeal, and could be provided within the project budget. The incentives proved to be widely accepted among survey respondents.

Shelter surveys were primarily administered under the direction of EveryOne Home. ASR developed a shelter survey quota from the current Count HMIS Housing Inventory chart and an electronic version of the survey was developed by ASR and administered by local shelter staff under the direction of EveryOne Home. McDonald's gift cards were used as a response incentive for all shelter surveys.

SURVEY SAMPLING

Based on a PIT Count estimate of 9,747 homeless persons, with a randomized survey sampling process, the 1,517 valid surveys represented a confidence interval of +/-2.5% with a 95% confidence level when generalizing the results of the survey to the estimated population of individuals experiencing homelessness in Alameda County. The 2022 survey was administered in shelters, transitional housing facilities, and on the street. In order to ensure the representation of transitional housing residents, which can be underrepresented in a street-based survey, survey quotas were created to reach individuals and heads of family households living in these programs. Strategic attempts were also made to reach individuals in various geographic locations and of various subset groups such as homeless children and youth, minority ethnic groups, military veterans, domestic violence survivors, and families. One way to increase the participation of these groups was to recruit peer survey workers.

In order to increase randomization of sample respondents, survey workers were trained to employ an "every third encounter" survey approach. If the person declined to take the survey, the survey worker could approach the next

eligible person they encountered. After completing a survey, the randomized approach was resumed. In more remote cases where respondents were more sparse this survey interval was modified.

DATA COLLECTION

Care was taken by interviewers to ensure that respondents felt comfortable regardless of the street or shelter location where the survey occurred. During the interviews, respondents were encouraged to be candid in their responses and were informed that these responses would be framed as general findings, would be kept confidential, and would not be traceable to any single individual. Respondents were also informed they could skip questions they did not wish to answer.

DATA ANALYSIS

The survey requested respondents' initials and date of birth so that duplication could be avoided without compromising the respondents' anonymity. Upon completion of the survey effort, an extensive verification process was conducted to eliminate duplicates. This process examined respondents' date of birth, initials, gender, ethnicity, length of homelessness, and consistencies in patterns of responses to other survey questions.

SURVEY CHALLENGES AND LIMITATIONS

The 2022 Homeless Survey did not establish quotas beyond geographic and shelter criteria and therefore some general experiences may not be represented as effectively as we would hope. For example, finding families experiencing homelessness presents a challenge and can lead to underrepresentation in the survey results. The same applies to unaccompanied children and youth, though care is taken to ensure that youth surveyors are involved, to increase the response rate of youth survey respondents.

There may be some variance in the data that individuals experiencing homelessness self-reported, however, using a peer-centric interviewing methodology is believed to allow the respondents to be more candid with their answers and may help reduce the uneasiness of revealing personal information. Service providers and county staff also reviewed the completed surveys to ensure quality responses. Surveys that were considered incomplete or containing false responses were not accepted. The process included reviewing individual surveys submitted by surveyors and assessing patterns of contradictory responses for inconsistencies.

APPENDIX B: DEFINITIONS AND ABBREVIATIONS

Chronic homelessness – Defined by HUD as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more, or has experienced at least four episodes of homelessness totaling 12 months, in the past three years.

Disabling condition – Defined by HUD as a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, PTSD, or brain injury that is expected to be long-term and impacts the individual’s ability to live independently; a developmental disability; or HIV/AIDS.

Emergency shelter – The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. Emergency shelter is short-term, usually for 180 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for survivors and their children.

Ethnicity categories - See below for “Race and ethnicity categories”.

Family – A household with at least one adult and one child under the age of 18.

Gender Non-conforming - Gender that is not singularly “Female” or “Male” (e.g., non-binary, genderfluid, agender, culturally specific gender).

Homeless – Under the Category 1 definition of homelessness in the HEARTH Act, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

HUD – Abbreviation for the U.S. Department of Housing and Urban Development.

Precariously housed – A person who is staying with the household because they have no other regular or adequate place to stay due to a lack of money or other means of support.

Race and ethnicity categories - Race categories were shortened in this report due to space limitations but are inclusive of the more specific definitions utilized by HUD.

Report:

Non-Hispanic/Non-Latinx
Hispanic/Latinx
Black or African American
Asian
American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander

HUD:

Non-Hispanic/Latin(a)(o)(x)
Hispanic/Latin(a)(o)(x)
Black, African American, or African
Asian or Asian American
American Indian, Alaska Native, or Indigenous
Native Hawaiian or Pacific Islander

Sheltered homeless individuals – Individuals who are living in emergency shelters or transitional housing programs.

Single individual – Refers to an unaccompanied youth or adult. The individual may also be an unaccompanied child under the age of 18 living without a parent or guardian over the age of 18, or an adult who is part of a collection of adults living together as a household without any minor children living with them.

Transition-age youth – Young people between the ages of 18 and 24 years old who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Transitional housing – Housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services – which help promote residential stability, increased skill level or income, and greater self-determination – may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

Unaccompanied children – Children under the age of 18 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as their own child(ren).

Unsheltered homeless individuals – Individuals who are living on the streets, in abandoned buildings, storage structures, vehicles, encampments, or any other place unfit for human habitation.

APPENDIX C: POINT-IN-TIME COUNT RESULTS

The following tables include the EveryOne Counts! 2022 Homeless Census and Survey data submitted to HUD for individuals experiencing homelessness in Alameda County. Data are reported by three household types (households with at least one adult and one child, households with no children, and households with only children) and by shelter status (emergency shelter, transitional housing, and unsheltered). Specific data on veteran households, youth and young adult households, and various subpopulations are also reported and included in the tables found in this section.

ALL HOUSEHOLDS

HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD

	Sheltered	Unsheltered	Total
Total number of households	182	104	286
Total number of persons	522	322	844
Number of children (under 18)	298	188	486
Number of young adults (18-24)	47	22	69
Number of adults (over 24)	177	112	289
Gender (adults and children)			
Female	313	203	516
Male	207	112	319
Transgender	1	0	1
Gender Non-Conforming	1	0	1
Questioning	0	7	7
Ethnicity (adults and children)			
Non-Hispanic/Non-Latinx	363	191	554
Hispanic/Latinx	159	131	290
Race (adults and children)			
White	125	102	227
Black or African-American	251	145	396
Asian	20	8	28
American Indian or Alaska Native	37	25	62
Native Hawaiian or Other Pacific Islander	9	25	34
Multiple Races	80	17	97
Chronically Homeless			
Total number of households	36	10	46

Total number of persons	95	32	127
-------------------------	----	----	-----

HOUSEHOLDS WITHOUT CHILDREN

	Sheltered	Unsheltered	Total
Total number of households	2026	5899	7925
Total number of persons	2081	6725	8806
Number of youth adults (age 18-24)	161	574	735
Number of adults (over age 24)	1920	6151	8071
Gender			
Female	677	2347	3024
Male	1381	4277	5658
Transgender	13	34	47
Gender Non-Conforming	10	40	50
Questioning	0	27	27
Ethnicity			
Non-Hispanic/Non-Latinx	1754	4971	6725
Hispanic/Latinx	327	1754	2081
Race			
White	663	2859	3522
Black or African-American	1126	2603	3729
Asian	63	356	419
American Indian or Alaska Native	66	289	355
Native Hawaiian or Other Pacific Islander	31	194	225
Multiple Races	132	424	556
Chronically Homeless			
Total number of persons	896	1695	2591

HOUSEHOLDS WITH ONLY CHILDREN

	Sheltered	Unsheltered	Total
Total number of households	9	88	97
Total number of children (persons under age 18)	9	88	97
Gender			
Female	5	31	36
Male	3	56	59
Transgender	1	0	1
Gender Non-Conforming	0	1	1
Questioning	0	0	0
Ethnicity			

Non-Hispanic/Non-Latinx	7	66	73
Hispanic/Latinx	2	22	24
Race			
White	3	13	16
Black or African-American	5	53	58
Asian	0	3	3
American Indian or Alaska Native	1	0	1
Native Hawaiian or Other Pacific Islander	0	3	3
Multiple Races	0	16	16
Chronically Homeless			
Total number of persons	0	10	10

YOUTH HOUSEHOLDS

UNACCOMPANIED YOUTH HOUSEHOLDS

	Sheltered	Unsheltered	Total
Total number of unaccompanied youth households	168	662	830
Total number of unaccompanied youth	170	662	832
Number of unaccompanied children (under 18)	9	88	97
Number of unaccompanied (18-24)	161	574	735
Gender (unaccompanied youth)			
Female	78	253	331
Male	81	371	452
Transgender	4	19	23
Gender Non-Conforming	7	19	26
Questioning	0	0	0
Ethnicity (unaccompanied youth)			
Non-Hispanic/Non-Latinx	122	496	618
Hispanic/Latinx	48	166	214
Race (unaccompanied youth)			
White	41	98	139
Black or African-American	99	391	490
Asian	2	25	27
American Indian or Alaska Native	7	0	7
Native Hawaiian or Other Pacific Islander	2	25	27
Multiple Races	19	123	142
Chronically Homeless			
Total number of persons	7	71	78

PARENTING YOUTH HOUSEHOLDS

	Sheltered	Unsheltered	Total
Total number of parenting youth households	34	11	45
Total number of persons in parenting youth households	79	35	114
Total parenting youth (youth parents only)	36	12	48
Total children in parenting youth households	43	23	66
Number of parenting youth under 18	0	0	0
Number of children with parenting youth under 18	0	0	0
Number of parenting youth ages 18-24	36	12	48
Number of children with parenting youth age 18-24	42	23	66
Gender (youth parents only)			
Female	32	8	40
Male	4	4	8
Transgender	0	0	0
Gender Non-Conforming	0	0	0
Questioning	0	0	0
Ethnicity (youth parents only)			
Non-Hispanic/Non-Latinx	29	9	38
Hispanic/Latinx	7	3	10
Race (youth parents only)			
White	8	2	10
Black or African-American	24	8	32
Asian	2	0	2
American Indian or Alaska Native	1	0	1
Native Hawaiian or Other Pacific Islander	0	0	0
Multiple Races	1	2	3
Chronically Homeless			
Total number of households	1	1	2
Total number of persons	3	4	7

VETERAN HOUSEHOLDS

VETERAN HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD

	Sheltered	Unsheltered	Total
Total number of households	1	0	1
Total number of persons	4	0	4
Total number of veterans	1	0	1

Gender (veterans only)			
Female	1	0	1
Male	0	0	0
Transgender	0	0	0
Gender Non-Conforming	0	0	0
Questioning	0	0	0
Ethnicity (veterans only)			
Non-Hispanic/Non-Latinx	0	0	0
Hispanic/Latinx	1	0	1
Race (veterans only)			
White	0	0	0
Black or African-American	1	0	1
Asian	0	0	0
American Indian or Alaska Native	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0
Multiple Races	0	0	0
Chronically Homeless			
Total number of households	0	0	0
Total number of persons	0	0	0

VETERAN HOUSEHOLDS WITHOUT CHILDREN

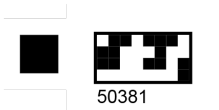
	Sheltered	Unsheltered	Total
Total number of households	119	430	549
Total number of persons	121	460	581
Total number of veterans	119	430	549
Gender (veterans only)			
Female	6	150	156
Male	112	273	385
Transgender	0	2	2
Gender Non-Conforming	1	3	4
Questioning	0	2	2
Ethnicity (veterans only)			
Non-Hispanic/Non-Latinx	107	357	464
Hispanic/Latinx	12	73	85

Race (veterans only)			
White	49	206	255
Black or African-American	59	129	188
Asian	3	0	3
American Indian or Alaska Native	0	26	26
Native Hawaiian or Other Pacific Islander	2	26	28
Multiple Races	6	43	49
Chronically Homeless			
Total number of persons	55	103	158

ADDITIONAL HOMELESS POPULATIONS

	Sheltered	Unsheltered	Total
Adults with Serious Mental Illness	681	1667	2348
Adults with Substance Use Disorder	352	899	1251
Adults with HIV/AIDS	36	62	98
Adult Survivors of Domestic Violence (optional)	156	398	554

75 | 2022 Alameda County Homeless Count and Survey Report



Survey ID

Deployment

2022 Alameda County Everyone Counts! Youth Count Screening Tool

Source: ☐ Street ☐ Survey Site

Interview Date: _____

Neighborhood or City: _____

Interviewer Name: _____

Interview Location: _____

1. What are your initials?

First _____ Middle _____ Last _____

2. What is your birth date?

Month _____ Day _____ Year _____

3. What gender do you identify with? (Shade all that apply)

- ☐ Male
☐ Female
☐ Transgender
☐ A gender singularly female or male (e.g., non-binary, gender fluid, agender, culturally specific gender)
☐ Questioning
☐ Don't know
☐ Refuse

4. Where will you stay last tonight? (Shade 1)

- ☐ Your home/apartment ☐ Van
☐ A friend's home/apartment ☐ Tent or encampment
☐ Couchsurfing ☐ Outdoors/streets/parks
☐ Motel/hotel ☐ Abandoned building or squat
☐ Emergency shelter ☐ Hospital
☐ Transitional housing ☐ Jail/juvenile detention/prison
☐ Backyard or storage structure ☐ Foster care placement
☐ Automobile/car ☐ Drug/alcohol treatment/detox center
☐ Camper/RV ☐ Other: _____
☐ Public facility (train station, transit center, bus stop)

5. Can you live where you stayed last night for the next 14 days?

- ☐ Yes
☐ No
☐ Don't know

6. Did you stay alone last night or with other people?

- ☐ With other people ☐ Alone (Please skip to Question 8)

7. Who did you stay with last tonight?

(shade all that apply and write how many people you will be staying with, for example if you will be staying with your mom and little sister please bubble parent and write in 1, then bubble sibling and write in 1)

- | | |
|--|-------|
| <input type="radio"/> Parent or legal guardian(s) | _____ |
| <input type="radio"/> Other adult family member(s) | _____ |
| <input type="radio"/> Sibling(s) under the age of 18 | _____ |
| <input type="radio"/> My own child(ren) under 18 | _____ |
| <input type="radio"/> Friends | _____ |
| <input type="radio"/> Roommates | _____ |
| <input type="radio"/> Other: _____ | _____ |

8. Have you accessed services at any of the following locations today?

- ☐ MISSEY
☐ Youth Uprising
☐ REACH Ashland Youth Center
☐ Our Kids, HCSA

Day _____ Month _____ Year _____ Initials _____ City _____

Office Use Only

APPENDIX E: SURVEY RESULTS

The following tables include the aggregate results of each question asked of individuals experiencing homelessness in Alameda County during the EveryOne Counts! 2022 Homeless Survey.

Section A: Demographics		Count	N %
Age	Less than 18 years	2	<1%
	18-24 years	70	5%
	25-30 years	127	8%
	31-40 years	331	22%
	41-50 years	353	23%
	51-60 years	373	25%
	61 years or more	261	17%
	Total	1517	100%
What gender do you identify with? (shade all that apply)	Male	891	60%
	Female	576	39%
	Transgender	8	<1%
	A gender not singularly female or male (e.g., non-binary, gender fluid, agender, culturally specific gender)	4	<1%
	Questioning	5	<1%
	Don't know	4	<1%
	Refuse	11	<1%
	Total	1489	100%
What ethnicity do you identify with?	Hispanic/Latin(a)(o)(x)	271	20%
	Non- Hispanic/Latin(a)(o)(x)	952	71%
	Don't know	51	4%
	Refuse	61	5%
	Total	1335	100%
What race or races do you identify with? (select all that apply)	White	511	36%
	Black, African American, or African	669	47%
	Asian or Asian American	82	6%
	American Indian, Alaska Native, or Indigenous	87	6%
	Native Hawaiian or Pacific Islander	51	4%
	Don't know	58	4%
	Refuse	82	6%
	Total	1434	100%
Do you identify as LGBTQ?	Yes	136	9%
	No	1381	91%
	Total	1517	100%
Do you consider yourself...?	Straight	1313	90%

	Gay	19	1%
	Lesbian	25	2%
	Queer	10	<1%
	Bisexual	63	4%
	Other	10	<1%
	Refuse	33	2%
	Total	1467	100.0%
Are you currently pregnant?	Yes	16	3%
	No	552	95%
	Don't know	6	1%
	Refuse	5	1%
	Total	579	100%
Have you ever been in foster care?	Yes	207	14%
	No	1234	84%
	Don't know	16	1%
	Refuse	19	1%
	Total	1476	100%
Do you have a pet (currently living with you)?	Yes	248	17%
	No	1207	82%
	Refuse	10	1%
	Total	1465	100%

Section B: Veteran Status		Count	N %
Have you served in the U.S. Armed Forces? (Army, Navy, Air Force, Marine Corps, or Coast Guard)	Yes	97	7%
	No	1354	91%
	Don't know	8	<1%
	Refuse	22	2%
	Total	1481	100%
Were you ever called into active duty as a member of the National Guard or as a Reservist?	Yes	29	2%
	No	1412	96%
	Don't know	12	1%
	Refuse	21	1%
	Total	1474	100%
Is anyone else in your household a Veteran?	Yes	115	8%
	No	1322	90%
	Don't know	24	2%
	Refuse	16	1%
	Total	1477	100%

Section C: Accommodation		Count	N %
Where were you staying on the night of January 29, 2019?	Outdoors/streets/parks	199	13%
	Backyard storage structure	39	3%
	Motel/hotel paid for by a voucher/agency	98	7%
	Emergency shelter	432	29%
	Transitional housing	168	11%
	A place in a house not normally used for sleeping	49	3%
	Public facility (train station, transit center, bus depot)	24	2%
	Van	60	4%
	Automobile/car	105	7%
	Camper/RV	57	4%
	Abandoned building/squat	12	1%
	Encampment	85	6%
	Tent	115	8%
	Other	74	5%
	Total	1517	100%
Is this the first time you have been homeless?	Yes	435	30%
	No	985	67%
	Refuse	53	4%
	Total	1473	100%
How long have you been homeless this current time?	7 days or less	35	2%
	8-30 days	21	1%
	1-3 months	59	4%
	4-6 months	120	8%
	7-11 months	102	7%
	1 year	193	13%
	More than 1 year	841	57%
	Refuse	95	7%
	Total	1466	100%
How many different times have you been homeless in the past 3 years, including this current time?	1 time	634	43%
	2 times	262	18%
	3 times	206	14%
	4 times	64	4%
	5 times	43	3%
	6 or more times	181	12%
	Refuse	96	12%
	Total	1486	100%
	Yes	791	60%

Have you been living in an emergency shelter and/or on the streets (including bus stations, underpasses, encampments, abandoned buildings, etc.) for the past year (12 months) or more?	No	443	34%
	Refuse	85	6%
	Total	1319	100%
In addition to right now, how long would you say you have stayed in these kinds of places total in the past 3 years?	Less than a year	246	2%
	1-3 years	362	33%
	4 years or more	489	45%
	Total	1097	100%
How old were you the first time you experienced homelessness?	0-17 years	187	13%
	18-24 years	244	17%
	25-39 years	447	30%
	40-49 years	252	17%
	50-64 years	239	16%
	65 or older	28	2%
	Refuse	86	6%
	Total	1483	100%

Section D: Household Members		Count	N %
How many people are in your household, 'including' yourself?	1	1252	83%
	2	161	11%
	3	58	4%
	4	18	1%
	5	10	1%
	6	7	1%
	7	11	1%
	Total	1517	100%
Do you have any children under age 18?	Yes	295	22%
	No	1009	75%
	Don't know	12	1%
	Refuse	23	2%
	Total	1339	100%
Are any of your children under 18 currently living with you?	All	104	8%
	Some	22	2%
	None	1109	87%
	Don't know	9	1%
	Refuse	33	3%
	Total	1277	100%
Do you live alone or with other household members?	Alone	1256	83%
	With other household members	261	17%
	Total	1517	100%

Section E: Residency		Count	N %
Immediately before you became homeless, what type of place were you living in?	A home owned or rented by you or your partner	468	32%
	A home owned or rented by friends/relatives	466	32%
	Hospital or treatment facility	63	4%
	Subsidized housing or permanent supportive housing	36	3%
	Juvenile Justice Facility	5	<1%
	Foster care placement	24	2%
	Jail or prison	76	5%
	Motel/hotel	109	8%
	Other	128	9%
	Refuse	84	6%
	Total	1459	100%
At the time you most recently became homeless, what county were you living in?	Alameda County	1142	79%
	San Francisco	30	2%
	Marin County	6	<1%

	Santa Clara County	18	1%
	San Mateo County	11	1%
	Contra Costa County	49	3%
	Other County in CA	74	5%
	Out of State	58	4%
	Refuse	55	4%
	Total	1443	100%
How long have you lived in Alameda County?	Less than 6 months	52	4%
	6 months to 1 year	52	4%
	1-4 years	167	14%
	5-9 years	111	9%
	10+ years	799	65%
	Refuse	43	4%
	Total	1224	100%
Which city in Alameda County do you consider your home?	Alameda City	118	9%
	Albany	6	<1%
	Berkeley	111	8%
	Dublin	8	1%
	Emeryville	27	2%
	Fremont	73	5%
	Hayward	135	4%
	Livermore	48	4%
	Newark	20	2%
	Oakland	558	42%
	Piedmont	5	<1%
	Pleasanton	10	1%
	San Leandro	66	5%
	Union City	29	2%
	Unincorporated Area	14	1%
	Castro Valley	10	1%
	Cherryland	7	1%
	None/Other	47	4%
	Refuse	52	4%
	Total	1344	100%

Section F: Prevention		Count	N %
What is the primary event or events that led to you currently being homeless?	Eviction/Foreclosure	356	25%
	Family or friends couldn't let me stay or argument with family/friend/roommate	385	27%

(shade all that apply)	Family/domestic violence	162	12%
	Divorce/Separation/Break-up	142	10%
	Death of someone close to me	155	11%
	Job loss	306	22%
	Other money issues including medical bills, etc.	188	13%
	Loss of subsidy or other housing financial support	72	5%
	COVID-19 related issue	94	7%
	Racial bias/racism	26	2%
	Aging out of foster care	18	1%
	Incarceration	93	7%
	Mental health needs	156	11%
	Substance use	177	13%
	Physical health needs Rent increase	88	6%
	Stopped using supports and services	33	2%
	Other	85	6%
	Don't know	0	0%
	Total	1410	100%
Was the primary cause of homelessness (identified in prior question) related to the COVID-19 pandemic or a California Wildfire?	COVID-19	201	15%
	CA Wildfire	19	1%
	Neither	1054	78%
	Refuse	78	6%
	Total	1352	100%
What could have prevented you from experiencing homelessness? (shade all that apply)	Mental health services	336	27%
	Employment assistance	457	37%
	Transportation assistance	244	20%
	Alcohol/drug counseling	232	19%
	Rent assistance	604	49%
	Family counseling	285	23%
	Food assistance	244	20%
	Conflict resolution with roommate	153	12%
	Adequate retirement income	55	4%
	Help paying health care bills/insurance	145	12%
	Legal assistance	181	15%
	Help obtaining resources after leaving hospital/jail/prison/juvenile justice facility	109	9%
	Landlord mediation	85	7%
	Benefits/income	316	26%
	Mortgage assistance	44	4%
	Child support	35	3%
	Other	0	0%
	Don't know	0	0%

	Refuse	0	0%
	Total	1236	100%

Section G: Income and Employment		Count	N %
What is your current employment status?	Employed full time	117	8%
	Employed part time	130	9%
	Employed seasonal	13	1%
	Not employed – Looking for work	506	36%
	Not employed – Unable to work	458	33%
	Not employed – Not looking for work	187	13%
	Total	1411	100%
If you are not employed, what is keeping you from employment? (shade all that apply)	Age	129	10%
	No phone	170	13%
	Disability	428	34%
	Health problems	316	25%
	Criminal record	120	9%
	Mental health issues	258	20%
	No transportation	278	22%
	Fear of losing personal belongings	130	10%
	Childcare needs	54	4%
	No access to technology	126	10%
	Alcohol/drug use	132	10%
	Need education/training /skill development	119	9%
	No permanent address	137	11%
	No available work/jobs	91	7%
	No work permit	12	1%
	Need clothing/shower facilities	240	19%
	No photo ID/Social Security card	144	11%
	Lack of confidence	106	8%
	Pet care	40	3%
	COVID-19 issues (safety, fear, caregiving, etc.)	58	5%
	Risk of losing benefits if working too much	57	5%
	Don't want to work	75	6%
	Other	94	7%
	Total	1277	100%

Section H: Health and Housing		Count	N %
Have you received a COVID-19 vaccine?	Yes	925	65%
	No	427	30%
	Don't know	18	1%
	Refuse	47	3%
	Total	1417	100%
If you live with a spouse, a significant other or parent, do any of the following conditions prevent them from maintaining work or housing? (shade all that apply)	Not applicable	966	82%
	Chronic health problem	26	2%
	Physical disability	24	2%
	Psychiatric or emotional condition	29	3%
	Drug or alcohol abuse	20	2%
	Traumatic brain injury	5	<1%
	HIV/AIDS	2	<1%
	PTSD	13	1%
	Other	27	2%
	Refuse	136	12%
	Total	1180	100%
Are you currently being abused or hurt by someone you know? That includes being kicked, hit, shoved, or beat up, threatened with a knife or gun, forced to have sex or being stalked.	Yes	79	6%
	No	1226	89%
	Refuse	69	5%
	Total	1374	100%
Were you ever, either as a child or adult, abused or hurt by someone you knew? That includes being kicked, hit, shoved, or beat up, or threatened with a knife or gun, or forced to have sex.	Yes	422	29%
	No	941	65%
	Refuse	84	6%
	Total	1447	100%

Section I: Criminal Justice		Count	N %
Have you had interactions with the criminal justice system in the past year including probation, parole, court appearances, arrests, tickets, etc.?	Yes	400	27%
	No	948	65%
	Don't know	17	1%
	Refuse	94	6%
	Total	1459	100%

Section J: Services and Assistance		Count	N %
Are you currently receiving (or have you received in the last year) any of	Full time earned income/paycheck	101	7%
	Part time earned income/paycheck	91	6%

the following forms of income or benefits?	COVID-19 related assistance including increased unemployment	65	5%
	General Assistance (GA)	169	12%
	CalWORKs/TANF	93	7%
	Food Stamps/SNAP/WIC/CalFresh	440	31%
	Social Security	108	8%
	SSI/SSDI/Disability	241	17%
	Medi-Cal/Medicare	302	21%
	Child support	6	<1%
	Pension/retirement	12	1%
	Any VA Disability Compensation	7	1%
	Other Veterans benefits (GI, Health)	5	<1%
	Not receiving any type of income or benefits currently/in last year	98	7%
	Don't know/Not sure if I received any income or benefits	32	2%
	Refuse	119	8%
	Total	1428	100%
What barriers, if any, prevent you for using shelter services? (select all that apply)	Bugs	90	7%
	Can't stay with my friends	86	6%
	Can't stay with my partner/family	103	8%
	Concerns for personal safety (violence, sexual assault)	127	10%
	Curfews	104	8%
	Don't accept my gender or sexual orientation	10	1%
	Don't know what shelter services are available	97	7%
	Don't accept my pet	40	3%
	Far away	51	4%
	Germs	48	4%
	Hours of operation	19	1%
	Lack of privacy	87	7%
	Not enough staff	7	1%
	Can't use alcohol/drugs	24	2%
	Nowhere to store my stuff	51	4%
	They are full	45	3%
	Too crowded	67	5%
	Too many rules	70	5%
	Racially unwelcome	13	1%
	Refuse	443	33%
	Total	1342	100%