



TOGETHER 2026

5-year plan to end homelessness in Alameda County

Contents

Acknowledgements	3
Executive summary	5
Background and introduction	10
Homelessness in Alameda County	13
Racial disparities in the homeless population	16
Special populations	16
Homelessness response system needs analysis and modeling	17
Building a system where people are rehoused quickly	18
Additions to housing inventory	21
Additions to shelter inventory	22
New investment needed	23
Goals and strategies	24
1 — Prevent homelessness for our residents	25
2 — Connect people to shelter and needed resources	28
3 — Increase housing solutions	31
4 — Strengthen coordination, communication and capacity	33
Specific needs and resources for special populations	35
Transition age youth	36
Veterans	38
Older adults	39
People impacted by intimate partner violence (IPV)	40
People with behavioral health needs	41
People impacted by criminal justice system involvement	42
Resources, gaps and allocation plan	43
Conclusion	47
Appendices	49
Appendix A — Glossary of terms	50
Appendix B — Detail on County allocation plan	53
Appendix C — System modeling overview and update	55
Appendix D — System modeling 5-year dashboards for adult and family households	59

Without addressing the impact of racism in our society, homelessness will continue to disproportionately impact African Americans and other people of color. Creating a mix of housing and services in order to reduce these enormous racial disparities is a major focus of this Plan.

All of the photographs of people and of housing featured in this Plan were generously provided by photographer Steven Teixeira or by providers in our community. Every person and building featured is from Alameda County and individuals pictured provided their permission for the photograph to be used.



Acknowledgements

We would like to acknowledge all of those who contributed to developing the Home Together 2026 Community Plan.

First and foremost, we acknowledge all of the people whose lives have been impacted by homelessness in Alameda County and beyond. The Home Together 2026 Community Plan is a critical step towards ending homelessness and its associated adverse impacts.

The Home Together 2026 Strategic Planning Committee was co-chaired by Kerry Abbott of the Alameda County Office of Homeless Care and Coordination (OHCC) and Chelsea Andrews of EveryOne Home (EOH). The Committee included homelessness service providers, people with lived experience, Healthcare for the Homeless Community Consumer Advisory Board members, racial equity advisors, homelessness and housing advocates, Youth Action Board members, city and county staff, representatives from all Board of Supervisors offices, EveryOne Home staff, CoC leadership, and Abt Associates, a HUD technical assistance provider.

The process for the original Centering Racial Equity in Homeless System Design (CRE) report which this plan operationalizes was chaired by Mayor Libby Schaaf of Oakland, Alameda County Health Care Services Agency Director Colleen Chawla, and Doug Biggs, then Chair of the EveryOne Home CoC Committee. The Racial Equity Analysis was initiated by Darlene Flynn, Director, City of Oakland Department of Race and Equity. Focus groups were supported by Susan Shelton, Alameda County Public Health staff members, and EveryOne Home staff and consultants. [Additional contributors to the CRE are listed in that report.]

Stephanie Reinauer, Joyce MacAlpine and Kristy Greenwalt with Abt Associates, a HUD technical assistance provider, conducted the initial CRE needs analysis and provided support and guidance with the system modeling and Home Together 2026 planning. For the update, Dashi Singham, Katie Haverly, Tirza White, Joanne Karchmer and Nisha Behrman participated in modeling update considerations.

The Plan development team within the Health Care Services Agency's Office of Homeless Care and Coordination consisted of Colleen Chawla, Aneeka Chaudhry, Kerry Abbott, Suzanne Warner, Martha Elias, Jennifer Lucky, and consultant Katharine Gale. Jennifer Beales designed the final version of this report.

Members of the Strategic Planning Committee

- **Kerry Abbott** — Alameda County HCSA Office of Homeless Care and Coordination, Co-Chair
- **Jamie Almanza** — Bay Area Community Services (BACS)
- **Chelsea Andrews** — EveryOne Home, Co-Chair
- **Erin Armstrong** — Office of Alameda County Supervisor Nate Miley
- **Gloria Bruce** — East Bay Housing Organizations (EBHO)
- **Sharon Cornu** — St. Mary's Center
- **Ginny De Martini** — Office of Alameda County Supervisor Richard Valle
- **Emile Durette** — Alameda County Social Services Agency
- **Cathy Eberhardt** — Race Equity Action Lab Participant
- **Darlene Flynn** — City of Oakland
- **Donald Frazier** — Building Opportunities for Self-Sufficiency
- **Sabrina Fuentes** — Health for the Homeless Community Consumer Advisory Board
- **Nashi Gunasekara** — Family Violence Law Center
- **Katie Haverly** — EveryOne Home
- **Melissa Hernandez** — Office of Alameda County Supervisor David Haubert
- **Arlene Hipp** — EveryOne Home Emerging Leaders Program
- **Emma Ishii** — Office of Alameda County Supervisor Keith Carson
- **Jessica Lobedan** — City of Hayward
- **Ramiro Montoya** — East Bay Housing Organizations (EBHO)
- **Hannah Moore** — ALL IN Alameda County
- **Tunisia Owens** — Family Violence Law Center
- **Natasha Paddock** — Alameda County Community Development Agency, Housing and Community Development Department
- **Fina Perez** — Alameda County Department of Probation
- **Tara Reed** — Abt Associates
- **Jonathan Russell** — Bay Area Community Services (BACS)
- **Jared Savas** — Office of Alameda County Supervisor Dave Brown
- **Susan Shelton** — EveryOne Home Leadership Board
- **Lara Tannenbaum** — City of Oakland
- **James Vann** — Homeless Action Working Group (HAWG)
- **Liz Varela** — Building Futures with Women and Children
- **Vivian Wan** — Abode Services

Many people took the time to read the draft Plan, which was posted and circulated widely for public comment, and provide thoughtful feedback and suggestions. The final version reflects many of these suggestions and others will be used in the creation of local implementation plans, annual updates and other communications stemming from the Plan's adoption.

The Health Care Services Agency team invited all county Mayors to meet and discuss the plan and received important feedback in these sessions. The City County Homelessness Technical Working Group, made up of City Manager staff, city Homelessness Policy leads, and county staff from OHCC, HCD, and Supervisors' staff, met regularly to develop a shared framework for resource allocation under the plan and presented the plan and the allocation framework to joint sessions of the Board of Supervisors and the county's Mayors. These joint sessions were noticed public meetings.

Thank you to the countless other CoC partners in Alameda County for their contributions to the Home Together 2026 Community Plan, and for their dedication and tireless work towards ending homelessness in Alameda County.



Executive summary



This Home Together 2026 Community Plan (the Plan) lays out the goals, strategies and investments needed to dramatically reduce homelessness in Alameda County by 2026 and combat racial disparities in homelessness by fully centering equity. The Plan’s overarching goals and time frame align with [Alameda County’s Vision 2026](#), which holds as one of its primary objectives to “ensure the availability of diverse and affordable housing for all residents with the goal of eliminating homelessness in Alameda County.”

Alameda County

Alameda County is home to more than 1.6 million residents and includes 14 cities and six unincorporated communities. Nonprofit organizations, public entities, and a range of interested parties, including those with direct experience of homelessness, work together in a Continuum of Care (the Oakland-Berkeley-Alameda County Continuum of Care, or CoC) to seek new resources and coordinate housing and services funding for addressing homelessness. The CoC is led by a representative Leadership Board, supported by a number of committees and staffed by EveryOne Home.

The County’s Office of Homeless Care and Coordination (OHCC), formed in early 2020 within the Health Care Services Agency, participates in CoC Leadership and coordinates with residents, providers, other County agencies and local jurisdictions around strategic planning and service delivery. Cities across Alameda County participate in the CoC and dedicate local resources to funding, siting and supporting shelters, housing, and services within their communities. This Plan seeks to serve as a playbook for all of these parties working together, recognizing that each jurisdiction will need to make specific decisions regarding the resources under their authority. Specific annual action plans are developed for the county and for cities in conjunction with this framework.

Foundations for this plan

This Plan builds upon many sources and efforts, particularly the 2020 [Centering Racial Equity in Homeless System Design](#) report (CRE) prepared by partners in the Continuum of Care and informed by a homelessness response system needs analysis and focus groups with persons of color who have experienced homelessness. The CRE process modeled what an optimal system to respond to all homelessness and reduce racial disparities would look like and what gaps need to be filled. The Plan is also responsive to requirements laid out in the California Comeback Plan to draw down key state housing and health funding. It is informed by and consistent with other local and regional efforts, including the [All Home Regional Action Plan, Plan Bay Area 2050](#) and local city plans to address homelessness. Companion county and city-specific plans that align with the Home Together 2026 Community Plan will speak to the specific roles of local jurisdictions in co-leading efforts to address homelessness, and the key roles of County agencies, community partners and specific resources.

The community of Alameda County adopts this plan and vision at a time when the future is uncertain. New resources received, both one-time and ongoing, provide the groundwork for supporting this plan and its outcomes, but alone are not enough to realize its vision. The response to COVID-19 has shown that this community can pull together and work at speeds we have not seen before, a strong foundation to build from.

However, we face continuing challenges including uncertainties from COVID-19, unpredictable housing markets, future state, federal and local budgets, and a strained public and non-profit sector with significant capacity needs. All of these challenges require continuing the current level of unprecedented collaboration and coordination, building on the progress made to unify the community response and forge an aligned response system centered in racial equity.

Estimated number of housing solutions, by type, needed by 2026

4,195	Additional supportive housing units
3,190	New supportive housing units for older/frail adults
10,070	New dedicated affordable units or subsidies
5,240	New shallow subsidies
1,645	Additional rapid rehousing slots
24,340	Total units & subsidy slots

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

Homelessness in Alameda County

On any given night over 8,000 people experience homelessness in Alameda County, a number that grows to approximately 15,000 people over the course of a year. More than 90% of homeless households in Alameda County are adults without minor children.

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

Homelessness response system needs analysis

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

Importantly, focus groups with local stakeholders and people of color who have experienced homelessness and research on racial equity strategies informed the needs analysis. This expertise was used to develop the proposed new program models and pathways out of homelessness through new investments at every level. Housing investments needed to address the deep disparities include:

- Create significant additional affordable housing dedicated specifically for people experiencing homelessness
- Develop supportive housing for people who need increased supports, such as older and frail adults
- Grow the supply of transitional housing for youth
- Fund shallow and flexible rental assistance to fill gaps for people with limited incomes

- Expand current program models such as Rapid Rehousing and supportive housing¹
- Expand targeted behavioral health services throughout the system
- Improve and expand targeted homelessness prevention

The 2021 update to the analysis explored different scenarios related to anticipated new homelessness and levels of investment to determine what will be required to fill significant system gaps. The scenario selected for this Plan seeks to reduce new entries to homelessness by prevention when possible, and to create a more robust response system with enough housing resources at the end of five years to provide a pathway out of homelessness to every person who does enter the homelessness response system.

¹ This Plan uses the term “supportive housing” to refer to all housing types that include ongoing subsidy and continuously available services, often referred to as “permanent supportive housing” or “PSH” in other contexts.

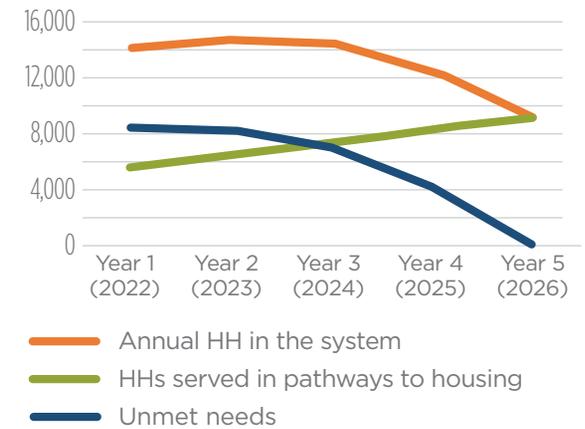
Building a system where people are rehoused quickly

Overall, increased investment in prevention and the addition of more than 24,000 housing opportunities in a variety of program models are needed to reach a point within five years at which the number of people who become homeless in a year and the number who are able to leave homelessness in that time are in balance. These 24,000+ interventions include everything from short-term support to prevent homelessness to ongoing rental subsidies and supportive housing with services.

In addition to the significant need for housing, because 79% of people experiencing homelessness in Alameda County are unsheltered, the Home Together 2026 Community Plan proposes a significant increase in shelter in the first two years, followed by a slow decline in shelter as more housing resources become available and less shelter is needed. Some added shelter will be able to be converted to much needed housing in later years, as has been demonstrated by successful Project Roomkey to Project Homekey transitions, which have created new permanent housing by renovating hotels used as shelters during the COVID-19 pandemic. By Year 5 the amount of shelter needed on an ongoing basis is expected to be slightly less than what is available today if all housing resources are in place.

The total cost of increasing the shelter and housing inventory over the coming five years to fully meet the need would be approximately \$2.5 billion. This includes roughly \$430 million for additional shelter capacity, \$1.68 billion for permanent housing such as dedicated affordable housing and supportive housing, and

Impact of increased investment on homeless system outcomes



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

\$388 million for prevention, rapid rehousing and shallow (more limited) subsidies. This does not include the one-time development costs for acquiring or constructing new buildings, but covers operations and services, and subsidies to help people rent existing housing. The new investments should be made in alignment with the household types experiencing homelessness; roughly 10% (\$194 million) is needed for expanded inventory and resources for households with minor children, and 90% (\$2.3 billion) for the inventory and resources to serve adult only households, including transition age youth (ages 18-24 years). A range of federal, state and locally generated resources are needed to fill the gap. Without a significant federal investment in targeted Housing Choice Vouchers or similar rental assistance, meeting the dedicated affordable housing goal will be particularly challenging.

Goals and strategies

To reach the expansion goals while decreasing racial disparities, the Home Together 2026 Community Plan recommends specific action steps in four categories.

Taken together, the significant increase in investment and the creation of new program models and pathways out of homelessness will lead to decreases in new homelessness, improved racial equity in outcomes, shorter lengths of time being homeless, and a reduced rate at which people return to homelessness.

The Home Together 2026 Community Plan adopts bold, ambitious, and measurable goals for Alameda County, both for reducing homelessness and for achieving greater equity. To bring these new programs and solutions into being will take every partner committing every available dollar from various sources in ways that uphold performance and invest in working and desired models. With these commitments and agreements for joint accountability we will, by 2026, be home, together.

1 Prevent homelessness for our residents

1. Address racial disparities in mainstream/upstream systems to prevent racially disproportionate inflow into homelessness
2. Focus resources for prevention on people most likely to lose their homes
3. Rapidly resolve episodes of homelessness through Housing Problem Solving
4. Prevent racially disproportionate returns to homelessness

2 Connect people to shelter and needed resources

1. Expand access in key neighborhoods and continue improvements to Coordinated Entry
2. Lower programmatic barriers to crisis services such as prevention, problem solving, and shelter
3. Prevent discharge from mainstream systems to homelessness
4. Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable adults and families with children and to reduce unsheltered homelessness
5. Provide accessible behavioral health services to people with serious mental illness or substance use needs and who are unsheltered, in shelter, or in supportive housing programs

3 Increase housing solutions

1. Add units and subsidies for supportive housing, including new models for frail/older adults
2. Create dedicated affordable housing subsidies for people who do not need intensive services
3. Create shallow subsidies for those who can exit or avoid homelessness with more limited assistance
4. Add new slots of rapid rehousing for those who can pay full rent over time
5. Ensure new housing funding is distributed across the county according to need
6. Reduce entry barriers to housing and ensure racial equity in referrals and placements

4 Strengthen coordination, communication and capacity

1. Use data to improve outcomes and track racial equity impacts
2. Improve messaging and information availability
3. Build infrastructure to support and monitor new and expanded programs

A close-up portrait of a woman with brown hair tied back, freckles, and a slight smile. She is wearing a blue zip-up hoodie over a dark top. The background is a textured, grey wall. The text 'Background and introduction' is overlaid in the top right corner.

Background and introduction

This Home Together 2026 Community Plan (the Plan) lays out the goals and strategies needed to dramatically reduce homelessness in Alameda County by 2026 and combat racial disparities in homelessness through fully centering equity.

Foundations for this Plan

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

- The racial equity analysis and homelessness response system modeling process detailed in the January 2021 **Centering Racial Equity in Homeless System Design** (CRE) report²
- The Racial Equity Action Lab (convened by the Bay Area Regional Health Inequities Initiative), which centered lived expertise input and process recommendations on implementing the CRE
- The **Home Together Plan** framework adopted by the Alameda County Board of Supervisors in August of 2020

The Plan's overarching goals and time frame align with **Alameda County's Vision 2026**, which holds as one of its primary objectives to "ensure the availability of diverse and affordable housing for all residents with the goal of eliminating homelessness in Alameda County." The Plan includes five-year targets for the creation of significant quantities of new housing and shelter in order to meet the unmet need of all people experiencing homelessness in Alameda County by 2026 in line with the recommendations in the CRE report. In addition, this Plan is responsive to requirements laid out in the **California Comeback Plan** to draw down

key state housing and health funding. It is also informed by and consistent with other local and regional efforts, including the **All Home Regional Action Plan**, and **Plan Bay Area 2050**.

A forthcoming companion Home Together County Implementation Plan speaks to the specific role of the county in co-leading efforts to address homelessness with cities and community partners, and the roles of specific County agencies and resources. This Implementation Plan will lay out yearly goals consistent with the Plan and be used to track and report progress. Cities within Alameda County have participated in the community process to inform this overarching Plan and are encouraged to develop and adopt similar jurisdictional implementation plans to align with the Home Together 2026 Community Plan.

The initial Centering Racial Equity report and this Plan were supported by in-depth needs analyses conducted by Abt Associates, a HUD-funded technical assistance provider. The recommendations were informed by an extensive community input process which included participation from system leaders, homeless program participants, service providers and other partners in the homelessness response system. The process included research using local data and multiple focus groups with people of color who were currently or recently homeless regarding their race-impacted experiences. The CRE report resulted in recommendations for significant system additions but did not include action steps to implement the recommendations.

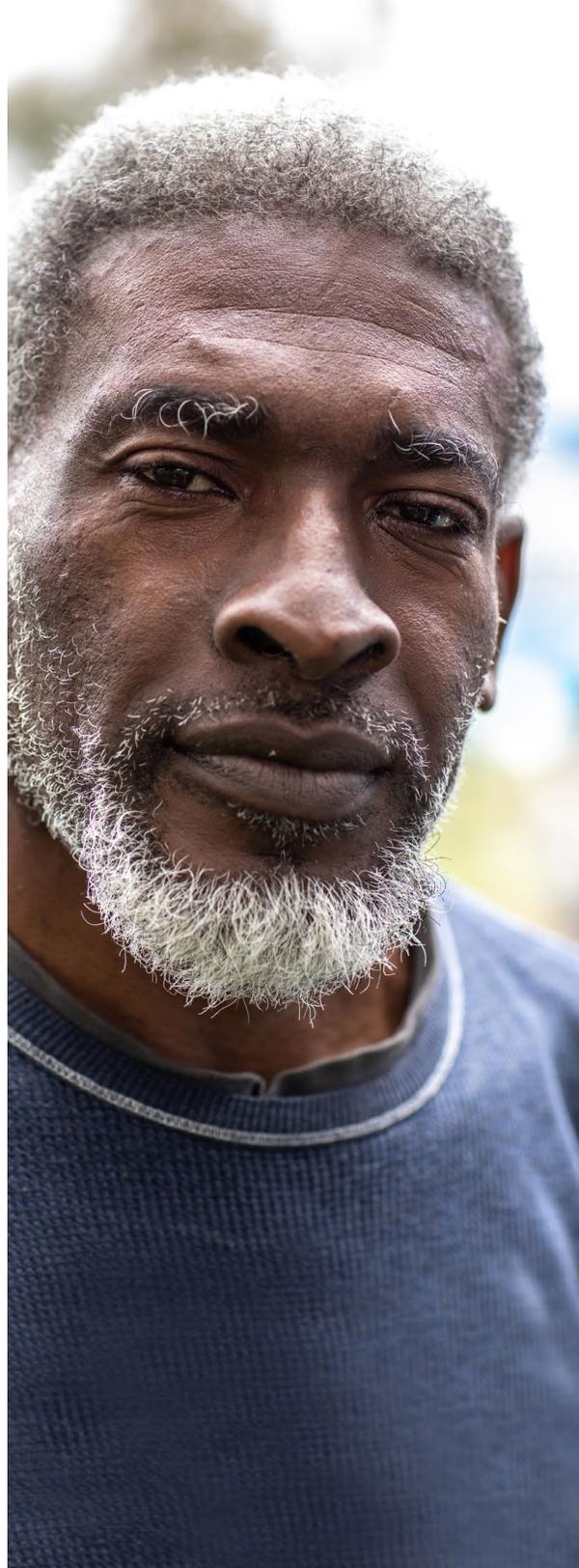
² For more detail on the stakeholders involved in the CRE, the process of developing pathways and recommendations, please see the Centering Racial Equity in Homeless System Design report, available at <https://everyonehome.org/centering-racial-equity>.

Updating the homelessness response system needs analysis

As the Home Together 2026 Community Plan was developed it became clear that some updating to the original needs analysis was necessary. The COVID-19 pandemic, which began shortly after the CRE report was completed, has changed the landscape of resources, and some data used from 2019 was able to be updated with more complete information from the countywide Homeless Management Information System (HMIS). While some updates were made, there was a strong commitment to maintain the critical assumptions and decisions that were widely discussed in the CRE planning process.

To consider changes and updates to the homelessness response system modeling, a planning group was jointly convened by the Alameda County Office of Homeless Care and Coordination (OHCC) and EveryOne Home (EOH), which staffs the CoC. The Strategic Planning Implementation Committee met bi-weekly from July 2021 to November 2021 to inform the Home Together 2026 Community Plan. The group included city and county staff, people with lived experience of homelessness, service providers, nonprofit organizations, advocates, and CoC Leadership Board members.³ Various technical staff also met with Abt Associates, a HUD technical assistance provider, to review updates to the homelessness response system modeling.

³ See [Acknowledgements](#) for list of Home Together Contributors, including the Strategic Planning Committee members.



Pathways out of homelessness recognize different levels of need — from those who can resolve their homelessness on their own, to those who will need shelter, interim support and ongoing subsidies and services in order to remain housed.

Homelessness in Alameda County



Alameda County’s most recently published full Point in Time Count (PIT) was conducted in 2019 and estimated a total of 8,022 persons were experiencing homelessness on a single day.⁴ Based on an annualization of the PIT, it is estimated that 15,786 people in 13,135 households experienced homelessness in Alameda County in 2019.⁵

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

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

Homelessness occurs across the county, though it is concentrated most in the north and mid portions.⁶ More than three-fourths of people experiencing homelessness (78%) report residing in Alameda County before becoming homeless.⁷

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

TABLE 1

Annual estimates and geographic distribution of people and households experiencing homelessness in Alameda County

Geographic regions in Alameda County	Estimated people experiencing homelessness annually	Estimated households experiencing homelessness annually	Households with only adults	Households with minor children	Households with only children
Mid-County (Alameda, Hayward, San Leandro, Unincorporated)	2,920	2,430	2,221	182	27
North County (Albany, Berkeley, Emeryville)	2,605	2,167	1,981	163	24
Oakland	8,004	6,659	6,087	499	73
Tri-City (Fremont, Newark, Union City)	1,579	1,313	1,201	99	14
Tri Valley (Dublin, Livermore, Pleasanton)	679	565	516	42	6
Total	15,786	13,135	12,005	985	144

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

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

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

People of color make up more than two out of three (69%) people experiencing homelessness in Alameda County. Most disproportionately affected are people identifying as Black or African American, and American Indian or Alaska Native.

Families with minor children are estimated at 985 households annually, representing 7.5% of all homelessness households.⁸ Child-only households (unaccompanied children, under age 18, who are homeless without any adults) represented less than 1% of the county's homeless population.⁹

People who identify as male make up more than 60% of the homeless population. Nearly three-fourths of the homeless population is between the ages of 25-59, though a growing percentage of people experiencing homelessness are seniors (14%) and nearly 10% are between 18 and 24, referred to as transition age youth (TAY).¹⁰

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

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

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

TABLE 2

Gender of people experiencing homelessness

61% Male identifying

35% Female identifying

2% Transgender

2% Non-binary

TABLE 3

Age of people experiencing homelessness

4% Under 18

9% 18-24

73% 25-59

14% 60 and older

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



Racial disparities in the homeless population

While homelessness is widespread in Alameda County, it disproportionately impacts people of color, especially African Americans. The 2019 Point in Time Count shows that people of color make up more than two out of three (69%) people experiencing homelessness in Alameda County. The groups most disproportionately affected are people identifying as Black or African American, and American Indian or Alaska Native. Black people account for 47% of the homeless population, compared to 11% of the general population in Alameda County. Native Americans make up four percent of the homeless population, compared with one percent of county residents. Homelessness also disproportionately affects Native Hawaiians/ Pacific Islanders and Multiracial people in Alameda County.¹¹

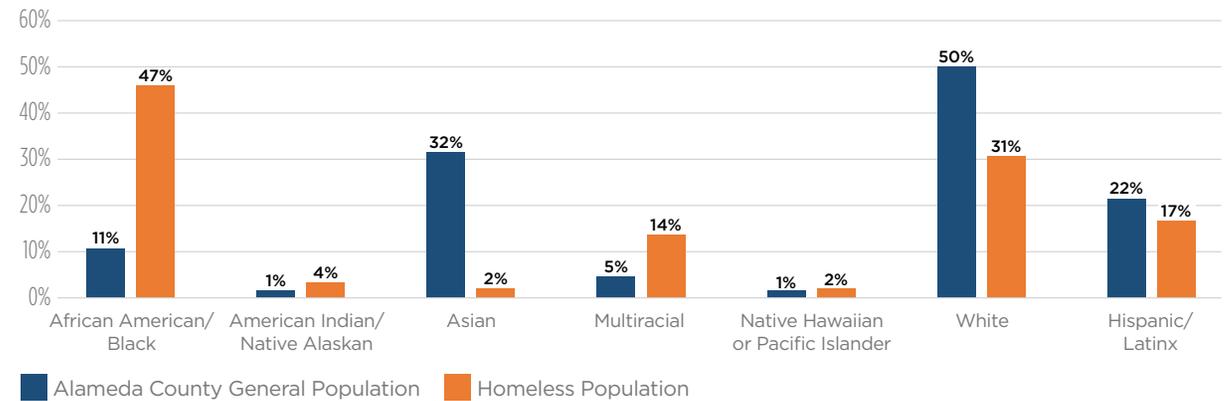
Households with only adults are more disproportionately likely to be Black (58%) in comparison with the general population of Alameda County (11% Black).¹²

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

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

FIGURE 1

Racial distribution of general population and homeless population (2019)



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

The many specific needs and experiences of people of color experiencing homelessness are described in the CRE report, often in the words of people who have experienced homelessness. Without addressing the impact of racism in our society, homelessness will continue to disproportionately impact African Americans and other people of color. Creating a mix of housing and services in order to reduce these enormous racial disparities is a major focus of this Plan.

Special populations

Several special populations who experience homelessness merit particular attention due to their specific or additional vulnerabilities, overrepresentation in the homeless population, and/or dedicated resources for addressing their needs. These include transition age youth, older adults, veterans, people with behavioral health needs, people impacted by intimate partner violence and people impacted by the criminal justice system. The ***Specific needs and resources for special populations*** section covers key resources available to meet the needs of these specific groups.



Homelessness
response system
needs analysis
and modeling

People experiencing homelessness have a variety of needs, but the one commonality among all is the need for a home. The CRE process identified that Alameda County’s homelessness response system does not have the interventions needed to permanently rehouse all people experiencing homelessness, and that reducing disparities and improving outcomes for the racial and ethnic groups most impacted by homelessness will require new types of housing programs, increasing all programs’ availability, and improving program design and delivery.

Opportunities identified to increase racial equity in the homelessness response system include:¹³

- Increasing the availability of homeless housing and subsidy models for people with extremely low incomes and a range of service needs;
- Creating a variety of more flexible resources, including homelessness prevention and rapid resolution resources, and targeting these resources to those who can resolve their homelessness without ongoing supports;
- Increasing access to housing and other programs by lowering entry and participation barriers that unnecessarily impact privacy or independence, and ensuring resources are spread throughout the county; and
- Communicating clearly about available resources, eligibility criteria and the process for accessing resources.

It is important to note that adding enough housing opportunities to effectively end homelessness will not address the larger crisis of affordability or meet the rental housing gap for low-income households. The need for more housing and greater affordability at a wide range of income levels is critical and remains, even if this plan is fully funded. An “optimal” homelessness response system is not necessarily an “optimal” or racially equitable housing system, which would require a much larger and more universal response, such as Housing Choice Vouchers and affordable units for everyone who is income-qualified. Stakeholders for this Plan believe that safe, stable, and affordable housing should be available to all who need it, a goal that can only be reached with a national commitment.

Building a system where people are rehoused quickly

The CRE process identified a set of “pathways” in an optimal homelessness response system to allow every homeless person to end their homelessness and reduce racial disparities in homelessness. These pathways out of homelessness recognize different levels of need — from those who can resolve their homelessness on their own, to those who will need shelter, interim support and ongoing subsidies and services in order to remain housed. The pathways envisioned for adults and for families are somewhat different, based on different vulnerabilities and economic needs, but all are designed to respond to the root causes of homelessness and barriers to housing stability. Among the critical pathways envisioned is the addition of significant affordable housing targeted specifically to those who are experiencing homelessness. These resources must be available in a high-performing homelessness response system to end homelessness for Black and Native American adults, who encounter the greatest barriers to housing, are vastly over-represented among those who experience homelessness, and disproportionately return to homelessness once housed.¹⁴ [The original model and specific pathways for different population groups can be reviewed in the CRE report.]

¹⁴ For more detail about the CRE process to develop these pathways see Appendix A, C and D in the 2021 Centering Racial Equity in Homeless System Design Report. <https://everyonehome.org/centering-racial-equity/>

¹³ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

The homelessness response system model used in the CRE process was updated in 2021 to inform the Home Together 2026 Community Plan. Most of the original assumptions were retained, particularly regarding the types and proportions of needed new housing and program models.

Updates to the system model included:

1. **The decision to propose more shelter in addition to housing, to rapidly reduce unsheltered homelessness. This was not contemplated in the original system modeling but was highly recommended by the Strategic Planning Committee and jurisdictional partners;**
2. **Updates to the length of time people are anticipated to spend in shelter to reflect current conditions and impacts of future investments more accurately;**
3. **Updates to certain cost assumptions based on current data; and**
4. **The decision to model for a modest decrease in new entries into homelessness by the end of the planning period, with an increased investment in prevention.**

The recommendations that follow reflect the decisions above, including to work toward making prevention resources available before people lose their housing to reduce new homelessness over time. If new homelessness increases beyond the modeling predictions, the gap between what the system is able to offer and what is needed to serve all homeless households will be greater, and more costly to fill. [See [Appendix C](#) for a description of different scenarios considered and [Appendix D](#) for comprehensive system model data outputs].

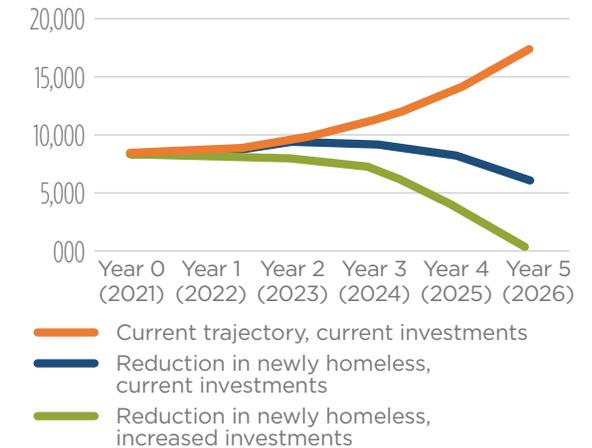
Homelessness continues to grow unless we invest in prevention and housing

Every year new people experience homelessness in Alameda County, but the homelessness response system does not currently have enough capacity to keep up with annual inflow. This means that the increasing homeless population includes newly homeless people along with many people who became homeless in a prior year but could not get the assistance they needed to end their homelessness. In 2020 to 2021, just 36% (4,358) of adult only households experiencing homelessness exited homeless services, and 64% (7,647) remained in the homelessness response system. For households with minor children, 33% (321) of households exited the system in 2020-2021, while 67% (664) of households remained.¹⁵

¹⁵ HMIS Jul 1, 2020 to June 30, 2021. Data used in the CA-502 System Model, Abt Associates, 1/20/2022.

FIGURE 2

Impact of investment level on unmet need



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

Figure 2 illustrates that without significant changes in both approach and rate of investment, homelessness is likely to grow dramatically (orange line). Even if the community successfully achieves a modest decrease in new homelessness over time, the current level of investment will not be enough to meet the need, and homelessness will remain high (blue line). However, with a significant increase in investment into the homelessness response system and a modest decrease in new homelessness, by year 5 (2026) the homelessness response system would be able to serve all of the need among homeless households, leaving no annual unmet need (green line).¹⁶

¹⁶ This is the point at which the system is right-sized, though recurring resources are still needed to address new inflow each year and to continue supporting ongoing system operations.

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

Figure 3 shows that with the modeled increase in investment and a modest decrease in new homelessness over time, in 5 years (by 2026) the total number of homeless households that need to be served annually by Alameda County’s homelessness response system decreases by over 3,800 from 2021. In this scenario there is capacity to serve and assist 9,200 households into permanent housing by the homelessness response system in year 5 (2026). This is estimated to effectively eliminate unmet need (sometimes referred to as “functional zero”). Having no unmet need does not mean that new people do not continue to become homeless, but rather that for every new household that becomes homeless there are the appropriate resources available to help them back into housing within an average of 90 days.

Table 4 shows numerically how these decreases in inflow and increases in capacity might occur over time, until the need is equal to the resources available.

TABLE 4

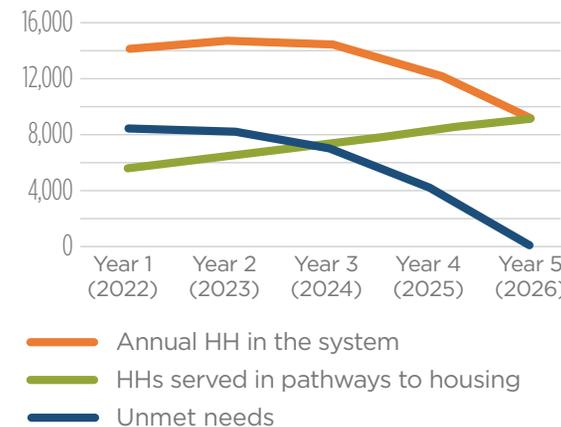
Impact of investments on unmet need over 5 years

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
New homeless	4,000	4,800	5,300	5,300	4,700	4,300
Annual HH in the system	13,000	14,000	14,700	14,400	12,600	9,200
HHs served in pathways to housing	4,700	5,600	6,500	7,400	8,310	9,200
Unmet need	8,300	8,400	8,200	7,000	4,200	0
% unmet need	64%	60%	56%	49%	33%	0%

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

FIGURE 3

Impact of increased investment on homeless system outcomes



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

“Something like [Rapid Re-Housing] would do me good. I’m a commercial truck driver. It would put me in a position that would help me. I would not have to worry about rent for six months. I could get my bank account, my necessities... I would be able to regroup.”

— CRE Focus Group Participant,
Latino man, age 50-64



Additions to housing inventory

To meet the reduction targets, a combination of new subsidy slots and housing units is needed. **Table 5** details the specific inventory growth in different program models and housing types needed to meet existing and anticipated future need among homeless households.

Table 5 also shows that in 2021 (the baseline year, or Year 0) Alameda County had 3,215 supportive housing units and 535 Rapid Rehousing slots for households experiencing homelessness, and in order to serve all of the current and projected need of homeless households, our system will need an inventory of 25,910 permanent housing units and short and long-term subsidies by year 5 (2026) of the implementation plan.

TABLE 5

5-Year homelessness response system inventory needs

	Baseline inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	56	140	160	190	260	230
Crisis response beds (emergency shelter, transitional housing, safe haven)	1,785*	2,760	3,410	3,140	1,810	1,390
TH for youth	153	100	120	140	200	170
Rapid re-housing	535	1,180	1,370	1,560	2,180	1,940
Permanent housing resources						
Supportive housing (PSH)	3,215	3,790	4,500	5,290	6,490	7,410
Supportive housing (PSH) for older/frail adults	0	520	1,090	1,690	2,530	3,190
Dedicated affordable housing	0	1,570	3,320	5,240	7,870	10,070
Shallow subsidies	0	830	1,740	2,750	4,090	5,240

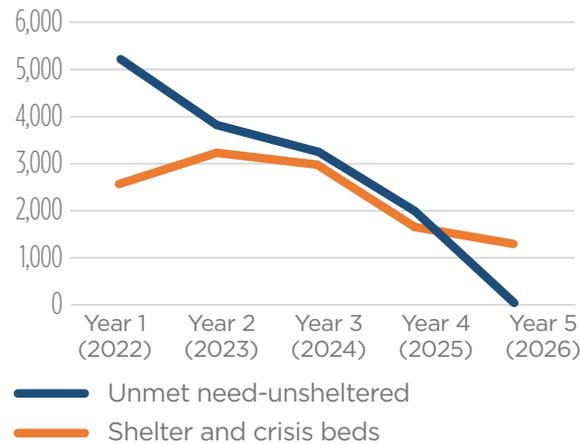
*Note that a decreased inventory of shelter is reflected here, and in the 2021 system modeling, to account for shelter decompression that occurred due to COVID-19 regulations. Source: CA-502 System Model, Abt Associates, 1/20/22

Additions to shelter inventory

In addition to the significant expansion of housing resources, reducing unsheltered homelessness will require short-term growth in shelter availability. This Plan includes an immediate surge in shelter during the first two years, followed by a leveling off and then small decrease in shelter beds (orange line). This strategy, when combined with the addition of housing modeled above, results in a rapid and then sustained decline in unsheltered homelessness (blue line). It is important to note that the estimated result, effectively ending unsheltered homelessness in Alameda County, only occurs when both housing and shelter capacity grow.

FIGURE 4

Impact of shelter increase on unsheltered homelessness*



*For Adult Only Households | Source: CA-502 System Model, Abt Associates, 1/20/2022

“The people that bring food help. And outreach people do a good job. Showers and laundry are very helpful.”

— CRE Focus Group Participant,
White woman, age 25-39

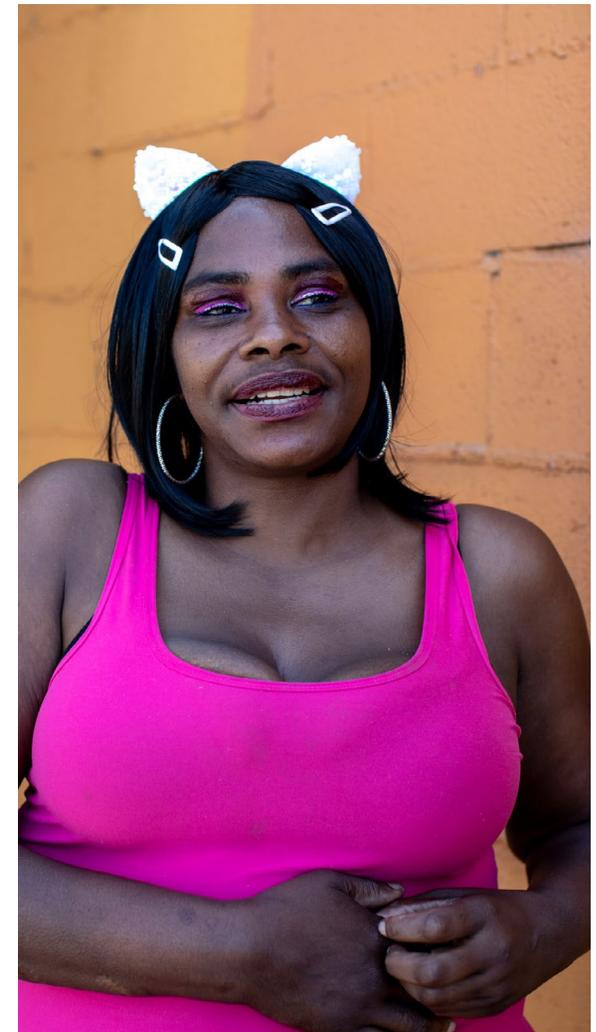


TABLE 6

5-year operations cost for homelessness response system inventory*

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$2,502,000	\$3,022,000	\$3,533,000	\$5,055,000	\$4,680,000	\$18,792,000
Crisis response (shelter/interim)	\$85,667,000	\$109,121,000	\$103,566,000	\$61,480,000	\$48,402,000	\$408,236,000
Transitional for youth	\$3,796,000	\$4,549,000	\$5,344,000	\$7,777,000	\$7,107,000	\$28,573,000
Rapid re-housing	\$26,166,000	\$31,374,000	\$36,824,000	\$52,978,000	\$48,683,000	\$196,025,000
Supportive housing (PSH)	\$95,786,000	\$117,213,000	\$142,068,000	\$179,312,000	\$210,917,000	\$745,296,000
Supportive housing-seniors & medically fragile	\$15,630,000	\$33,557,000	\$53,819,000	\$83,004,000	\$107,846,000	\$293,856,000
Dedicated affordable housing	\$33,099,000	\$72,010,000	\$116,971,000	\$180,761,000	\$238,329,000	\$641,170,000
Shallow subsidies	\$9,050,000	\$19,666,000	\$31,881,000	\$48,613,000	\$64,196,000	\$173,406,000
Total	\$271,696,000	\$390,512,000	\$494,006,000	\$618,980,000	\$730,160,000	\$2,505,354,000

*Operations only, not development. | Source: CA-502 System Model, Abt Associates, 1/20/2022

New investment needed

The total cost of scaling up both the shelter and housing inventory over the coming five years is an estimated \$2.5 billion. This includes roughly \$430 million for additional shelter capacity, \$1.68 billion for permanent housing such as dedicated affordable and supportive housing, and \$388 million for prevention, rapid rehousing and shallow (more limited) subsidies. These estimates include the ongoing operations of programs and buildings, and the services and subsidies to help people rent

existing housing. They do not include the one-time development costs for constructing or acquiring new buildings.

The investments need to align with the household types in the homeless population: roughly 10% (\$194 million) for households with minor children and 90% (\$2.3 billion) for the resources to serve adult only households, including transition age youth.

Based on the system modeling, costs should drop substantially in years six and beyond, or whenever the unmet need is eliminated, as only those newly becoming homeless or returning to homelessness after housing need to be served.

Services outside the model

Although not represented in the system modeling, there are many critical services and resources that serve people during the time they are unhoused. These include Coordinated Entry, street outreach, housing navigation and landlord liaison programs, among others. These programs contribute to outcomes such as shortening the length of time that households remain homeless, improving health outcomes and behavioral health support, and increasing exits to housing. Some increases in these services are anticipated within this Plan as well.



Goals and
strategies

Drawing from the CRE recommendations to reduce racial disparities, the need for resources demonstrated by the system model and the feedback of people experiencing homelessness, the Home Together 2026 Community Plan calls for a focus on four primary goal areas. Each area below includes goals and action steps that align with the system model and overall homelessness reduction strategy.

These core goal areas largely correspond to critical system performance measures required by HUD and by the State of California, which will be tracked and reported on annually. In addition, the Alameda County community has determined to also measure its impact on rates of unsheltered homelessness and racial disparities in homelessness. Specific targets for reductions and improvements for each of the system performance measures below will be set in consultation with the community and with the State of California during FY 21-22 and adopted as an addendum to this Plan.

1 Prevent homelessness for our residents

Many of the people experiencing homelessness in Alameda County have been homeless for long periods of time or have had multiple episodes of homelessness. However, every year people experience homelessness for the first time and seek assistance from the homelessness response system, which lacks adequate resources to meet the needs of people who are already homeless. Data from the 2019 PIT count indicates approximately 31% of the people who are homeless at a point in time have become homeless for the first time.

Racial disparities among newly homeless households are even more extreme than among the homeless population overall, especially for African Americans, Native Americans, Native Hawaiian and Pacific Islanders and multiracial people.

TABLE 7

Racially disparate rates of new homelessness

	African Americans	Native Americans	Multiracial	Native HI/ Pacific Islander
Percent of county population	11%	1%	5%	1%
Percent of newly homeless	58%	5%	6%	2%
Rate of new homelessness compared to population	5.3x	5x	1.2x	2x

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

1 Prevent homelessness for our residents

Prevention assistance is typically administered outside the homelessness response system and covered by social service and community development funding streams. Research shows that while many low-income people experience housing crises that could lead to homelessness, people who are most likely to become homeless have specific risk factors including extremely low incomes, histories of homelessness, and living in highly impacted neighborhoods.¹⁷ To be effective, resources to prevent homelessness must target those with the greatest likelihood of becoming homeless. To reduce new incidents of homelessness, we must direct resources to those closest to becoming homeless who also lack assistance, and to those who have lost housing but can recover it with timely support.

Another contributing factor to continuing homelessness is that some households assisted into permanent housing through the homelessness response system may lose their housing again when program resources run out or circumstances change. Returns to homelessness in Alameda County are higher among African Americans and Native Hawaiian/Pacific Islanders.

¹⁷ Center for Evidence-based Solutions to Homelessness. Homelessness Prevention, A Review of the Literature. January 2019.

TABLE 8

Disparities in rates of return to homelessness, FFY 2019

18% System average

21% African Americans

23% Native Hawaiian/Pacific Islanders

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

The Home Together 2026 Community Plan proposes to reduce the rates of return to homelessness by half, from 21% in 2022 (Year 1 of the Plan) to 9% in 2026 (Year 5 of the Plan).¹⁸ To address racial disparities in new homelessness and returns to homelessness, programs will be targeted and tailored to specific household needs and the county's providers and administrators will target and track these disparities.

¹⁸ Source: Adult Only Household Model. CA-502 System Model, Abt Associates. 1/20/22. Note rates are for Adult Only households.

To address racial disparities in new homelessness and returns to homelessness, programs will be targeted and tailored to specific household needs and the county's providers and administrators will target and track these disparities.



Four activity areas specifically targeting reductions in new homelessness and returns to homelessness

STRATEGY 1

Address racial disparities in mainstream/upstream systems to prevent racially disproportionate inflow into homelessness.

1. Partner with school districts, social services agencies, child welfare, community health organizations and others to connect people to prevention and economic supports in a timely manner and through trusted sources.
2. Work with criminal justice institutions to create housing planning and homelessness prevention resources.
3. Ensure that workforce services are accessible to and structured to support people whose housing is unstable.

STRATEGY 2

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

1. Work with government and private funders to increase targeted prevention for people most likely to become homeless. Highlight risk factors including extremely low incomes, histories of homelessness, and living in neighborhoods with high rates of poverty and evictions.
2. Tailor outreach and prioritization to reach those at highest risk and coordinate these efforts in all areas of the county.
3. Implement and expand shallow subsidy availability for people with fixed or limited income with housing insecurity to relieve rent burden and reduce the risk of becoming homeless.

STRATEGY 3

Rapidly resolve episodes of homelessness through Housing Problem Solving.

1. Add resources to flexible funding pools for Housing Problem Solving, a practice of helping people newly homeless or on the verge of homelessness to identify rapid solutions to their situation with light financial support.
2. Offer Housing Problem Solving training and funding throughout the system so that providers can quickly assist people when and where they seek help.

STRATEGY 4

Prevent racially disproportionate returns to homelessness.

To reduce disparities based on race, learnings from the CRE process demonstrate that providing ongoing or renewed support to people who have been homeless will improve equitable housing outcomes. Some specific areas highlighted as effective include:

1. Target time-limited Rapid Rehousing resources to serve households with an ability to increase income. Given the high cost of rent in Alameda County, time-limited resources should be matched with people who have a feasible plan to pay market-rate rent or identify a replacement subsidy.
2. Partner with educational, vocational and employment services to ensure that people moving toward employment have strong support in obtaining and maintaining employment. Build connections to educational programs with career pathways,

supported employment for people who are formerly homeless, and job placement assistance for people seeking new roles.

3. Establish a flexible funding pool for preventing homelessness, including a shallow subsidy option.
4. Review and evaluate methods for determining types of housing placements to ensure high rates of success and avoid unsustainable housing placements.
5. Provide additional support services, such as behavioral health care and case management, in existing sites and programs for people who have transitioned from homelessness to permanent housing.

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

System Performance Measure: Reduce the number who become homeless for the first time.

Racial Equity Measure: Reduce the racial disparities among people overrepresented within who becomes homeless for the first time: African Americans, Native Americans, Multi-racial people, and Native Hawaiian/Pacific Islanders.

System Performance Measure: Reduce the number of persons who return to homelessness after exiting homelessness.

Racial Equity Measure: Reduce the racial disparities among people overrepresented within who returns to homelessness: African Americans, and Native Hawaiian/Pacific Islanders.

2 Connect people to shelter and needed resources

People experiencing homelessness need access to shelter and critical service supports while in crisis and while in the transition to housing. This will require expanding and supporting the network of agencies that serve as entry points for the homelessness response system and provide housing problem solving and housing navigation services. It necessitates reducing the barriers to entry to services for people experiencing homelessness. It will also require continued collaboration between local cities and the county to provide more robust and responsive services for both sheltered and unsheltered people experiencing homelessness.

In 2020 and 2021, Alameda County's homelessness response system significantly expanded access points and undertook improvements to the Coordinated Entry process which connects people experiencing homelessness to shelter and housing. Changes were made to increase the availability of Housing Problem Solving services targeting creative housing solutions and allowing Housing Resource Centers (designated access points) to support everyone who is experiencing homelessness who access their services. A separate crisis queue and process for shelter and transitional housing resources was recently established to shorten the time people in need wait for shelter. Greater transparency was built into the new process, with access points providing real-time communication to participants about available housing resources, their likelihood of receiving a match, and support to identify and pursue appropriate next steps.

Continued oversight and improvement of the Coordinated Entry system is a priority for the future, and monthly Regional Housing Coordination meetings and Learning Communities are currently focused on improving coordination of care and increasing collaboration.

While this Plan focuses primarily on expanding housing availability to end homelessness, it also plans for a significant increase in shelter to provide homeless households safe places to be off the street and to connect to the rest of the homelessness response system's resources. During the 2019 PIT Count, nearly 80% of the population experiencing homelessness in Alameda County was unsheltered. During the COVID-19 pandemic the community rapidly stood up over 1,200 temporary shelter units in non-congregate settings such as hotels and trailers. People sheltered in these sites were connected to housing at much higher rates than those in traditional (congregate) shelter and unsheltered settings.¹⁹

An analysis of the unsheltered population using homelessness data and health system data indicates at least 48% of unsheltered people contacted by a street outreach program have one or more vulnerabilities such as advanced age, a health or mental health condition, and/or barriers to housing like eviction history or criminal justice system contacts. Vulnerable

unsheltered people in the county are also more likely to be African American than any other race or ethnic group. Shelter resources will be added to the portfolio of resources in the county for vulnerable adult only and family households, while still focusing most of the homelessness response system resources on housing additions to ensure homeless households can move quickly from shelter to housing. It is the goal of the Home Together 2026 Community Plan to gradually repurpose non-congregate shelter sites to be used as housing as the immediate need for additional shelter capacity subsides.

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

¹⁹ Zeger, Cody. Evaluating Project Roomkey in Alameda County: Lessons from a Pandemic Response to Homelessness. May, 2021. Available at: <https://homelessness.acgov.org/reports>.

Five activity areas specifically helping to connect people experiencing homelessness to shelter and needed resources

STRATEGY 1

Expand access in key neighborhoods and continue improvements to Coordinated Entry.

1. Expand neighborhood-based access points to the system's housing and shelter resources in places where people are most likely to lose housing or are currently experiencing homelessness.
2. Add access point outreach staff to connect people to these services in the field.
3. Set up monthly training for 211 operators.
4. Develop the capacity for 211 to track and follow up with people seeking resources.
5. Continue to track and evaluate the impact of updates to the Coordinated Entry System to ensure impacts are effective and support reductions in racial disparities.

STRATEGY 2

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

1. Ensure that emergency shelters reduce unnecessary program requirements that discourage use or exclude people who need shelter.
2. Add additional resources such as laundry facilities, storage options, hygiene, harm reduction, health care and safety resources and available services that meet needs of sheltered and unsheltered people.

3. Prioritize using a harm reduction approach and making efforts to meet the specific and varied needs of people experiencing unsheltered homelessness. Improve communication to advertise the availability of resources for households experiencing homelessness.
4. Provide training systemwide on diversity, equity, and inclusion, harm reduction, housing strategies, and other foundational topics.

STRATEGY 3

Prevent discharge from mainstream systems to homelessness.

1. Increase medical and mental health respite by 300 beds and include resources for rehousing. Stabilize and expand the board and care portfolio through new state funding and land trust to correspond with needs identified in the behavioral health system gaps analysis.
2. Implement an exit strategy for all unhoused criminal justice clients that includes shelter, housing, and supportive and behavioral health services.²⁰
3. Connect transition age youth leaving foster care to youth-dedicated rapid and supportive housing programs through ongoing resources targeted to youth nearing exit from foster care.

²⁰ Evidence indicates a promising model in low-barrier non-congregate shelter for people exiting criminal justice settings, paired with housing navigation and tenant-based vouchers.

STRATEGY 4

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

1. Add 1,625 temporary additional shelter beds to serve vulnerable adults and families with children. New shelter should be primarily non-congregate and include access to support services including behavioral health and health care to provide more supportive environments for residents.
2. As new housing comes online, transition non-congregate shelters into permanent housing or remove these shelter beds from the system as demand is reduced.
3. Ensure health and safety conditions in shelter programs through countywide standards and track and monitor input by shelter residents.

STRATEGY 5

Provide accessible behavioral health services to people with serious mental illness or substance use needs who are unsheltered, in shelter, or in supportive housing programs.

1. Ensure crisis response and support is accessible for unsheltered people, and that mental health and harm reduction services are available for people in shelters and other programs in the homelessness response system.
2. Allocate resources towards increased behavioral and support services that will help people who are in permanent housing to maintain their housing.

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

System Performance Measure: Increase successful placements from street outreach to indoor locations.

Racial Equity Measure: Monitor for racial disparities in placements from street outreach and address any disparities.

Additional Measure: Reduce the number of people who are unsheltered at a point in time.

Racial Equity Measure: Reduce the racial disparities among people overrepresented among those who are unsheltered.



Vulnerable unsheltered people in the county are more likely to be African American. Shelter resources will be added to vulnerable adult only and family households, while focusing most resources on housing additions to ensure homeless households can move quickly from shelter to housing.

3 Increase housing solutions

Both the homelessness response system modeling and interviews with people experiencing homelessness indicate that the single most important step to reduce homelessness dramatically and permanently is to create permanent housing opportunities for people experiencing homelessness throughout the county.

New projects to increase inventory include expansions in pathways and resources to exit homelessness such as Rapid Rehousing and supportive housing, as well as significant investment in newer program models such as dedicated affordable housing and shallow subsidies that provide people with housing that allows them independence and autonomy — a strategy recommended to be more effective in reducing racial disparities.

At publication of this Plan, a pipeline of new subsidies and housing projects in development are expected to increase available inventory by approximately 1,500 units in the first two years, but resources must be identified for thousands more units in order to achieve the inventory goals set forth in this Plan. New one-time resources are anticipated from both the federal and state governments which will assist with this goal, but ongoing local resources will be needed to meet the ambitious targets that are necessary to bend the curve.

TABLE 9

Estimated number of housing solutions, by type, needed by 2026

4,195	Additional supportive housing needed
3,190	New supportive housing for older/frail adults
10,070	New dedicated affordable
5,240	New shallow subsidies
1,645	Additional rapid rehousing slots
24,340	Total units and subsidy slots

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

“It [supportive housing] will put me in a basic stable environment, compared to something temporary. It would help me work on my long-term issues. Go back to the root.”

— CRE Focus Group Participant, Latino man, age 25–39



Six activity areas are planned to grow the housing inventory and increase access to it

STRATEGY 1

Add units and subsidies for supportive housing, including new models for frail/older adults.*

1. Expand the supply of supportive housing subsidies and units through prioritization and matching strategies, and new development funding.
2. Create a new model of supportive housing for older/frail adults with more intensive health service needs.
3. Provide services funding for supportive housing and supportive housing for frail/older adults through expansions of Medi-Cal enrollment and the California Advancing and Innovating Medi-Cal (CalAIM) program.

STRATEGY 2

Create dedicated affordable housing subsidies for people who do not need intensive services.

1. The CRE report and system model includes providing affordable housing without time limits for approximately 30% of the adult only households and 28% of family households in the homelessness response system.
2. Add capacity within the homelessness response system to support new dedicated affordable units including staff for a new flexible local operating subsidy program, additional Coordinated Entry staffing and lighter and variable supportive services.

STRATEGY 3

Create shallow subsidies for those who can exit or avoid homelessness with more limited assistance.

1. Develop shallow subsidies that provide fixed levels of support for those who are precariously housed or who have been previously homeless and need longer term but limited support.

STRATEGY 4

Add new slots of Rapid Rehousing for those who can pay full rent over time.

1. Couple Rapid Rehousing resources with expansions in employment programs.

STRATEGY 5

Ensure new housing funding is distributed across the county according to need.

1. The numbers of people and the significant subpopulations in each region are different. As much as possible, housing resources should be distributed based on the regional needs.

STRATEGY 6

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

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

- **System Performance Measure:** Increase the number of people exiting homelessness into permanent housing.
- **Racial Equity Measure:** Monitor for any emerging disparities and maintain racial equity within people exiting homelessness into permanent housing.
- **System Performance Measure:** Reduce the length of time persons remain homeless.
- **Racial Equity Measure:** Monitor for racial disparities in length of time homeless and address disparities.

*See Table 9 for numbers of units.

4 Strengthen coordination, communication and capacity

This plan emerges at a time of great uncertainty. While new resources to expand Alameda County's homelessness response system are anticipated, how much will become available when, and what may happen with COVID-19 and other factors which may impact homelessness, are unknown. For this reason, this Plan must be closely tracked and refined over time and its projections will be updated as new resources become available. A community-wide commitment to improve and use the community's HMIS data for tracking and accountability is a central tenet of the Plan.

Improved communication about efforts to reduce homelessness and impacts are also key to keeping the buy-in of partners and the confidence of the community. This includes expanding the range of partners from other systems of care that overlap with the homelessness response system (such as health care, child welfare, and criminal justice), and ensuring that both housed and unhoused people have access to the best information about current and anticipated homeless resources.

Finally, the network of homeless programs and providers will have to be strengthened and will need to grow to reach the goals of the Home Together 2026 Community Plan. Alameda County benefits from a strong network of nonprofit agencies committed to addressing homelessness and delivering services and housing to those in need. But these agencies are stretched to close to capacity, are often under resourced, and do not fully represent the communities that experience homelessness. Support will be needed to help these partners recruit and retain staff. In particular, resources must be targeted to strengthen providers and partners and to expand contracts for organizations that serve, employ and are led by historically marginalized communities and Black, Indigenous and People of Color.

The network of homeless programs and providers will have to be strengthened and will need to grow to reach the goals. In particular, resources must be targeted to strengthen providers and partners and to expand contracts for organizations that serve, employ and are led by historically marginalized communities and Black, Indigenous and People of Color.



Three activity areas are planned to expand data, track equity, improve messaging and build capacity and infrastructure

STRATEGY 1

Use data to improve outcomes and track racial equity impacts.

1. Improve HMIS coverage and confidence in HMIS to be the primary method for future data tracking.
2. Consider increasing the frequency of the PIT Count to annual (currently biennial) so that impacts to both sheltered and unsheltered homeless populations are able to be tracked and monitored more quickly.
3. Improve tracking of resources and inventory to support ongoing evaluation and reporting.
4. Improve data quality and regularly review system and program outcome data disaggregated by race.
5. Work to incorporate a Results Based Accountability framework systemwide when tracking and measuring performance metrics.

STRATEGY 2

Improve messaging and information availability.

1. Centralize homeless related resource information and provide regular system updates to a wide variety of partners.
2. Provide an annual Home Together 2026 Community Plan update on progress and challenges with proposed modifications to the following year's action plan.
3. Complete a full inventory of current and anticipated resources for all key partners in order to identify gaps in funding and strategies to fill these gaps.

STRATEGY 3

Build infrastructure to support and monitor new and expanded programs.

1. Develop and strengthen career pathways in housing and service provider organizations.
2. Provide support to service providers, clinics, outreach teams and nonprofit organizations serving homeless populations to improve their ability to hire, train and retain staff.
3. Prioritize supporting the advancement of people with lived experience of homelessness in our county's systems of care.
4. Expand provider networks to incorporate historically marginalized communities and more organizations led by and serving communities of color and support increased capacity within these networks.

5. Ensure public and community agencies have staffing to meet expanded contracting and capacity needs.
6. Ensure behavioral health services are accessible and resources are available to smaller service provider organizations.

There are no state required system performance measures that correspond to this goal area. The community will use the improved data collection process to track progress on all the other outcomes for this Plan. The partners will also track resources and investments to meet the Plan goals and to identify outstanding gap areas.

In addition, community partners will collect data to track the capacity of system partners and especially to expand resources for provider organizations serving historically marginalized communities and communities of color.

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

- **System Performance Measure:** Reduce the number of persons experiencing homelessness.
- **Racial Equity Measure:** Reduce the overrepresentation of African Americans, Native Americans, Multi-racial people and Native Hawaiian/Pacific Islanders among persons experiencing homelessness.

Specific needs
and resources
for special
populations



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

The housing pathways and resources described above are intended to meet the needs of all of Alameda County’s homeless populations. Some resources are specifically targeted to certain subpopulations such as supportive housing for older/frail adults, and transitional housing for young adults in a transitional period of life.

Needs assessments conducted for each of these populations point to certain additional needs that the strategies of this Plan seek to encompass within the overall framework of increases in housing, shelter capacity and services inventory.

Transition age youth

Youth ages 18-24 comprised 9% of the overall population experiencing homelessness in Alameda County in the 2019 PIT count (702 individuals). Unaccompanied children, under age 18, represented less than 1% of the homeless population (29 individuals).²¹ These numbers represent a point in time and only include youth who were counted as sheltered in the homelessness response system or as unsheltered. During the 2019-2020 school year, public schools in Alameda County reported 4,445 homeless students, a number that includes young people under 18 who were doubled up or in hotel settings as well as those in shelter or unsheltered situations.²²

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

²² Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

TABLE 10

Characteristics of Alameda County homeless youth

Characteristic	% of general population	% of homeless TAY population
African-American	11% (Alameda County Youth)	63%
LGBTQ	10% (Alameda County)	42%
Experiencing mental health issues	25% (California)	43%

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

Youth who experience homelessness in Alameda County are very disproportionately African American, identify as LGBTQ and experience behavioral health issues at much higher rates than county or state residents.²³

The 2019 PIT Count shows that 82% of TAY experiencing homelessness in Alameda County are unsheltered.²⁴

Transition Age Youth (TAY) experiencing homelessness have particular needs due to their stage of development, and often include youth who have been impacted by the foster care system, the juvenile justice system, or both.

²³ Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

²⁴ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

Youth report a need for greater access to all resources, increased supports to maneuver through and transition from program to program within the homelessness response system, and increased youth development trainings for service providers. Youth and providers have indicated that the homelessness response system should be improved to be more welcoming to youth, that stronger housing and employment connections for youth are needed so that youth can find and sustain housing, and that increased access to youth dedicated permanent housing and long-term subsidies would significantly build capacity to serve youth.

In work done to identify the specific needs of youth for Alameda County's application to HUD's Youth Homelessness Demonstration Program (YHDP), the following issues were identified as contributing to youth homelessness in Alameda County:²⁵

- Lack of affordable housing
- Lack of supports and resources to successfully transition out of institutional systems such as foster care and the juvenile justice system and into permanent housing
- Stigma, trauma and marginalization that creates barriers to accessing resources and maintaining housing
- Risk of return to homelessness from time-limited programs, especially for African-American and parenting youth
- Symptoms related to PTSD or other mental health issues that make it difficult to navigate the homelessness system and maintain stable housing

²⁵ Alameda County Youth Homelessness Demonstration Program. Application July, 2021.

- Lack of safety at home or in home communities due to gender identity or sexual orientation
- High risk for commercial and sexual exploitation
- Unique challenges affecting the ability of unaccompanied immigrant youth to maintain safe and stable housing
- The impacts of racism, discrimination, and institutional racism for youth of color and Black and Native American youth in particular

Resources for youth

Currently, some shelter and housing inventory is set aside to meet young people's unique needs, and Alameda County's homelessness response system model for adult only households also includes specific pathways for TAY.²⁶

Additional resources currently available for TAY in Alameda County include the THP-Plus program and dedicated Continuum of Care grants.²⁷ The State of California requires that communities set aside at least eight to ten percent (in different funding rounds) of their Homeless Housing, Assistance and Prevention (HHAP) funds for the needs of Transition Age Youth. Alameda County and the CoC have used initial HHAP funding on increasing system access, additional interim housing, and services paired with housing subsidies dedicated to TAY.

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

²⁷ Transitional Housing Program for young adults who exited foster care (including those supervised by Probation) on or after their 18th birthday and are not yet 24 years of age.



"I was trying to go to school but also needed to find housing, so I went to transitional housing. I dropped out of school and [am] trying to work full time and find housing."

— CRE Focus Group Participant, Black man, age 18–24



In September 2021, the U.S. Department of Housing and Urban Development (HUD) awarded Alameda County CoC a \$6.5 million Youth Homelessness Demonstration Program (YHDP) grant. The funding will be used to create an in-depth plan and establish programs to meet the needs of youth at-risk of or experiencing homelessness and to work towards ending youth homelessness in the community.

Veterans

Historically, veterans have experienced homelessness at much higher rates than their proportion of the population. Recent resources and efforts have brought down the population of homeless veterans, however, they continue to be a significant part of the population. During the 2019 PIT Count in Alameda County, 692 veterans were experiencing homelessness, representing 9% of the county's homeless population. Of those, 690 were single individuals, and 79% of veterans were unsheltered.²⁸

Veterans experience additional needs and challenges based on their veteran status and, for many, their experiences in the military are linked to conditions such as Post-Traumatic Stress Disorder (PTSD). In the 2019 PIT Count survey, unsheltered veterans most frequently cited mental health issues as the primary cause of their homelessness (18%), while sheltered veterans most frequently cited a rent increase (13%) as the primary cause of their homelessness. Unsheltered veterans attributed their homelessness to job loss at nearly twice the rate as sheltered veterans (15% and 8% respectively).

Resources for veterans

The U.S. Department of Veterans Affairs (VA) provides a broad range of benefits and services to veterans of the U.S. Armed Forces. These benefits may involve different forms of financial assistance, including monthly cash payments to disabled veterans, health care, education, and housing benefits. Assistance to obtain these resources is critical, and not all veterans qualify.

In addition to these supports, the VA and HUD partner to provide targeted housing and support services to veterans currently experiencing homelessness or at risk of experiencing homelessness. These include the VASH (Veterans Affairs Supportive Housing) and SSVF (Supportive Services for Veteran Families) programs which provide permanent subsidies with services, and transitional subsidies, shallow subsidies and prevention support to veterans and their families. These resources provide a critical piece of the homelessness response system for most veterans, though some must still rely on general population resources as they are precluded from accessing VA supports based on discharge status or length of service.

²⁸ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

Older adults

Data from the 2019 PIT Count found that 14% of Alameda County's homeless population was over the age of 60. Thirteen percent (13%) of 2019 PIT Count survey respondents indicated that they were between 50 and 64 years old when they first experienced homelessness, and 3% were over the age of 65.²⁹

Recent national research predicts that the number of older adults experiencing homelessness will increase significantly over the next decade.³⁰ This population has unique and often complex needs that require consideration in homelessness response system design.³¹ Geriatric conditions are common among older adults experiencing homelessness, and their health and risk of adverse impacts are comparable to housed adults who are 20 years older.³² Services and housing that address geriatric conditions are needed for older homeless adults.

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

30 "The Emerging Crisis of Aged Homelessness: Could Housing Solutions Be Funded by Avoidance of Excess Shelter, Hospital, and Nursing Home Costs?" (2019) | Culhane et al | University of Pennsylvania. <https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf>

31 Geriatric Conditions in a Population-Based Sample of Older Homeless Adults (2017) | Kushel et al | The Gerontologist, Volume 57, Issue 4, August 2017, Pages 757-766. <https://academic.oup.com/gerontologist/article/57/4/757/2631974>

32 Geriatric Conditions in a Population-Based Sample of Older Homeless Adults (2017) | Kushel et al | The Gerontologist, Volume 57, Issue 4, August 2017, Pages 757-766. <https://academic.oup.com/gerontologist/article/57/4/757/2631974>

Resources for older adults

Recognizing that older adults often have additional and specific service needs, supportive housing for older/frail adults is included as a future inventory need for the homelessness response system as a more service-intensive version of supportive housing for formerly homeless adults who can no longer live independently. Stakeholders in the CRE process determined that our ideal homelessness response system should include enough inventory to serve 10% of adult only households with supportive housing for older/frail adults.³³ In addition, the model recognizes that many older adults live on fixed incomes which are often low and stagnant compared to housing costs. Dedicated affordable housing for older adults can ensure that many formerly homeless older adults will be able to live independently on fixed incomes. Alameda County's homelessness response system model includes pathways out of homelessness for older adults through access to dedicated affordable housing from both sheltered and unsheltered homeless living situations.

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



"I first became homeless when I was 59. I had a bad heart attack and couldn't work. I had savings, then the money ran out and I had no place to go."

— CRE Focus Group Participant, Black man, age 50-64

"I am still looking [for housing] and two years into it... Antioch and other places are miles away. I built a life here for myself and want to stay here. I want to be close to my son and grandsons. Nothing has come up in Oakland."

— Participant 30, Black woman, age 65+

People impacted by intimate partner violence (IPV)

Histories of domestic violence and partner abuse (referred to in this plan as intimate partner violence) are prevalent among individuals experiencing homelessness and can be the primary cause of homelessness. Survivors of intimate partner violence (IPV) often lack the financial resources required for housing, as their employment history or dependable income may be limited.

For individuals in families with children surveyed in the 2019 PIT Count, the most frequently reported cause of homelessness was family or domestic violence (26%). Six percent (6%) of respondents from the 2019 Homeless PIT Count survey reported currently experiencing domestic violence or abuse. There was no difference observed between unsheltered and sheltered respondents (6% each). Domestic violence did vary by gender, as 4% of male respondents reported current experience compared to 10% of females. While there were very few transgender and gender non-conforming respondents, 8% and 3% reported currently experiencing domestic violence, respectively.

Twenty-six percent (26%) of 2019 PIT Count survey respondents reported a history of ever experiencing physical, emotional, or sexual abuse by a relative or by a person with whom they have lived, such as a spouse, partner, sibling, parent, or roommate. This also varied by gender, with 17% of male, 40% of female, 39% of transgender, and 16% of gender non-conforming respondents experiencing domestic violence in their lifetime.

Persons fleeing or impacted by intimate partner violence (IPV) have similar needs to others experiencing homelessness when it comes to housing and services but have other needs and circumstances that make their engagement with the homelessness response system even more challenging. Most victims of IPV often do not have access to unmonitored technology, making seeking help and client follow-ups difficult.

The COVID-19 pandemic has impacted IPV providers and programs significantly and the population fleeing violence that they serve.

- Crisis hotlines have seen a 30-70% increase in calls³⁴
- Some providers are reporting increases of up to 150% in requests for mental health services (from 44,000 to 109,000)
- To address health concerns and follow COVID-19 protocols, shelter capacity including in domestic violence shelters has been decreased, and leaving some providers to serve between 30-50% fewer clients

These impacts have made access to the kind of support survivors need, including temporary crisis assistance, affordable housing, and supportive housing even more difficult. The Alameda County Health Care Services Agency's Office of Homeless Care and Coordination, Building Futures, Family Violence Law Center, and Eden I&R 211 have created a program design to establish a parallel and connected Coordinated Entry System for survivors of domestic violence, sexual assault, and human trafficking in Alameda County so they can better access needed support services, health care, and housing resources to begin to live a life free from abuse and homelessness.

Resources for survivors of intimate partner violence (IPV)

Resources for programs that meet the needs of survivors of IPV include dedicated shelters and transitional programs. Since COVID-19, Project Roomkey was created to use hotels to provide non-congregate shelter for people who are homeless and at high risk for complications from the disease. The Marina Village Inn in the City of Alameda provided 51 rooms of temporary shelter for women and children to allow for decompression of Domestic Violence shelters (to comply with COVID-19 protocols). These guests, as other Roomkey guests, are now prioritized for permanent housing.

The 2021 HUD-funded Emergency Housing Voucher program, also part of the COVID-19 relief effort, includes a partnership with victim services providers and a set-aside of 87 vouchers for survivors of violence. Voucher recipients will also be provided tenancy sustaining support services, including coaching for independent living and community integration. A new grant from HUD specifically for setting up Coordinated Entry to serve survivors will increase access to the rest of the homelessness response system resources.

³⁴ Family Violence Law Center. Presentation to the Alameda County Board of Supervisors. "Gender-Based Violence COVID-19 Coordinated Response." October 25, 2021.

People with behavioral health needs

According to the 2019 PIT Count, adults with serious mental illness (SMI) comprised nearly one-third (32%) of Alameda County's homeless population, compared to 29% in 2017 and 18% in 2015. As reflected in the overall homeless population, close to 80% of homeless adults with SMI were unsheltered. The most frequently reported health conditions among survey respondents were psychiatric or emotional conditions (39%), followed by post-traumatic stress disorder (30%) and substance use (30%). Twelve percent (12%) of PIT Count survey respondents cited the primary event or condition that led to their current homelessness as mental health issues, and 10% said substance use issues. Twenty-one percent (21%) indicated that mental health services might have helped them retain their housing and 38% cited the need for behavioral health services (e.g., mental health and substance use counseling).

Structural racism and racial disparities in homelessness contribute to and exacerbate mental health needs. A wide body of research points to links between racial discrimination and negative effects on mental health.³⁵ Additional research also links the adverse impacts of experiencing homelessness such as stress, anxiety, isolation, and sleep loss to worsening

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

mental health problems.³⁶ An analysis of people experiencing unsheltered homelessness in Alameda County that had encounters with street outreach indicates that nearly half (48%) are particularly vulnerable due to advanced age and/or one or more health or behavioral health conditions including mental health and substance use disorders.³⁷

California's Department of Health Care Services (DHCS) recently conducted a needs assessment for behavioral health care services statewide and surveyed consumers and family members on needed housing supports. Many of the comments corresponded closely to the Alameda County CRE report findings. Unmet needs cited as priorities included:

- Additional housing capacity, due to low vacancy rates and lack of affordability
- Additional supportive housing options for adults that provide wraparound behavioral health services, such as Full Service Partnerships
- Additional capacity in longer-term adult residential facilities, sober living and recovery residences
- Efforts to address barriers to building or siting housing for individuals living with mental health issues and individuals living with substance use disorders (SUD), and to ensuring that housing providers are willing to accept behavioral health clients³⁸

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

37 From a 2021 Analysis of SHIE and HMIS data for unsheltered persons with a street outreach contact.

38 State of California Department of Health Care Services, Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications, January 10th, 2022

Resources for those with behavioral health needs

Alameda County (through Alameda County Behavioral Health and Berkeley Mental Health) receives specific funding to meet the needs of homeless and formerly homeless people with behavioral health needs. This includes Mental Health Services Act (MHSA) funding, which supports 13 Full Service Partnership contracts (representing \$31m) with behavioral health providers. Full Service Partnerships provide intensive services and supports and coordinate access to housing, education, and employment for formerly homeless people with severe mental illness (SMI). The State's No Place Like Home program provides funding for housing dedicated for people with SMI and Alameda County has secured \$129m. For several years the Whole Person Care program provided significant support for housing and for navigation and tenancy sustaining services. As this resource transitions to CalAIM, Alameda County is working with health plans to continue to provide these community-based services and to provide some of the clinical and other supports for supportive housing.

People impacted by criminal justice system involvement

Nine percent (9%) of respondents to the 2019 Homeless PIT Count survey reported being on probation at the time of the survey, and 3% reported being on parole.

Homelessness and incarceration are often correlated. Individuals without stable housing are at greater risk of criminal justice system involvement, particularly those with mental health issues, veterans, and youth. Individuals with past incarceration face significant barriers to exiting homelessness due to stigmatization and policies affecting their ability to gain employment and access housing opportunities. Research has found that formerly incarcerated people were almost ten times more likely to experience homelessness than the general public.³⁹

Structural racism and widespread racial discrimination have resulted in stark racial disparities in the criminal justice system as people of color are more often targeted, profiled and arrested for minor offenses, especially in high poverty areas. A criminal history can be a barrier to securing both housing and employment, and rates of homelessness among people exiting jails and prisons is high as they often face significant challenges accessing safe and affordable housing.⁴⁰

³⁹ EveryOne Counts! Alameda County Homeless Count & Survey. Applied Survey Research (ASR). 2019.

⁴⁰ National Alliance to End Homelessness. Homelessness and Racial Disparities. <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

Focus groups of people with lived experience of homelessness convened to inform Alameda County's original homelessness response system model (detailed in the CRE report) discussed how incarceration impacted their ability to find and keep housing. While incarceration is a barrier to housing and employment for anyone, the well-documented mass incarceration of Black, Latinx, and other people of color means that incarceration is a barrier to housing that is disproportionately impacting people of color. Focus group participants also highlighted the impact of structural racism in systems such as mass incarceration, and how involvement in these systems makes it difficult to increase income.⁴¹

Resources for formerly incarcerated people

Currently, the Probation Department receives direct funding for Rapid Rehousing and transitional housing programs for people re-entering the community from incarceration (reentry).

In May 2020, the Alameda County Board of Supervisors directed the Alameda County Health Care Services Agency Behavioral Health Department to develop a plan to reduce the number of incarcerated individuals with behavioral health conditions within the jail. The multi-year plan, estimated to cost \$50 million, includes extensive stakeholder engagement, internal county department research, and consultation. One primary area of focus is to strengthen connections between and across sectors to close any gaps and improve post-

release service participation. Strategies include expansion of access to urgent care and crisis services, expansion of forensic linkage programs, and development of a Transition Age Youth Full Service Partnership. The plan will prioritize the care of "high utilizers" of county behavioral health and county forensic services to ensure that justice involved people are connected to appropriate treatment and facilities, and are able to access short term housing, permanent housing and board and care facilities.

⁴¹ Oakland-Berkeley-Alameda County Continuum of Care. Centering Racial Equity in Homeless System Design. January 2021. <https://everyonehome.org/centering-racial-equity/>

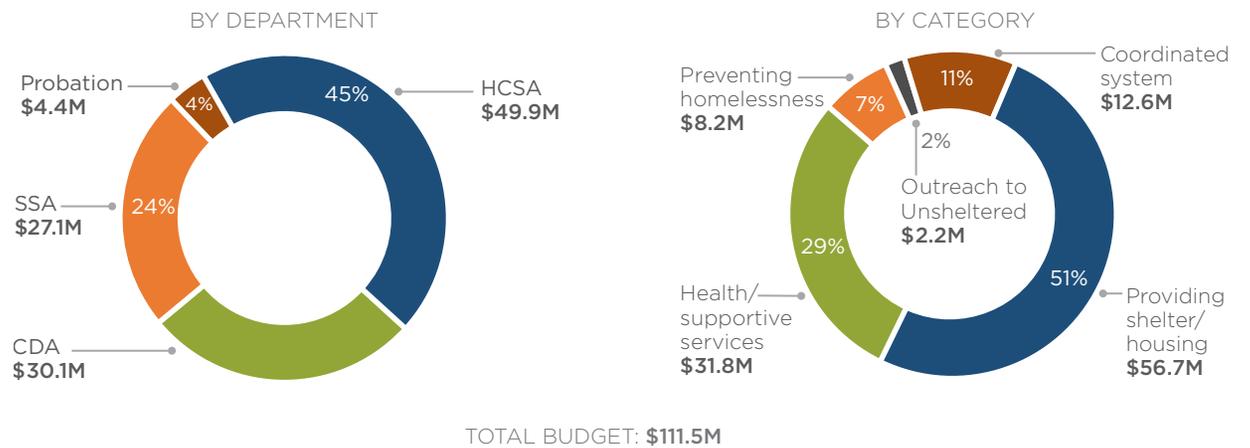


Resources,
gaps and
allocation
plan

Today, homelessness in Alameda County is addressed through a wide variety of both homeless-targeted and general population resources from federal, state, and local government funds as well as private sources. In FY 20-21, the estimated Maintenance of Effort (MOE) budget for funds identified and allocated toward the homelessness response system just for the county exceeded \$110 million.

FIGURE 5

FY 20-21 homelessness budget by County department and category



This does not include funding that cities invest directly in their own efforts or in nonprofit programs, nor private dollars that nonprofit organizations raise. It is estimated that all together the resources in the homelessness response system annually are over \$184 million, apart from one-time COVID funds.

In FY20-21, Cities across Alameda County collectively allocated \$73 million in funding to address homelessness across the categories of shelter and housing, coordinated system, health and supportive services, outreach, and prevention.

To achieve the needed level of expansion will take a significant investment of new resources. Some of these resources could come from increases in federal supports and from state investment in expanding affordable housing and ending homelessness.

With resources from a notable budget surplus, the State of California has recently committed to a one-time investment of more than \$12 billion over two years to tackle the homelessness crisis.⁴² As a result, Alameda County and the City of Oakland anticipate new funds from the state Homeless Housing, Assistance and Prevention (HHAP) grant, and potentially from Project Homekey and other new programs such as the Encampment Resolution Funds and Family Homelessness Challenge Grants.

42 Governor Newsom Signs Historic Housing and Homelessness Funding Package as Part of \$100 Billion California Comeback Plan. (July 19, 2021). <https://www.gov.ca.gov/2021/07/19/governor-newsom-signs-historic-housing-and-homelessness-funding-package-as-part-of-100-billion-california-comeback-plan/>

TABLE 11

City allocations to address homelessness in FY 20/21

City	DIRECT Federal/ State/County	General fund	Total FY 20-21	% of total
Oakland	\$20,220,000	\$8,130,000	\$28,350,000	15.35%
Berkeley	\$20,729,241	\$4,458,540	\$25,187,781	13.64%
Fremont	\$7,750,806	\$1,847,336	\$9,598,142	5.20%
Hayward	\$3,944,207	\$2,030,740	\$5,974,947	3.23%
Alameda	\$936,971	\$189,856	\$1,126,827	0.61%
Livermore	\$456,661	\$490,547	\$947,208	0.51%
Union City	\$190,726	\$341,132	\$531,858	0.00%
Albany	\$395,000	\$53,000	\$448,000	0.24%
San Leandro	\$258,206	\$121,000	\$379,206	0.21%
Emeryville	\$0	\$368,500	\$368,500	0.20%
Pleasanton	\$0	\$275,000	\$275,000	0.15%
Dublin	\$0	\$37,338	\$37,338	0.02%
Total City	\$54,881,818	\$18,342,989	\$73,224,807	39.64%
Total County			\$111,500,000	60.36%
Total funding			\$184,724,807	100%

These new funds will build on investments already in the inventory pipeline for homeless housing units from the state's No Place Like Home program and Alameda County's Measure A1, which contribute to new housing units set to open in the first few years of the Plan.

Due to the advent of COVID-19, a range of one-time funds to provide shelter and housing have also already been put to work. The federal FEMA program, state Project Roomkey and matching local funds opened hundreds of hotel rooms for people impacted by or at risk of COVID-19, and the state's Project Homekey and federal Emergency Housing Vouchers have helped transition some of these hotels to permanent housing while providing housing vouchers for 900 people experiencing homelessness. The investment from these programs has expanded capacity for more than 1,400 people in permanent housing, just from the initial allocations through 2021.

This unprecedented infusion of funding will help to jump start the Plan goals for both housing and shelter expansion, but the one-time nature of most the funding and the growing gap in the later years of the plan still leave a significant gap that will need to be filled. Locally generated resources will be needed along with sizeable expansions in federal resources. In particular, it will be extremely challenging to meet the dedicated affordable housing goal in this Plan without a significant expansion of federal Housing Choice Vouchers with specific targets for people currently experiencing and at high risk of homelessness.

In addition to the need for significantly more funding and resources to expand housing and program capacity, resources will need to be distributed throughout the County, aligned to these joint goals and with built-in accountability. In 2021, representatives from cities and County agencies proposed a method for allocating funds that pass through the county, intended for homelessness response. [See [Appendix B](#)]

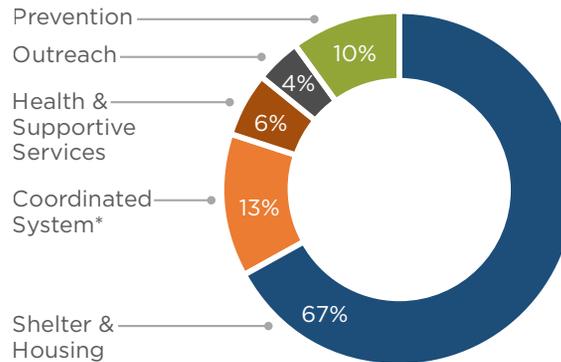
Because the county is a direct recipient of many funds and has the ability to support efforts throughout the entire geography, Alameda County and CoC partners will coordinate a countywide effort to leverage city and county resources. The cities will play a critical role, both through the provision of local, and some dedicated federal and state resources, and as overseers of land use planning for shelters and permanent housing. Together these partners will work to align efforts and stretch both the existing resources and new funding as it emerges.

Project funding through this collaborative allocation plan will be directed to programs meeting the performance goals outlined in this Plan, and programs that show a plan for targeted capacity in small, emerging and/or BIPOC led (and serving) agencies, and new innovative programs.

Completing a full inventory of current and anticipated resources is a next step to access state funding and to track investments in the Plan. Resource tracking will be reported annually. The county and city partners will create plans with two-year cycles including anticipated investments and timelines for unit and program creation, which will be updated and reported during each two-year cycle.

FIGURE 6

FY 20-21 City homelessness funding by category





Conclusion



The Home Together 2026 Community Plan is the result of bold visioning and commitment across all county stakeholders to look critically at what is happening today in Alameda County's homelessness response system, and to recognize that without significant new investment and effort, homelessness will not decrease and will in fact continue to grow. The human cost of continued widespread homelessness, and the vast racial disparities among those most impacted, are not acceptable. The situation requires unprecedented coordination, commitment, and investment.

To reverse the trend and make dramatic progress on reducing homelessness, the Home Together 2026 Community Plan adopts bold, ambitious, and measurable goals, both for reducing homelessness and for achieving greater racial equity. The Plan builds from results of system modeling and racial equity analysis to lay out new program models and pathways to help people back into housing. To bring these new programs and solutions into being will take committing every available dollar from the county and its partners in ways that uphold performance and invest in working and desired models. The countywide allocation plan envisions alignment between the county, cities, and other funders to make these investments possible.

The community adopts this Plan and vision at a time when the future is uncertain. New resources, both one time and ongoing, received in 2021 and anticipated in the future provide the foundation for achieving the Plan, but alone are not enough to realize its vision. The response to COVID-19 has shown that the community can pull together and can work at speeds we have not seen before; a strong foundation to build from. However, we face continuing challenges including uncertainties from COVID-19, unpredictable housing markets and future state, federal and local budgets, and an overtaxed public and non-profit sector with significant capacity needs.

These opportunities and challenges require sustaining a level of unprecedented collaboration and coordination, building on the progress made during the last two years and through COVID-19 to unify the community response and to build an aligned response system. With these commitments and agreements for joint accountability we will, by 2026, be home, together.

The human cost of continued widespread homelessness, and the vast racial disparities among those most impacted, are not acceptable. The situation requires unprecedented coordination, commitment, and investment.



Appendices

Glossary of Terms

Key Terms and Definitions

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

BIPOC: Black, Indigenous and People of Color

Continuum of Care (CoC): A regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Coordinated Entry System: Alameda County's Coordinated Entry System is used to connect residents experiencing homelessness to resources in our county's homelessness response system.

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

Homeless Management Information System (HMIS): A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

First time homelessness (or new homelessness): A person or household who has lost housing and become homeless for the first time.

Homelessness Response System Model:

A model for the optimal homelessness response system that effectively and equitably allocates resources and prioritizes investments to end homelessness.

Homeless: People who are residing in emergency shelter, transitional housing, on the street, or in another place not meant for human habitation.

Household with minor children: Represents one or more adult(s) experiencing homelessness together with minor children.

Housing Inventory Count (HIC): Required by HUD, the HIC is a point-in-time inventory of all of the dedicated beds and units within a Continuum of Care's homeless services system, categorized by type of project and population served.

Inflow: The number of people entering the homeless services system each year. Inflow is not synonymous with the number of people newly experiencing homelessness, as it also captures people with previous episodes of homelessness and homeless people with unmet needs carrying over from the previous year.

Non-congregate Shelter: Locations where each individual or household has living space that offers some level of privacy such as hotels, motels, or dormitories.

Housing Choice Vouchers: Funded by the U.S. Department of Housing and Urban Development, Housing Choice Vouchers assist low-income families, or those with disabilities, in finding safe and affordable housing in the private market. Local Public Housing Agencies issue Housing Choice Vouchers to qualified families.

Housing Navigation: Housing Navigation involves helping a household that is homeless develop a housing plan, address the barriers identified during the plan, and acquire documentation and complete forms required for housing.

Housing Pathway: The set of programs and resources expected to be used by a household experiencing homelessness in order to be temporarily sheltered and to become permanently housed. The modeling for the Home Together 2026 Community Plan uses assumptions about a variety of different housing pathways to determine the resource needs and gaps.

Housing Problem Solving: Housing Problem Solving is an approach to help homeless households use their strengths, support networks, and community resources to find housing; a person-centered, housing-focused approach to explore creative, safe, and cost-effective solutions to quickly resolve a housing crisis.

Housing Resource Center: Dedicated Housing Resource Centers (also referred to as "Access Points") are located throughout Alameda County and are locations where people experiencing homelessness can connect with available resources and services.

Long-Term Subsidy: A housing subsidy of long-term (more than five years) or unlimited duration that continues typically as long as the receiving household remains eligible based on income.

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

Permanent Supportive Housing (PSH):

Permanent subsidized housing based on income and services to keep tenants in stable housing. In this Plan PSH is referred to as supportive housing.

Point in Time (PIT) Count: An unduplicated one-night estimate of both sheltered and unsheltered homeless populations (to be distinguished from the number of people experiencing homelessness annually).

Project Homekey: Through Project Homekey the state awards funding that allows municipalities to purchase and rehabilitate hotels, motels, vacant apartment buildings and other properties, and convert them into permanent, long-term housing.

Project Roomkey: Established in March 2020 as part of the state response to the COVID-19 pandemic, the purpose of Project Roomkey is to provide non-congregate shelter options for people experiencing homelessness, protect human life, and minimize strain on health care system capacity.

Racial Equity: The systemic fair treatment of people of all races that results in equitable opportunities and outcomes for everyone. All people are able to achieve their full potential in life, regardless of race, ethnicity, or the community in which they live.

Racism: A belief that race is a fundamental determinant of human traits and capacities and that racial differences produce an inherent superiority or inferiority of a particular race; behavior or attitudes that reflect and foster this belief.

Rapid Re-Housing (RRH): Time-limited rental subsidy and support services with the intention of the household taking over lease and sustaining on their own.

Sheltered homelessness: A person experiencing homelessness who is living in a supervised publicly or privately operated shelter designated to provide temporary living arrangement.

Results Based Accountability: A framework that uses a data-driven, decision-making process to help communities and organizations identify population level results and monitor their programs' performance in order to determine how to improve their impact on the clients they serve.

Returns to homelessness: The rate at which people who have been homeless and become rehoused lose that housing and return to the homelessness response system.

Shallow Subsidy: A housing subsidy that is typically less than the amount of a full or deep subsidy such as a Housing Choice Voucher, and which is usually calculated at a flat monthly amount or a specific percent of rent. Shallow subsidies can be time limited or can be indefinite.

Street Health Outreach: Street Health Outreach teams provide access to care that meets the unique needs of people experiencing homelessness through regularly scheduled outreach services offered to unsheltered people living in homeless encampments, vehicles, and RVs. Street Health Outreach teams engage people living on the streets with highly accessible, patient-centered care. They strive to build relationships that lead to long-term health through connections to primary care, social services, housing, and other resources.

Structural Racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity.

System Performance Measure: Measures defined by HUD to evaluate and improve homeless assistance programs by understanding how programs are functioning as a whole and identifying where improvements are necessary.

Transition Age Youth (TAY): Youth between the ages of 18 and 24.

Unsheltered homelessness: A person with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Acronyms used in the Home Together 2026 Community Plan

BIPOC: Black, Indigenous and People of Color

CoC: Continuum of Care

CRE: Centering Racial Equity (from the report Centering Racial Equity in Homeless System Design)

DHCS: California's Department of Health Care Services

EOH: EveryOne Home

ES: Emergency Shelter

FFY: Federal Fiscal Year

HCSA: Health Care Services Agency

HHAP: Homeless Housing, Assistance and Prevention Program

HIC: Housing Inventory Count

HMIS: Homeless Management Information System

HRC: Housing Resource Center

HUD: US Department of Housing and Urban Development

IPV: Intimate Partner Violence

LGBTQ: Lesbian, gay, bisexual, transgender, queer/questioning

OHCC: Alameda County's Office of Homeless Care and Coordination

PIT: Point-In-Time

PSH: Permanent Supportive Housing

PTSD: Post-traumatic stress disorder

RBA: Results Based Accountability

RRH: Rapid Re-Housing

SH: Safe Haven

SMI: Serious Mental Illness

SUD: Substance Abuse Disorder

TAY: Transition Age Youth

TH: Transitional Housing

THP: Transitional Housing Program

UIY: Unaccompanied Immigrant Youth

VA: U.S. Department of Veterans Affairs

YHDP: Youth Homelessness Demonstration Program

Detail on County Allocation Plan

Framework for City-County partnership on resources to end homelessness

Adopted on February 24, 2022 at the joint meeting of Alameda County Board of Supervisors and Alameda County Mayors

Preamble:

The Alameda County Board of Supervisors and Mayors across the county's fourteen cities are committed to ending homelessness. We recognize that homelessness is a regional problem that requires a regional solution, with coordinated leveraging of city and county resources.

Alameda County is the jurisdiction best equipped to coordinate an overall, countywide effort, for the following reasons:

- While cities have increased local spending on homelessness to historic levels over the past several years, many of the largest sources of real and potential funding to address homelessness are administered primarily at the county level, including Continuum of Care (CoC) and other federal funding; state Homeless Housing, Assistance, and Prevention (HHAP); and other dedicated health and social services funding.

- In California, counties are the seat of the social safety net system and administer Medi-Cal, mental health, public health, and substance use disorder programs, CalFresh, and other federal and state welfare benefits. Ending homelessness, especially for people with high needs, requires a holistic, whole-person approach that draws on all these programs.
- Alameda County administers a Social Health Information Exchange and associated Community Health Record that facilitates whole-person care through data and care coordination across housing and health care providers.
- Alameda County manages the Coordinated Entry System, the federally-mandated mechanism for allocating homeless housing, shelter, and services.
- Alameda County administers the Homeless Management Information System (HMIS), the source of data for homelessness response system outcomes reporting to the federal and state governments.

The cities also play a critical role in ending homelessness through the provision of local and dedicated federal and state resources, and as overseers of land use planning for shelters and permanent housing. Cities have innovated programs and services and their capacity to fund/augment programs must be considered alongside local and regional priorities.

This document provides a framework to address shared jurisdictional priorities and resource capacity while acknowledging the county as the leader in coordinating regional funding initiatives aimed at ending homelessness. The framework is built on a countywide strategic plan to address homelessness and to reduce racial and ethnic inequities among people experiencing homelessness.

Framework:

Federal regulations and state law (AB 140) now both tie homeless funding levels to demonstrated progress toward reduction of homelessness using Federal System Performance Measures (HUD measures). Alameda County partners plan to meet these requirements by executing the Home Together 2026 Community Plan, the Community's strategic plan to implement the recommendations in the Centering Racial Equity in Homeless System Design report.

Existing programs/projects:

- In order to be eligible for homelessness funding that originates or passes through Alameda County, a homelessness program must demonstrate how it meets the measurable performance goals outlined in the Home Together 2026 Community Plan. Alameda County, through its procurement mechanisms and based on funding regulations, makes the final determination of program eligibility for county-administered funding, which will be allotted to each CoC-defined region of the county proportionally to that region's share of the county's overall homeless population as per the most recent federal Point-In-Time Count (PIT).
- To best leverage city resources during each funding cycle, the county will provide to representatives from each region-city a list or "menu" of the services or programs it will be considering for county-allocated funding: specifically, the existing (or new) types of projects the county plans to invest in either because they clearly meet the recommendations in the Centering Racial Equity report/Home Together 2026 Community Plan, or because they are meeting clear performance thresholds in reducing homelessness.

- A city or region⁴³ can recommend programs to be considered for county-administered funds. Projects must:
 - Demonstrate how they already meet performance goals in the Home Together 2026 Community Plan; OR
 - Show a plan for targeted capacity (for small, emerging and/or BIPOC led (and serving) agencies or new, innovative programs), AND
 - Agree to:
 - » Participate in county referral systems that prioritize vulnerable people for the most intensive services;
 - » Use a “Housing First” approach;
 - » Provide data in HMIS or, for domestic violence service providers, an equivalent data system
- Programs and referrals will reflect consumer choice and geographic ties.

⁴³ A “region” can be either:

- a. The grouping of cities and unincorporated areas of the county as currently defined by the CoC for the purposes of Coordinated Entry implementation; OR
- b. Two or more cities that, by formal MOU or contract, decide to partner together to provide a particular service or administer a particular program.

- Projects currently receiving county-administered funding that meet performance benchmarks will receive priority consideration (within applicable procurement guidelines) for future County administered funding, with the goal of preventing disruptions in service. Similarly, if a city’s direct allocation of state or federal resources is one-time or discontinued, projects funded by such sources that meet performance benchmarks will also receive priority consideration to prevent service disruption and any reduction in systemwide capacity.
- If a program is not found to be eligible for funding or fails to meet performance benchmarks, the city and county work together on a transition plan for impacted participants.
- When measuring the performance of a candidate program/project, the county will:
 - Utilize data entered into the Homeless Management Information System (HMIS) as the chief data source.
 - Weight programs by vulnerability of the population the project serves. This could be accomplished by, among other things, cross-walking the households in the project’s roster to their vulnerability score on Coordinated Entry assessments or to other information on vulnerability recorded in the Social Health Information Exchange.

New projects/programs:

- Cities or regions will be primarily responsible for “seed funding” for new projects. If the new project/program can meet a benchmark performance measure consistent with the Home Together 2026 Community Plan over the ensuing two years, the county agrees to prioritize it for future funding or match, if consistent with procurement requirements.
- The county agrees, at the request of the city or region, to consult with the city/region before it launches a new program, in order to confer on how that program can be best positioned to become eligible for future funding.
- If the County is successful in drawing down HHAP “bonus funding” pursuant to AB 140, the county may use some of its “bonus funds” from the state:
 - To match new city proposed programs/projects in the future;
 - To make targeted efforts to resolve encampments in the most-impacted census tracts in the county.

System modeling overview and update

In 2019-2020 through the process of developing the Centering Racial Equity in Homeless System Design (CRE) report and recommendations for Alameda County's homelessness response system, Abt Associates, a HUD technical assistance provider, worked with local CoC stakeholders to model an optimal homelessness response system through a system modeling process. Data on system usage was analyzed and extensive focus groups were conducted with people with lived expertise and representing populations served by the homelessness response system in order to develop recommendations about pathways to housing and system inventory needs for various household types and subpopulations. More on this system modeling process and recommendations can be found in the 2021 Centering Racial Equity in Homeless System Design report and appendices.

The homelessness response system model developed for the CRE process was updated in 2021 to inform the Home Together 2026 Community Plan. Updates to the system model included:

- The decision to propose more shelter in addition to permanent housing, to rapidly reduce unsheltered homelessness. This was not addressed in the original system modeling but was highly recommended by the Strategic Planning Committee and jurisdictional partners;
- The decision to model for a decrease in new entries into homelessness by the end of the planning period, with an increased investment in prevention;
- Updates to length of time spent in shelter to more accurately reflect current conditions and impacts of future investments; and
- Updates to certain cost assumptions based on current data.

System Modeling data updates

In order to conduct this system modeling update, Abt Associates worked with local partners from the Alameda County CoC including the Alameda County Health Care Services Agency's Office of Homeless Care and Coordination, EveryOne Home and All Home. The following table details the indicators reviewed by the Data Committee for the 2021 modeling update and reflects any changes to the data used to inform the updated system model.

System Modeling data update notes

- Unless new data was available and could be justified for use, data, assumptions, and estimates used in the system modeling update maintained what was used for original Alameda County homelessness response system modeling (more detail available in the CRE report).
- All indicators used were defined for households with adults only as well as households with minor children.
- Housing inventory was only "counted" in the model when it has been occupied/leased up.
- Dashboard tables were presented in rounded numbers where possible.
- Turnover is calculated in the model and only new/recurring investments are added to the model.
- The system model only captures resources dedicated to the homelessness response system; it does not account for services and resources from behavioral health, criminal justice, child welfare systems, etc. unless resources are dedicated for individuals experiencing homelessness.

Annual estimates and geographic distribution of people and households experiencing homelessness in Alameda County

Indicator	Data used in original system modeling	Data used in 2021 update	Data source	Data timeframe	Justification
Number of homeless households (HH) in the homelessness response system	<ul style="list-style-type: none"> • 12,005 adult only (AO) HH • 985 HH with children 	Same	Annualized PIT Count	2019 (PIT Count)	<ul style="list-style-type: none"> • In original System modeling stakeholders agreed on using annualized PIT count to ensure that unsheltered were accounted for. • Since more recent PIT Count data was not available, the 2019 annualized estimate was used in the system modeling update.
Annual percentage of households remaining homeless	Baseline was 63% for AO and HH with minor children	<ul style="list-style-type: none"> • AO HH: 64% • HH with minor children: 67% 	HMIS	<ul style="list-style-type: none"> • Updated System Model: FY 2021 • Original System Model: PIT self-reported data on length of time homeless 	Rates were calculated based on numbers served (in the current data set).
HH served that led to an exit from the system	37% served used for both AO and HH with minor children	<ul style="list-style-type: none"> • AO HH: 36% • HH with minor children: 33% 	<ul style="list-style-type: none"> • Updated system model: July 1, 2020–June 20, 2021 • Original system model: 2019 	HMIS	From the original System Model “63% homeless more than a year” this was used to get to the 37% exited as the difference — 63% remained and the rest exited.
Annual % increase in homeless households (returns to homelessness + first time homeless)	20%	<ul style="list-style-type: none"> • 20% (Year 1) • 10% (Year 2) • 0% (Year 3) • -10% (Year 4) • -10% (Year 4) 	2017 + 2019 PIT Count	County FY (July–June)	<ul style="list-style-type: none"> • Estimate was developed for the original model, looking at the rate of PIT increase 2015–2017 (39%) and 2017–2019 (42%). This was used to estimate an annual increase of 20%. • In the update, a more specific growth and decline rate were used that assumes continuing increases in the first years followed by modest declines.
% of baseline HH that are considered first time homeless	<ul style="list-style-type: none"> • AO HH: 45% • HH with minor children: 43% 	<ul style="list-style-type: none"> • AO HH: 31% • HH with minor children: 26% 	<ul style="list-style-type: none"> • 2021 update used HMIS • Original System Modeling used 2019 PIT Count data 	<ul style="list-style-type: none"> • July 1, 2020–June 30, 2021 (HMIS) • 2019 	HMIS data provided a more detailed and accurate look at new homelessness.

Indicator	Data used in original system modeling	Data used in 2021 update	Data source	Data timeframe	Justification
Shelter cost assumptions	\$70/ bed night for congregate shelter	\$85/ bed night is used as an estimate for all shelter units	Estimate of costs taking congregate and non-congregate shelter costs into account	n/a	<ul style="list-style-type: none"> • Congregate shelter cost estimate remains unchanged from 2019 system modeling. • Non-congregate shelter is new to our homelessness response system as of 2020.
Baseline length of shelter stay (LOS)	<ul style="list-style-type: none"> • AO HH: 90 days • HH with minor Children: 90 days 	<ul style="list-style-type: none"> • AO HH: 5 months • HH with minor children: 7 months 	<ul style="list-style-type: none"> • For 2021 update, estimate is based on HMIS data for “leavers” • For 2019 model, 90 days was an aspirational LOS 	For 2021 update: July 2019–June 2020	Changed to use more reflective LOS data instead of the target stay.
Shelter inventory	1,335 Emergency Shelter Units	<ul style="list-style-type: none"> • AO HH: 1648 units • HH with minor children: 137 units 	<ul style="list-style-type: none"> • 2021 data: 2021 HIC + additional inventory • 2019 data: 2019 HIC + additional inventory 	Housing Inventory Count (1/27/2021)	<ul style="list-style-type: none"> • Includes non-congregate shelter additions. • Leaves out all seasonal shelter. • Reduces some of the capacity in the congregate shelters (per changes due to COVID-19). • Does not include transitional housing.
Housing inventory turnover rate	<ul style="list-style-type: none"> • 8% turnover rate used for Permanent Supportive Housing (PSH) • 5% turnover rate used for Dedicated Affordable and Shallow Subsidy programs 	Same	FFY 2019	HMIS, APR report	Rates for PSH based on current information and did not change. Rates for new program models were predictions based on estimates for PSH.

System Modeling scenario updates

The scenarios in the original system modeling compared two different system responses that considered anticipated need throughout the system as well as existing racial disparities. The updated system modeling used the information about current homelessness response system outcomes and the suggested pathways out of homelessness designed by the CRE process to make estimates about the programs and inventory needed to achieve an optimal homelessness response system that has the capacity to serve the needs of everyone experiencing homelessness within the next five years. The update used this information to explore three potential scenarios that respond to various external influences:

SCENARIO 1

Steady continued increases in the annual number of people experiencing homelessness:

Growth at the same level as the four years prior to 2019 PIT Count (on average 20% increase in new homelessness per year). To meet the needs of all households in the homelessness response system takes a very significantly increased response.

SCENARIO 2

Dramatic increase in the number of people experiencing homelessness:

New homelessness grows at an unprecedented rate (20% to 40%) in Year 1 of the model (2022) due to the impacts of COVID-19 and as eviction moratoria are lifted, and then rates of inflow into homelessness continue as predicted in Scenario 1 (20% annual increase in years 2 and beyond). Meeting this need takes an extraordinary level of response that is not likely to be achievable over a five-year period.

SCENARIO 3

Gradual decrease in the number of new people experiencing homelessness:

New homelessness experiences a similar increase to the past several years in Year 1 (2022) (a 20% increase in new homelessness), and then begins to decrease to a 10% increase in new homelessness in Year 2 (2023) and continues to decrease by -10% in Years 4 (2025) and 5 (2026). Meeting this need takes a significantly increased response including a focus on prevention, though the total resources needed are not as large as in Scenario 1 and Scenario 2.

The system modeling outputs for this Plan focus on Scenario 3 [see [Appendix D, System modeling 5-year dashboards for adult and family households](#)], as this scenario reflects the community's understanding of the importance of making prevention resources available before people lose their housing and addressing homelessness before it starts whenever possible to reduce the rate of new homelessness. If new homelessness increases beyond the modeling predictions, the gap between what our existing system is able to offer and what is needed to serve all homeless households in our system will be greater, and more costly to fill.

System modeling 5-year dashboards for adult and family households

The system modeling was conducted as two separate models, based on household types and different assumptions about likely pathways, and then brought together in a summarized form. Unless otherwise noted, the Home Together 2026 Community Plan presents the information in summary form covering both household types, adult only households and households with minor children.

The following tables show the initial system modeling by household type using the scenario which includes a modest projected decrease in new homelessness over 5 years and a significant increase in investment into the homelessness response system (resulting in an estimated 0% unmet need by Year 5).⁴⁴

⁴⁴ Source: CA-502 System Model, Abt Associates, 1/20/22

5-year inventory needs, households with adults only

	Baseline inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	53	130	152	173	244	216
Crisis response (ES, TH, SH)	1,648	2,562	3,221	2,964	1,652	1,253
Transitional housing for youth	153	104	121	138	195	173
Rapid re-housing	427	1,120	1,305	1,488	2,100	1,857
Supportive housing (PSH)	2,736	3,351	4,054	4,837	6,013	6,914
Supportive housing (PSH) for older/frail adults	0	521	1,086	1,691	2,532	3,194
Dedicated affordable housing	0	1,459	3,085	4,869	7,359	9,411
Shallow subsidies	0	677	1,432	2,260	3,416	4,368
Total permanent housing units needed annually	2,736	6,008	9,657	13,657	19,320	23,887
New units needed each year		3,272	3,649	4,000	5,663	4,567

5-year inventory costs (operations only, not development), households with adults only

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$2,340,000	\$2,818,080	\$3,303,643	\$4,799,257	\$4,375,978	\$17,636,958
Crisis response (ES, TH, SH)	\$79,550,100	\$103,012,412	\$97,636,961	\$56,050,994	\$43,788,652	\$380,039,119
Transitional housing for youth	\$3,796,000	\$4,548,995	\$5,343,753	\$7,777,484	\$7,107,025	\$28,573,258
Rapid re-housing	\$24,920,000	\$29,907,338	\$35,124,277	\$51,057,669	\$46,504,054	\$187,513,338
Supportive housing (PSH)	\$84,780,300	\$105,643,186	\$129,828,804	\$166,235,357	\$196,878,728	\$683,366,375
Supportive housing (PSH) for older/frail adults	\$15,630,000	\$33,557,400	\$53,819,457	\$83,003,543	\$107,846,254	\$293,856,654
Dedicated affordable housing	\$30,201,300	\$65,775,285	\$106,926,307	\$166,456,524	\$219,257,783	\$588,617,200
Shallow subsidy	\$6,770,000	\$14,749,600	\$23,976,340	\$37,327,554	\$49,162,225	\$131,985,719
Total	\$247,987,700	\$360,012,295	\$455,959,543	\$572,708,383	\$674,920,700	\$2,311,588,621

5-year investment impact dashboard, households with adults only

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Households returning from previous year	n/a	21%	18%	15%	12%	9%
Increase in new homelessness	n/a	20%	10%	0%	-10%	-10%
Number new homeless	3,722	4,466	4,912	4,912	4,421	3,979
Annual HHs in the system	12,005	13,028	13,666	13,421	11,750	8,651
HHs served in pathways to housing	4,358	5,213	6,068	6,923	7,778	8,633
Unmet need	7,647	7,815	7,598	6,498	3,972	19
Unmet need — sheltered		2,605	3,799	3,249	1,986	9
Unmet need — unsheltered	6041	5,210	3,799	3,249	1,986	9
% served in pathways to housing	36%	40%	44%	52%	66%	100%
% unmet need	64%	60%	56%	48%	34%	0%

5-year inventory needs, households with adults and children

	Baseline Inventory (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	3	9	11	12	13	15
Crisis response (ES, TH, SH)	137	197	191	180	160	132
Rapid re-housing	108	56	64	72	79	87
PSH	479	435	444	456	473	493
Dedicated affordable housing	0	112	234	366	506	655
Shallow subsidies	0	149	312	487	675	873
Total permanent housing units needed annual	479	696	990	1,309	1,654	2,021
New units needed each year		217	294	319	345	367

5-year inventory costs (operations only, not development), households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)	5-year total
Prevention & rapid resolution	\$162,000	\$203,940	\$229,154	\$255,698	\$303,887	\$1,154,680
Crisis response (ES, TH, SH)	\$6,116,850	\$6,108,467	\$5,929,370	\$5,428,668	\$4,613,010	\$28,196,365
Rapid re-housing	\$1,246,000	\$1,466,720	\$1,699,562	\$1,920,741	\$2,178,704	\$8,511,726
Supportive housing (PSH)	\$11,005,500	\$11,570,196	\$12,239,391	\$13,076,555	\$14,038,359	\$61,930,001
Dedicated affordable housing	\$2,897,440	\$6,235,187	\$10,045,047	\$14,304,037	\$19,071,578	\$52,553,289
Shallow subsidies	\$2,279,700	\$4,916,808	\$7,904,872	\$11,285,138	\$15,033,309	\$41,419,827
Total	\$23,707,490	\$30,501,318	\$38,047,396	\$46,270,836	\$55,238,847	\$193,765,887

5-year investment impact dashboard, households with adults and children

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Households returning from previous year		8%	8%	8%	8%	8%
Increase in new homelessness		20%	10%	0%	-10%	-10%
Number new homeless	256	307	338	338	304	274
Annual HHs in the system	985	997	992	939	804	591
HHs served in pathways to housing	321	373	425	477	529	581
Unmet need	664	624	567	462	275	10
% served in pathways to housing	33%	37%	43%	51%	66%	98%
% unmet need	67%	63%	57%	49%	34%	2%

Estimates of inventory needs and investment impact by geography

The breakdown of annual households in the homeless response system is based on the geographic distribution from the 2019 PIT count. The corresponding estimates of household composition and household needs are based on the assumptions that households in each geographic region have similar compositions and needs. In the future, additional data collection might inform a more nuanced understanding of needs in each community, for example, whether some communities have higher percentages of families with children, or whether some communities have a higher percent of people who need supportive housing. This homelessness response system modeling assumes the rates of inflow and rates of returns to homelessness are consistent across Alameda County's sub-geographies. Without detailed baseline inventory data disaggregated by region, it is also difficult to predict the number of additional units that would be needed in each sub-geography. The estimations in this Appendix are based on an even distribution according to the 2019 PIT Count, and should not be taken as precise predictions of units needed in each jurisdiction.

Total new units needed by year 5 by geography, households with only adults

	All CoC	East County	Mid-County	North County	Oakland	South County
PIT % by geo.	100%	4.3%	18.5%	16.5%	50.7%	10.0%
Supportive housing (PSH)	4,178	180	773	689	2118	418
Supportive housing (PSH) for older/frail adults	3,194	137	591	527	1619	319
Dedicated affordable housing	9,411	405	1741	1553	4772	941
Shallow subsidy	4,368	188	808	721	2214	437
Total units needed	21,150	909	3,913	3,490	10,723	2,115

Entire CoC 5-year inventory needs, households with only adults

	Year 0 (2021)	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	53	130	152	173	244	216
Crisis response (ES, TH, SH)	1,648	2,562	3,221	2,964	1,652	1,253
Transitional housing for youth	153	104	121	138	195	173
Rapid re-housing	427	1,120	1,305	1,488	2,100	1,857
Supportive housing (PSH)	219	834	971	1,107	1,563	1,382
Supportive housing (PSH) for older/frail adults	0	521	607	692	976	864
Dedicated affordable housing	0	1,459	1,699	1,938	2,734	2,420
Shallow subsidy	0	677	789	899	1,269	1,123
Total shelter inventory	1,801	2,666	3,342	3,102	1,847	1,426
Total housing inventory	699	4,741	5,523	6,297	8,886	7,862

East County 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	4.3%	4.3%	4.3%	4.3%	4.3%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	560	588	577	505	372
Annual exits	224	261	298	334	371
Annual remaining	336	327	279	171	1
% unmet need	60%	56%	48%	34%	0%

East County 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	6	7	7	10	9
Emergency shelter	110	139	127	71	54
Transitional housing	4	5	6	8	7
Rapid re-housing	48	56	64	90	80
Supportive housing (PSH)	36	42	48	67	59
Supportive housing (PSH) for older/frail adults	22	26	30	42	37
Dedicated affordable housing	63	73	83	118	104
Shallow subsidy	29	34	39	55	48
Total shelter inventory	115	144	133	79	61
Total housing inventory	204	237	271	382	338

Mid-County CoC 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	18.5%	18.5%	18.5%	18.5%	18.5%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	2,410	2,528	2,483	2,174	1,600
Annual exits	964	1,123	1,281	1,439	1,597
Annual remaining	1,446	1,406	1,202	735	3
% unmet need	60%	56%	48%	34%	0%

Mid-County CoC 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	24	28	32	45	40
Emergency shelter	474	596	548	306	232
Transitional housing	19	22	26	36	32
Rapid re-housing	207	241	275	389	344
Supportive housing (PSH)	154	180	205	289	256
Supportive housing (PSH) for older/frail adults	96	112	128	181	160
Dedicated affordable housing	270	314	359	506	448
Shallow subsidy	125	146	166	235	208
Total shelter inventory	493	618	574	342	264
Total housing inventory	877	1022	1165	1644	1454

North County 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	16.5%	16.5%	16.5%	16.5%	16.5%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	2,150	2,255	2,214	1,939	1,427
Annual exits	860	1,001	1,142	1,283	1,424
Annual remaining	1,290	1,254	1,072	655	3
% unmet need	60%	56%	48%	34%	0%

North County CoC 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	21	25	29	40	36
Emergency shelter	423	531	489	273	207
Transitional housing	17	20	23	32	29
Rapid re-housing	185	215	246	347	306
Supportive housing (PSH)	138	160	183	258	228
Supportive housing (PSH) for older/frail adults	86	100	114	161	143
Dedicated affordable housing	241	280	320	451	399
Shallow subsidy	112	130	148	209	185
Total shelter inventory	440	551	512	305	235
Total housing inventory	782	911	1039	1466	1297

Oakland 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	50.7%	50.7%	50.7%	50.7%	50.7%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	6,605	6,929	6,804	5,957	4,386
Annual exits	2,643	3,076	3,510	3,943	4,377
Annual remaining	3,962	3,852	3,295	2,014	9
% unmet need	60%	56%	48%	34%	0%

Oakland 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	66	77	88	124	110
Emergency shelter	1,299	1,633	1,503	838	635
Transitional housing	53	61	70	99	88
Rapid re-housing	568	662	754	1,065	941
Supportive housing (PSH)	423	492	561	792	701
Supportive housing (PSH) for older/frail adults	264	308	351	495	438
Dedicated affordable housing	740	861	983	1,386	1,227
Shallow subsidy	343	400	456	643	569
Total shelter inventory	1352	1694	1573	936	723
Total housing inventory	2404	2800	3193	4505	3986

South County 5-year investment impact dashboard, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	10.0%	10.0%	10.0%	10.0%	10.0%
Households returning from previous year	21%	18%	15%	12%	9%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	1,303	1,367	1,342	1,175	865
Annual exits	521	607	692	778	863
Annual remaining	782	760	650	397	2
% unmet need	60%	56%	48%	34%	0%

South County 5-year inventory needs, households with only adults

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	13	15	17	24	22
Emergency shelter	256	322	296	165	125
Transitional housing	10	12	14	20	17
Rapid re-housing	112	131	149	210	186
Supportive housing (PSH)	83	97	111	156	138
Supportive housing (PSH) for older/frail adults	52	61	69	98	86
Dedicated affordable housing	146	170	194	273	242
Shallow subsidy	68	79	90	127	112
Total shelter inventory	267	334	310	185	143
Total housing inventory	474	552	630	889	786

Total new units needed by year 5 by geography, households with adults & children

	All CoC	East County	Mid-County	North County	Oakland	South County
PIT % by geo.	100%	4.3%	18.5%	16.5%	50.7%	10.0%
Supportive housing (PSH)	60	3	11	10	30	6
Dedicated affordable housing	655	28	121	108	332	66
Shallow subsidy	873	38	161	144	443	87
Total units needed	1588	68	294	262	805	159

Entire CoC 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	100%	100%	100%	100%	100%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual HH in the system	997	992	939	804	591
Annual exits	373	425	477	529	581
Annual remaining	624	567	462	275	10
% unmet need	63%	57%	49%	34%	2%

East County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	4.3%	4.3%	4.3%	4.3%	4.3%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	43	43	40	35	25
Annual exits	16	18	21	23	25
Annual remaining	27	24	20	12	0
% unmet need	63%	57%	49%	34%	2%

East County 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	0	0	1	1	1
Emergency shelter	8	8	8	7	6
Rapid re-housing	2	3	3	3	4
Supportive housing (PSH)	2	2	2	2	2
Dedicated affordable housing	5	6	6	7	7
Shallow subsidy	6	7	8	9	10
Total shelter inventory	8	8	8	7	6
Total housing inventory	16	18	20	22	24

Mid-County CoC 5-year investment impact dashboard, households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	18.5%	18.5%	18.5%	18.5%	18.5%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	184	183	174	149	109
Annual exits	69	79	88	98	108
Annual remaining	115	105	85	51	2
% unmet need	63%	57%	49%	34%	2%

Mid-County CoC 5-year inventory needs, households with adults and children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	2	2	2	2	3
Emergency shelter	36	35	33	30	24
Rapid re-housing	10	12	13	15	16
Supportive housing (PSH)	7	8	9	10	11
Dedicated affordable housing	21	24	26	29	32
Shallow subsidy	28	31	35	39	43
Total shelter inventory	36	35	33	30	24
Total housing inventory	67	77	86	95	105

North County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	16.5%	16.5%	16.5%	16.5%	16.5%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	164	164	155	133	98
Annual exits	62	70	79	87	96
Annual remaining	103	93	76	45	2
% unmet need	63%	57%	49%	34%	2%

North County CoC 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	1	2	2	2	2
Emergency shelter	33	32	30	26	22
Rapid re-housing	9	11	12	13	14
Supportive housing (PSH)	6	7	8	9	10
Dedicated affordable housing	18	21	24	26	29
Shallow subsidy	25	28	32	35	38
Total shelter inventory	33	32	30	26	22
Total housing inventory	60	69	77	85	93

Oakland 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	50.7%	50.7%	50.7%	50.7%	50.7%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	505	503	476	408	300
Annual exits	189	216	242	268	295
Annual remaining	316	287	234	139	5
% unmet need	63%	57%	49%	34%	2%

Oakland 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	5	6	6	7	8
Emergency shelter	100	97	91	81	67
Rapid re-housing	28	32	37	40	44
Supportive housing (PSH)	19	22	24	27	29
Dedicated affordable housing	57	65	73	81	88
Shallow subsidy	76	86	97	107	118
Total shelter inventory	100	97	91	81	67
Total housing inventory	184	211	236	262	287

South County 5-year investment impact dashboard, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Percent of PIT	10.0%	10.0%	10.0%	10.0%	10.0%
Households returning from previous year	8%	8%	8%	8%	8%
Increase in new homelessness	20%	10%	0%	-10%	-10%
Annual households in the system	100	99	94	80	59
Annual exits	37	43	48	53	58
Annual remaining	62	57	46	27	1
% unmet need	63%	57%	49%	34%	2%

South County 5-year inventory needs, households with adults & children

	Year 1 (2022)	Year 2 (2023)	Year 3 (2024)	Year 4 (2025)	Year 5 (2026)
Prevention & rapid resolution	1	1	1	1	2
Emergency shelter	20	19	18	16	13
Rapid re-housing	6	6	7	8	9
Supportive housing (PSH)	4	4	5	5	6
Dedicated affordable housing	11	13	14	16	17
Shallow subsidy	15	17	19	21	23
Total shelter inventory	20	19	18	16	13
Total housing inventory	36	42	47	52	57

