CENTERING RACIAL EQUITY IN HOMELESS SYSTEM DESIGN

Oakland-Berkeley-Alameda County Continuum of Care

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Introduction

Between 2017 and 2019, homelessness sharply increased by 43% in Alameda County, California. Housing market failures, homeless system challenges, and long-standing discrimination have produced a crisis in affordable housing and homelessness, which has significantly impacted low-income people and communities of color. The surge in homelessness and its disproportionate racial impacts, especially on African Americans and Native Americans, became the impetus for a revamp of the homeless system modeling process to ensure that it is restructured to employ a racial equity lens. With the goal of producing a homeless system that works better for all to end homelessness in Alameda County, this system modeling process seeks to:

1) Identify and address factors leading to the over-representation of people of color in the population of people experiencing homelessness.
2) Understand how facets of the homeless system benefit or burden people of color and pinpoint opportunities to advance racial equity within the system.
3) Formulate key elements of a model homeless system, including optimal types and quantities of housing units and service programs; and
4) Develop recommendations to more effectively and equitably allocate resources, prioritize investments, and advance proactive, targeted strategies to end and prevent homelessness.

> *The homeless system model provides a blueprint for effectively and equitably allocating resources and prioritizing investments to end homelessness in Alameda County.*

Process & Stakeholders

The racial equity and homeless response system modeling project was made possible in Alameda County by a Federal technical assistance grant from the HUD Office of Special Needs Assistance Programs (SNAPS). Abt Associates, a HUD technical assistance provider, facilitated the process and development of the model. EveryOne Home, the Continuum of Care lead agency and collective impact backbone organization, convened the project under the leadership of three co-chairs: Colleen Chawla, Director of the Alameda County Health Care Services Agency; Libby Schaaf, Mayor of the City of Oakland; and Doug Biggs, Chair of the Continuum of Care Board.

The homeless system racial equity modeling process was collaboratively implemented over eight months. The timeline was shaped by the intention to use the system modeling and racial equity impact analysis recommendations to structure the Measure W tax measure on the November 2020 Alameda County ballot. Between October 2019 to May 2020, partners in responding to homelessness—elected officials, civil servants, local government agencies, service providers, philanthropic organizations, stakeholders, and people with lived expertise of homelessness—worked together to design a model system to end homelessness in Alameda County.

At the start of the project, a Leadership Committee was formed to consider the models' implications and viability across sectors and jurisdictions. This committee included a broad range of key stakeholders. Elected and civil servant representatives from the county and nine of the 14 cities and unincorporated areas countywide participated in the committee, including: Alameda County, and the cities of Alameda, Albany, Berkeley, Emeryville, Fremont, Hayward,

Livermore, Oakland, and San Leandro. The Leadership Committee was integral in advocating for formulating the problem of homelessness and its potential solutions through a racial equity lens. This request to focus on racial equity transformed the models. Infusing racial equity in the system model's approach to resource allocation is both an innovation in homeless system planning and a fundamental requirement for ending homelessness. The Leadership Committee regularly convened (in October 2019; January, February, and May 2020) to provide feedback into the system modeling process.

A Racial Equity Impact Analysis Team was established to develop and apply a racial equity lens in the system modeling efforts. The team included county, city, and homeless community stakeholders who worked closely and collaboratively over seven months (November 2019 to May 2020). Homeless system modeling involved two additional working groups—one focused on households with only adults and another on households with minor children. Participants in the Working Groups included community-based service providers as well as city and county departments involved in homeless housing, support services, and adjacent systems (education, re-entry, transition-aged youth, seniors/older adults, victims of domestic violence/human trafficking, and health care). Informed by Point in Time Count results on the homeless population, Homeless Management Information System (HMIS) data on service delivery, provider knowledge about service populations, and existing and potential service delivery models, the Working Groups developed

> *Infusing racial equity in the system model's approach to resource allocation is both an innovation in homeless system planning and a fundamental requirement for ending homelessness.*

program models, assembled combinations of programs (pathways) needed to end and prevent homelessness, and determined the proportion of the homeless population that would be best served through each pathway with a keen eye on ensuring racial equity in outcomes.

Racial Equity Impact Analysis

Method

Racial Equity Impact Analysis (REIA) is a data-driven, structured problem-solving approach that explores the systemic benefits and burdens on communities most impacted by racial disparities when designing and vetting potential solutions to ending and preventing homelessness. This requires:

- Focusing intentionally on race, including raising awareness of historical factors that advantage some and disadvantage others based on race.
- Using disparity data to center further investigation of root causes of disparities in the present time.
- Engaging people who have been impacted by disparities to challenge assumptions about their experience.
- Using quantitative and qualitative information to shape pro-equity programs and inventory recommendations to reduce racial disparities in outcomes.
- Implementing system-wide pro-equity programs and approaches to reduce racial disparities in outcomes.
- Ongoing evaluation and accountability through the development of equity performance measures to track progress.

The REIA framework used in this project was developed by the City of Oakland's Office of Race and Equity. More information can be found in Appendix A.

The 2019 EveryOne Counts! Report and Homeless Management Information System (HMIS) are the data sources used in discussions of population demographics and homeless system performance, respectively.

The REIA recognizes that system planning efforts often leave out the perspectives of people who are most impacted by system decisions. For this reason, the REIA team aimed to elevate the voices of people with current or former experiences of homelessness, specifically those over-represented racial groups in the homeless population. The focus groups also sought out the voices of unsheltered people living in encampments, homeless immigrants, young adults, seniors, and households with minor children.

Convening the focus groups was only possible with the help of community-based organizations in Hayward, Livermore, and Oakland, including:

Homeless Population Demographics

Each year, it is estimated that 15,786 people in 13,135 households experience homelessness in Alameda County. The 2019 Point in Time Count (PIT) provides the basis for extrapolating these annual numbers. See Appendix B for detail on the method used to derive estimates. The 2019 Point in Time Count shows that people experiencing homelessness in Alameda County tend to be from Alameda County, with 78% residing in Alameda County before becoming homeless. Men make up 61% of people experiencing homelessness, 35% identify as women, two percent identify as transgender, and two percent as gender non-binary. Seventy-three percent of people experiencing homelessness were between 25 and 59 years, with 14% aged 60 years or older, and nine percent aged 18 to 24 years. Four percent of people experiencing homelessness are younger than 18 years of age.

Households with only adults make up 91.4% of all households experiencing homelessness, an estimated 12,005 households each year. This proportion includes the estimated number of households with only adults who receive services in the domestic violence system and never receive services from the mainstream homeless response system. Ninety-five percent of households with only adults have only one member.

Households with minor children make up 7.5% of all households experiencing homelessness, an estimated 985 households each year. This proportion includes the estimated number of households with minor children who receive services in the domestic violence system and those who never receive services from the mainstream homeless response system. On average, households with minor children have three members.

Households with only minor children make up 1.1% of all households experiencing homelessness, an estimated 144 households each year. Runaway youth is one example of a household with only minor children. On average, households with only minor children have one member.

Figure 1 shows the distribution of people and households experiencing homelessness across the 14 cities and unincorporated areas of Alameda County. Homelessness is concentrated in Oakland, followed by mid-County (Alameda, Hayward, San Leandro, Unincorporated) and North County (Albany, Berkeley, Emeryville) and then the Tri-City (Fremont, Newark, Union City) and Tri-Valley (Dublin, Livermore, Pleasanton) areas.

Annual Estimates and Geographic Distribution of People & 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

Figure 1: Annual Estimates and Geographic Distribution of People and Households Experiencing Homelessness in Alameda County

Subpopulations

Although many homeless people have experienced domestic violence, households fleeing domestic violence make up a relatively small proportion of the overall number of households experiencing homelessness each year. The precise number of households fleeing domestic violence is unknown. The working groups, which included domestic violence victim service providers, decided to develop models inclusive of these households' needs rather than create separate models for victims fleeing domestic violence.

Veterans make up an estimated 6% of all households experiencing homelessness in a year; the majority are households with only adults. The community decided to develop the models to be inclusive of these households' needs, recognizing that there are resources dedicated to serving homeless veterans.

Homeless Transition Aged Youth aged 18 to 24 (TAY) make up 6.7% of all people experiencing homelessness. TAY is an important subpopulation with dedicated shelter and housing inventory set aside to meet young people's unique needs. The model for households with only adults includes specific pathways for TAY. TAY service providers participated in the working groups, the Racial Equity Impact Analysis (REIA) included a focus group with members of the Youth Advisory Board, and two formerly homeless TAY participated in the Leadership Committee. However, the community decided not to create a specialized model for youth. Instead, the Oakland-Berkeley-Alameda County Continuum of Care (CoC) intends to undertake a youth-focused modeling process that includes extensive youth representation.

Households experiencing chronic homelessness—defined as homeless for a year or longer with one or more disabling conditions—make up 46% of all homeless households. HMIS data shows that roughly 49% of households with only adults and 25% of households with minor children meet the definition of chronic homelessness. The model for households with minor children includes a surge strategy to quickly address all households experiencing chronic homelessness with 246 Permanent Supportive Housing units. The model for households with only adults does not include a surge because there are thousands of chronically homeless households with only adults. For this reason, the models for households with only adults are designed to effectively serve a significant proportion of households with disabilities and long durations of homelessness.

Racial Disparities in the Homeless Population

While homelessness is widespread in Alameda County, it disproportionately impacts people of color. The 2019 Point in Time count shows that people of color make up more than 2 out of 3 people (or 69%) experiencing homelessness in Alameda County.[1] The racial groups most disproportionately affected are people identifying as Black or African American, collectively referred to as Black people in this report, and American Indian or Alaska Native, collectively referred to as Native American people in this report. Black people account for 47% of the homeless population, compared to 11% of the general population in Alameda County.[2] Native Americans make up four percent of the

homeless population, compared with one percent of county residents. Black and Native Americans appear in the homeless population at a rate four times higher than in the general county population.

Racial Distribution of Alameda County's General Population Compared With Alameda County's Homeless Population (2019)
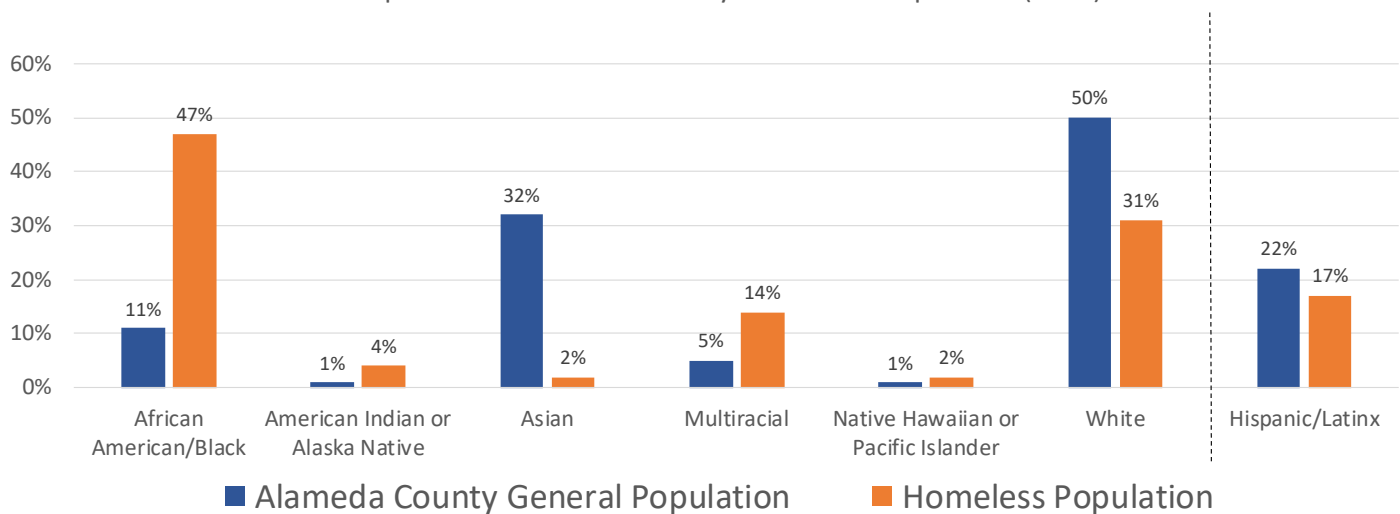

Figure 2: Racial and Ethnic Distribution of Alameda County's General Population Compared with Alameda County's Homeless Population, 2019

Native Hawaiians/Pacific Islanders and Multiracial people are also disproportionately affected. Meanwhile, Whites (who account for 31% of the homeless population, compared to 50% of the county population), Hispanic/Latinx (17% of homeless vs. 22% of county residents), and Asians (two percent of homeless vs. 32% of county residents) are under-represented in the homeless population.

Structural Racism

The over-representation of people of color among those experiencing homelessness reflects structural racism across multiple systems.[3] While Black people comprise 47% of the homeless population in Alameda County, they make up 22% of people living in poverty. Native Americans account for four percent of people experiencing homelessness but one percent of people in poverty. This suggests that, beyond income and poverty, racism and systemic inequities are key factors producing disparate homeless outcomes.

Racial inequities in homelessness are deeply rooted in a "history of exclusion and dispossession, centered on race, and driven by the logic of capitalism" – which "established massive inequities in who owned land, who had access to financing, and who held political power."[4] Racial exclusion began with the colonization of Native Americans and dispossession of their lands, resulting in land conquest by Spanish, Mexican, and early U.S. settlers and governments. Land theft, genocide, forced assimilation, and relocation of Native Americans have led to historical trauma and deep distrust of government institutions – which has lasting impacts on current experiences of homelessness and resistance to government assistance.

Racial exclusion later took the form of discriminatory housing policies, such as racial redlining. Beginning in the 1930s, the Federal Home Owners Loan Corporation developed color-coded maps that used racial criteria to appraise the "residential security" of neighborhoods for real estate investment. The red sections of the map represented the lowest level of "residential security" and, therefore, the highest risk. Banks and insurers adopted these maps to guide their lending and underwriting decisions. Residential security maps produced racial discrimination by rationalizing social

disinvestment from these neighborhoods. Many redlined areas still align with racial/ethnic minority communities that struggle with disinvestment, high and persistent poverty, and racial segregation. Housing instability—barriers to affordable, healthy housing—and homelessness co-occur in these places and communities.
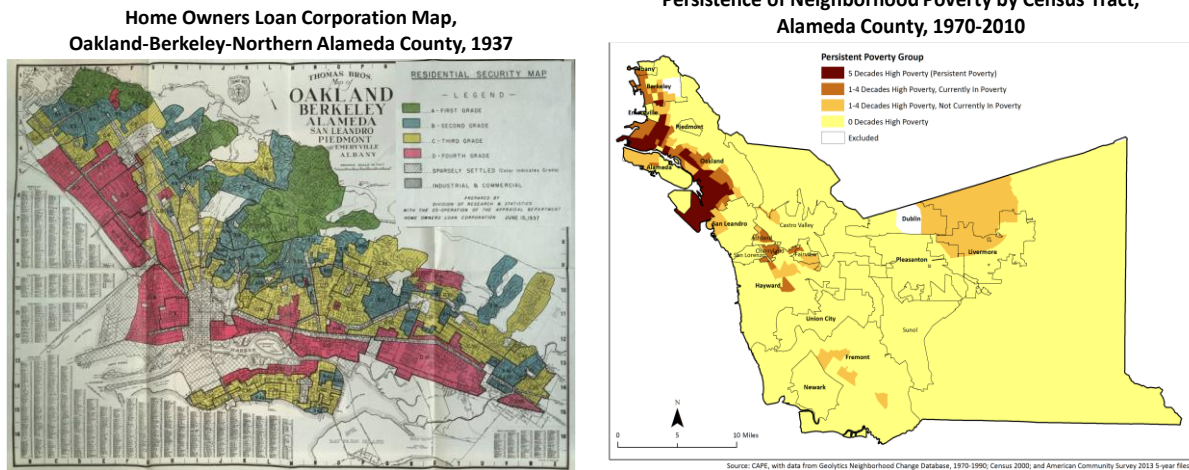
**Home Owners Loan Corporation Map,
Oakland-Berkeley-Northern Alameda County, 1937**

**Persistence of Neighborhood Poverty by Census Tract,
Alameda County, 1970-2010**

Figure 3: Home Owners Loan Corporation Map, Oakland-Berkeley-Northern Alameda County, 1937
Figure 4: Persistence of Neighborhood Poverty by Census Tract, Alameda County, 1970-2010

The redlining example raised awareness of how racism is mediated through historical and contemporary structures that include housing policies, banking systems, government institutions, and social practices. This awareness, in turn, highlighted the need for a definition of structural racism. The REIA used the Aspen Institute's definition of structural racism:

> STRUCTURAL RACISM is a system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist.—*Aspen Institute*

This definition points to how systems, including the homeless system of care and other social safety net systems, reproduce racial discrimination. Many of the conclusions and recommendations in this report reflect the workings of structural racism through mutually reinforcing systems. Creating equitable outcomes will require transformations in legal, education, workforce development, and social welfare systems, among others. At this moment, partners in the homeless continuum of care are bringing an intentional focus on the workings of structural racism in the homeless system of care and changing the way the CoC does business to achieve equitable outcomes. It will not be sufficient to focus exclusively on the homeless continuum of care. Rather, it provides a starting place for willing and engaged partners to take up the challenge.

Housing and Economic Insecurity

Homelessness increased by 43% in Alameda County between 2017 and 2019. This increase took place in the context of population growth and a tight housing market. Beginning in 2010, Alameda County saw a 10.7% increase in its population[5] and a 48% decrease in rental vacancies.[6] The growing population and low vacancies have rapidly increased the cost of housing.

As housing costs skyrocket, low-income residents struggle to find affordable housing. The diminishing supply of affordable housing in Alameda County is a result of decades-long retrenchment in affordable housing development. From 2008-2018, Alameda County lost 80% of federal and state funding for affordable housing production and preservation.[7] In addition, NIMBYism (or "not in my backyard" resistance) of existing homeowners and restrictive local zoning ordinances have thwarted the development of low-income, affordable housing, especially multi-family housing units. Loopholes in inclusionary zoning ordinances have also permitted developers to pay fees to avoid requirements to set aside a proportion of their housing developments as affordable for low- and very-low-income households. As a result, it is very difficult to obtain and maintain affordable housing without subsidies.

The rise in housing and rental costs has far outpaced increases in household income. From 2000 to 2015, the median rent in Alameda County increased 29%, while median renter household income increased only three percent (adjusting for inflation).[8] Figure 5 lists monthly fair market rents (FMR) set by HUD for rental housing in Alameda County, compared with the monthly income needed for housing to be affordable at 30-50% of income.

Fair Market Rents & Income Needed to Afford Housing Costs			
Unit Size	Cost per Month (2020 FMR)	Income Needed for Housing Costs at 30% of Income	Income Needed for Housing Costs at 50% of Income
Studio	$1,488	$4,960	$2,976
One bedroom	$1,808	$6,027	$3,616
Two bedroom	$2,239	$7,463	$4,478
Three bedroom	$3,042	$10,140	$6,084
Four bedroom	$3,720	$12,400	$7,440

Figure 5: Fair Market Rents & Income Needed to Afford Housing Costs

The minimum wage in Alameda County ranges from $13.50/hour to $16.50/hour. At these rates, gross income for full-time minimum wage employment falls between $2,335/month and $2,854/month. So, a family of three with the head of household earning minimum wage is severely cost-burdened. Households that depend on public benefits or Social Security have much lower incomes. In Alameda County, 71% of extremely low income (ELI) households pay more than half of their income on housing costs compared to just two percent of moderate-income households.[13]

Monthly Public Benefit & Social Security Income	
Type of Benefit	Maximum per month
Alameda County GA	$336/month maximum[9]
CalWORKs/TANF	$878-$983/month maximum for family of three[10]
Social Security Disability	$1,258/month national average[11]
Social Security Retirement	$1,503/month national average[12]

Figure 6: Monthly Public Benefits and Social Security Income, 2020

Homeless households have extremely low incomes and often rely on public benefits, Social Security, or minimum wage employment. During federal fiscal year (FFY) 2019, 25% of adults in the homeless system had no income, and 49% had incomes between $1 and $1,000 when they enrolled in homeless services.[14] Almost three out of four adults entering the homeless system earn $1,000 or less per month. This means the majority of people experiencing homelessness cannot afford fair market-rate housing.

Disaggregating monthly cash income by race and ethnicity shows some racial variations in income among adults entering the homeless response system (program start). The highest proportions with low monthly incomes of $1,000 or less were reported among Multiracial (60%), Black (57%), and Native Americans (57%). Native Americans reported the greatest percentage of adults (13%), earning no income at the program start. Further exploration is warranted to understand better how factors such as age, disability, and employment shape income differences by race.
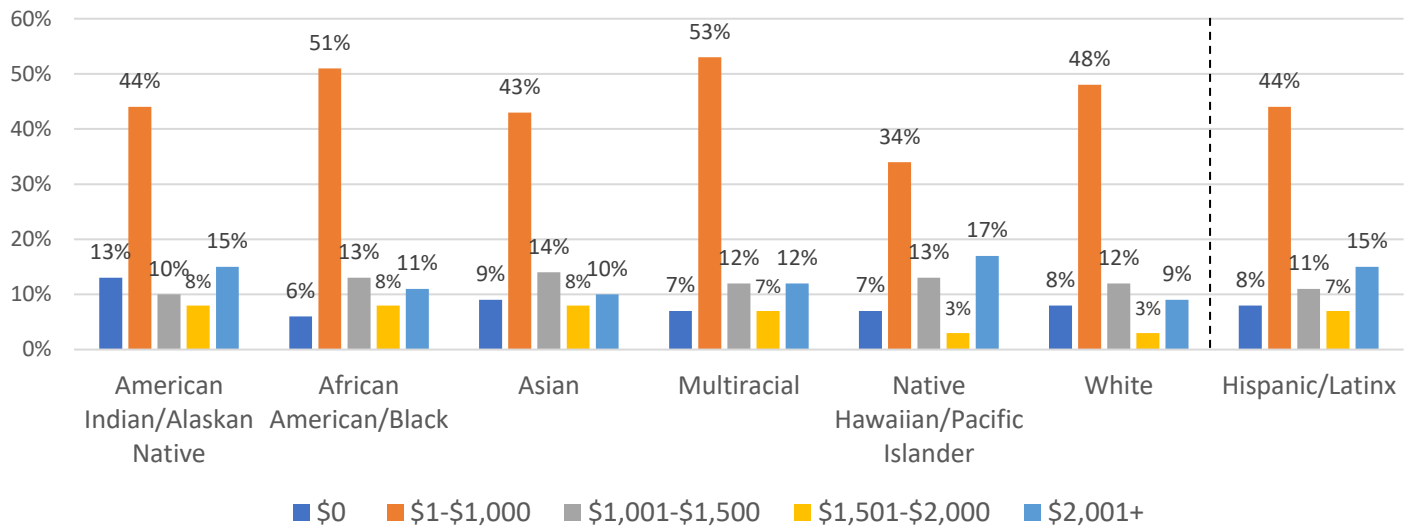
Monthly Cash Income at Program Start

Figure 7: Monthly Cash Income of Adults at Program Start by Race and Ethnicity, Federal Fiscal Year 2019

Homeless System Performance

The following sections will explore homeless response system performance as a whole and disaggregated by race and ethnicity in each of the following areas: inflow, access to homeless system resources, permanent housing outflow, returns to homelessness, length of time homeless, and coordinated entry.

High and Racially Disproportionate Inflow into the Homeless System

Homelessness surged in Alameda County between 2017 and 2019 due to high *inflow* rates into the homeless system (people entering the homeless response system for the first time) and low rates of *outflow* (people exiting homelessness to permanent housing). During FFY 2019, a total of 3,622 people accessed homeless response system programs for the first time.[15] This was a 61% increase in first-time homelessness over FFY 2018, exceeding the targeted upper limit of 2,500 persons entering homelessness that was set in the *EveryOne Home 2018 Strategic Plan Update*.

In 2019:

Nearly **3** people became homeless

For every **1** person who became housed
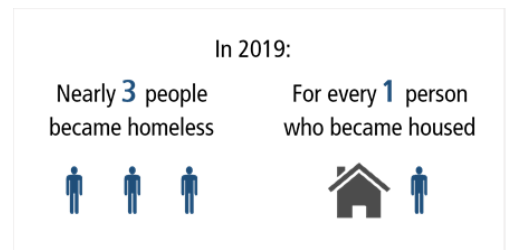
Disaggregating the first-time homeless data by race shows that the flow of people into homelessness is racially disproportionate. In FFY 2019, Black and Native Americans entered the homeless system at five times their representation in the general county population. Black people made up 58% of people entering the homeless system for the first time, compared with 11% of the general population in Alameda County. Native Americans comprised 5% compared with one percent of the county population.

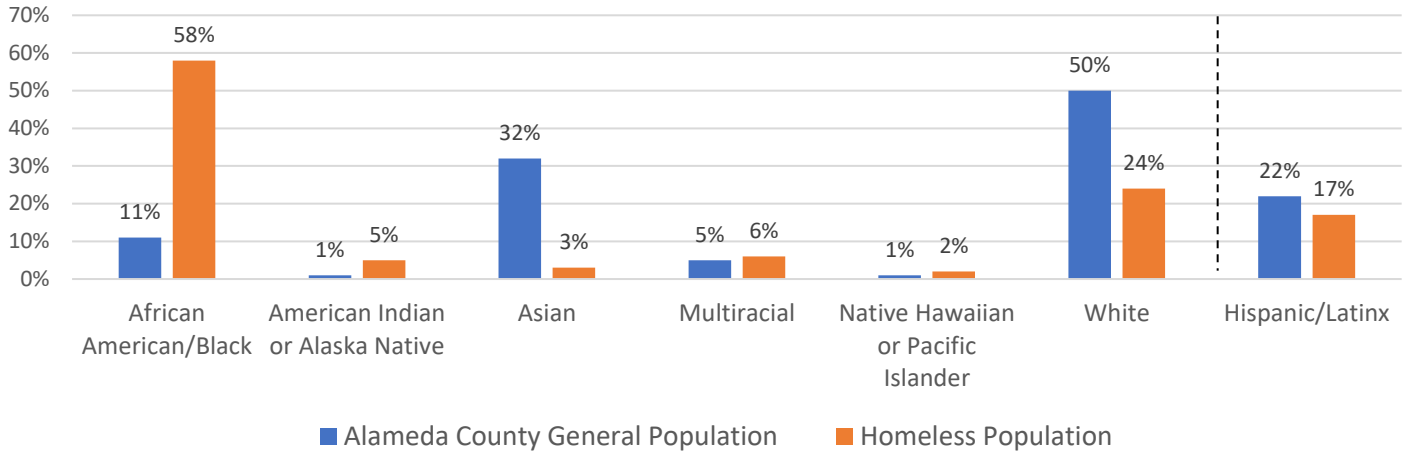## Racial and Ethnic Distribution of People Entering the Homeless System for the First Time

Figure 8: Racial and Ethnic Distribution of People Entering the Homeless System for the First Time, Federal Fiscal Year 2019

Access and Outflow to Permanent Housing Does Not Vary by Race

While inflow into homelessness is racially disproportionate, administrative data from the Homeless Management Information System (HMIS) shows that access to homeless system programs is roughly proportionate to the racial breakdown of the homeless Point in Time (PIT) count. People who identify as Black or African American access homeless response system programs at higher rates than their proportion of the population. Rates of access among Native Americans, Asian, and Native Hawaiian are equivalent to their population demographics. People who identify as Multiracial or White access homeless programs at lower rates than their proportion in the PIT population measures. Reasons for the variation among Black, Multiracial, and White participants in homeless programs may stem from the concentration of homeless-serving programs in Oakland and Berkeley, where according to PIT data, a greater proportion of the homeless population is Black; 70% in Oakland and 56% in Berkeley. The next step in data analysis should include further disaggregating participation and outcomes by geographic region.

System-Wide Access and Permanent Housing Outcomes by Race and Ethnicity
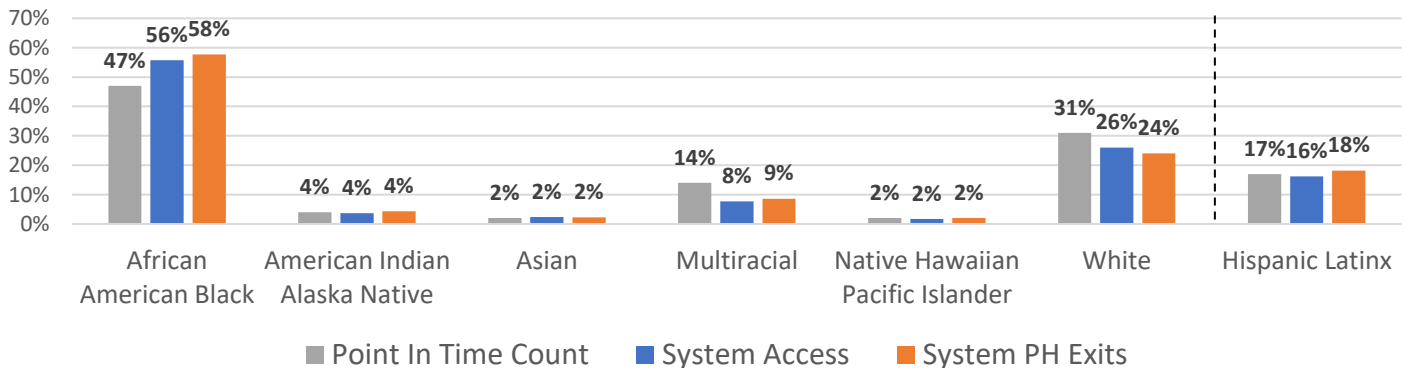## (FFY 2019)

Figure 9: System-Wide Access and Permanent Housing Outcomes by Race and Ethnicity, Federal Fiscal Year 2019

The rate of exits to permanent housing lags far behind the inflow into the homeless system. In FFY 2019, a total of 1,344 persons exited the homeless response system to permanent housing destinations.[16] This was a two percent increase over FFY 2018, but still far behind the goal in the *EveryOne Home 2018 Strategic Plan Update* of 2,000 persons exiting to permanent housing. In 2019, nearly three people became homeless for every person who obtained permanent housing.

While exits to permanent housing are fewer than needed, the rates at which homeless people achieve positive housing outcomes from the homeless response system does not vary by race.[17] Black people make up 56% of the homeless response system participants and 58% of the exits to permanent housing. Native Americans make up four percent of the homeless response system and four percent of exits to permanent housing.

Reviewing access to and permanent housing outcomes from specific programs reveals a similar picture, with access and permanent housing outcomes remaining nearly equivalent. Transitional Housing numbers show higher participation rates for Black people and lower rates for White people. One reason for this may be because most Transitional Housing programs are located in Oakland, where Black people make up a much higher proportion of the homeless population (70%) as compared with the homeless response system overall (47%).

Access to & Permanent Housing Outcomes from Individual Program Types by Race/Ethnicity: Alameda County, FFY 2019

Access and Permanent Housing Outcomes by Race and Ethnicity (FFY2019)		African American Black	American Indian Alaska Native	Asian	Multi-Racial	Native Hawaiian Pacific Islander	White	Hispanic Latinx
Point in Time Count		47%	4%	2%	14%	2%	31%	17%
System	Access	56%	4%	2%	8%	2%	26%	16%
	PH Exits	58%	4%	2%	9%	2%	24%	18%
Emergency Shelter	Access	59%	4%	2%	7%	2%	24%	16%
	PH exits	57%	5%	3%	9%	2%	23%	16%
Transitional Housing	Access	69%	3%	1%	8%	1%	17%	18%
	PH exits	68%	3%	1%	9%	1%	17%	20%
Rapid Re-Housing	Access	60%	5%	3%	7%	3%	21%	20%
	PH Exits	59%	5%	3%	6%	3%	23%	20%
Permanent Supportive Housing	Access	53%	3%	3%	9%	1%	30%	16%
	PH exits	53%	4%	3%	10%	1%	29%	18%

Figure 10: Access to and Permanent Housing Outcomes from Individual Program Types by Race and Ethnicity, Federal Fiscal Year 2019

Disproportionate Returns to Homelessness Among Black Americans, Native Americans, & Native Hawaiians/Pacific Islanders

In FFY 2019, the rate of returns to homelessness was 18%, with 312 persons returning to homelessness within two years of leaving the homeless response system for permanent housing destinations.[18] Disaggregating the data by race shows that Native Hawaiian/Pacific Islander and Black people have the highest return rates to homelessness, at 23% and 21%, respectively.[19] Native Americans and Multiracial people are in the middle, each with a rate of return at 17%, followed by Whites at 14%, Hispanic/Latinx at 13%, and Asians at seven percent. It should be noted that some groups have a small sample size, including Native Hawaiians/Pacific Islanders (n = 40) and Asians (n = 72).

Rate of Return to Homelessness by Race and Ethnicity (FFY 2019)

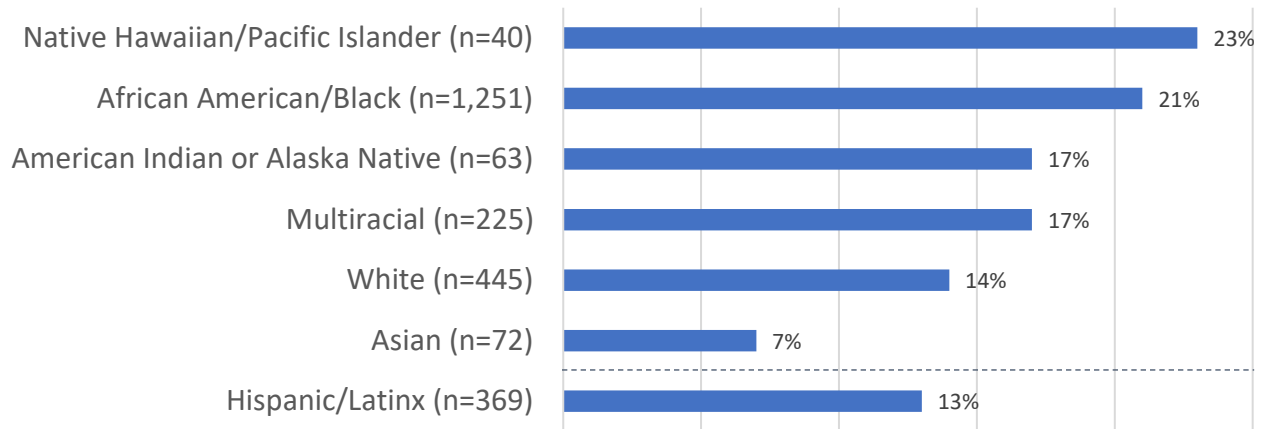| Race/Ethnicity	Rate
Native Hawaiian/Pacific Islander (n=40)	23%
African American/Black (n=1,251)	21%
American Indian or Alaska Native (n=63)	17%
Multiracial (n=225)	17%
White (n=445)	14%
Asian (n=72)	7%
Hispanic/Latinx (n=369)	13%

Figure 11: Rate of Return to Homelessness by Race/Ethnicity, Federal Fiscal Year 2019

The prior living situation of people returning to homelessness from permanent housing shows that a significant number of people who return to homelessness were last living in unsubsidized rental housing. This is the most frequent prior living situation for returns overall and the top prior living situation for Black, Asian, Multiracial, and White people. For Hispanic/Latinx people, unsubsidized rental housing is tied with staying or living with family as the most frequent prior living situation. For Native Americans, the most frequent prior situation is staying or living with family. Native Hawaiians/Pacific Islanders who returned to homelessness most frequently had lived in rental housing situations with a Rapid Re-Housing subsidy or another ongoing housing subsidy. The prior living situations of people who return to homelessness reflect the barriers to housing stability that formerly homeless people confront in the rental housing market. The high rate of returns from family points to the strength and strain of family networks that may be similarly vulnerable. Together, this analysis informs the homeless response system model's emphasis on ongoing forms of support linked to household income in the form of shallow and deep subsidies. These types of supports will help economically vulnerable homeless households retain permanent housing. The analysis also points to the need for changes beyond the boundaries of the homeless response system, including housing and economic policy changes that will make housing sustainable for the lowest income households.

Coordinated Entry

Coordinated entry is the front door and central organizing feature of the homeless response system. The purpose of coordinated entry is to organize "the Continuum of Care's (CoC) system of care so that it fits together intentionally and efficiently, resulting in more efficient use of resources and improve fairness and ease of access to resources, including mainstream resources while prioritizing people who are most in need of assistance."[20] In the Oakland-Berkeley-Alameda County Continuum of Care, coordinated entry occurs through the standardized processes of access, triage, housing problem solving, assessment, prioritization, and matching to resources. A custom prioritization tool identifies those "most in need" based on a combination of factors, including household size and composition, length of time homeless, health, income, housing barriers that include rental and homeownership history, law enforcement, and risk. A weighted scoring framework assigns point values to these barriers and vulnerability factors, with the highest scores indicating the most vulnerable households. These households are prioritized for the limited resources available in the homeless response system.

Prioritization determines access to housing resources. As such, it is both appropriate and necessary that prioritization works fairly across racial and ethnic groups. There have been local and national concerns over the October 2019 study by C4 Innovations that found racial disparities in the outcomes produced by a prioritization tool called the VI SPDAT, which many communities use in the U.S.[21] Prioritization data in Alameda County does not show racial disparities. At present, the custom prioritization tool used in the Oakland-Berkeley-Alameda County Continuum of Care is producing outcomes proportionate to the population by race.

As an example, the proportion in the top five percent of the countywide By Name List (BNL) of prioritized households and the proportion on the BNL generally are within four percentage points. This is important because the top five percent of the BNL is most likely to get matched to housing resources. At the same time, the overall BNL includes anyone who is literally homeless. Native Americans, as well as Multiracial people, are represented at slightly higher rates (two to four percent) in the top five percent of the BNL as compared with BNL generally. People identifying as African American or Black, Asian, Native Hawaiian or Pacific Islander, White, or Hispanic/Latinx appear in the top five percent of the BNL at slightly lower rates than on the list generally (one to two percent). The representation of each group in the 2019 PIT Count and in HMIS gives two additional population measures as a comparison. The 2019 annual evaluation of coordinated entry explores the prioritization tool in greater detail and is available on the System Coordination Committee page of the EveryOne Home website (www.everyonehome.org).

	American Indian Alaska Native	African American Black	Asian	Native Hawaiian Pacific Islander	Multi-Racial	White	Hispanic Latinx
% on BNL (4/15/2020)	2%	57%	2%	2%	6%	26%	15%
Top 5% of BNL (4/15/2020)	4%	55%	1%	1%	10%	27%	14%
All HMIS FFY2019	4%	56%	2%	2%	8%	26%	16%
2019 PIT	4%	47%	2%	2%	14%	31%	15%

Figure 12: By Name List (BLN) of prioritized households

It is essential that the homeless response system fairly and transparently allocate resources. This is even more true because the number of homeless households far exceeds the available inventory. During 2019, the homeless response system saw roughly 350 Permanent Supportive Housing (PSH) vacancies. Of those, 221 were existing units turned over, and slightly more than 125 units were added to the system. In Rapid Re-Housing (RRH) during 2019, of the 1,595 households served, 787 moved into housing. During that same period, there were as many as 9,000 homeless households in need of permanent housing. Together, the current level of permanent housing resources (PSH+RRH) in the homeless response system is enough to reach between 10-13% of the households on the prioritized BNL.

The purpose of coordinated entry is to quickly fill housing vacancies with an eligible and highly vulnerable household; too few vacancies is a significant barrier to an effective coordinated entry system. In the current homeless response system, most households will not be matched to housing resources or support services because there are not enough beds and units available. In 2020, EveryOne Home's System Coordination Committee (the Coordinated Entry Policy Entity) worked with the Alameda County Office of Homeless Care and Coordination (the Coordinated Entry Management Entity) to right-size the prioritization process to the inventory of resources. At the same time, the Racial Equity Impact Analysis and system modeling provide clear direction on the types of interventions and scale of resources required to end homelessness in Alameda County.

Focus Groups

Methodology

Nine 90-minute focus groups were conducted in English and one in Spanish, with facilitators who shared the participants' racial/ethnic backgrounds. Focus groups followed a semi-structured interview guide (see Appendix A) with questions about the root causes of homelessness, barriers to obtaining housing, and homelessness prevention, crisis and interim services, housing barriers, types of housing interventions, and returns to homelessness. Several notetakers attended each focus group and used a standardized template to record the conversation, then collated their notes afterward to increase accuracy and collect verbatim quotes. Notetakers also provided observations and insights into key messages, tone, and dynamics within each focus group.

A total of 57 people shared their lived experiences to inform homeless system modeling. Focus group sites were selected to ensure representative participation across race, age, household composition, geographic regions, and sheltered, unsheltered, and formerly homeless perspectives. Participants were recruited by staff at these sites. See Appendix A for the numbers and demographics of participants by race/ethnicity, gender, age, and homelessness status. Participants were invited to speak openly about their lives, experience of homelessness, and interactions with homeless programs, services, and systems. Participants received a meal and were compensated for their time.

A sub-group of the REIA Team conducted a qualitative analysis by reading through detailed notes and using qualitative analysis software (Dedoose) to code participant quotes into themes. Reliability was increased through a standardized "codebook" that defined themes that researchers discussed and refined throughout the analysis. Key themes that emerged were integrated into findings and recommendations.

It is important to note some methodological limitations of the focus groups.[22] Recruitment through existing relationships can lead to selection and convenience biases. To capture the breadth and diversity of experiences within and across racial and ethnic groups, more focus groups would have been needed. Some participants may have felt uncomfortable voicing negative perspectives about homeless programs, services, and systems, particularly if groups were located at sites where participants receive services. Qualitative analysis was also subject to researcher bias.

To reduce these biases, staff from the host organizations were absent from all or most of the focus groups. Participants were assured of confidentiality (their names would not be used in reporting). Some staff reported that multiple contacts while recruiting helped increase trust with participants. Analytic biases were mitigated by involving a diverse group of researchers who worked together to code and extrapolate findings.

Analysis of qualitative data from nine focus groups deepened understanding of how structural racism plays out across multiple systems and intersects with lived experiences of homelessness. The following themes emerged from the focus groups, including stories of resourcefulness and resilience to prevent and overcome homelessness and cope with structural barriers.

Mass Incarceration

Focus group participants described how incarceration impacted their ability to find and keep housing. While incarceration is a barrier to housing and employment for anyone who has been to prison, the well-documented mass incarceration of Black, Latinx, and other people of color means that incarceration is a barrier to housing disproportionately impacting people of color.[23]

I'd been in jail for 20 years. The only way I got in [to housing] was the subsidy I got through [this program]. They had to pay double in security deposit. It made it really hard because they hold mistakes against you. I'm kind of stuck where I'm at because I know it will be a problem if I need to go anywhere else even though I have completely changed.
> – Participant 24, Black man, aged 50-64

I spent 20 years in prison. Incarceration led me to become unhoused.
> – Participant 53, Asian man, aged 40-49

I can't find a place [to live]. I'm an ex-felon. I've been out 30 years, but I'm still a felon.
> – Participant 20, White man, aged 65+

Health

Research on the social determinants of health shows that the places where people live, work, and go to school impact their health. Awareness of the social determinants of health is particularly important in light of the history of redlining in the United States, which segregated Black, Native American, and other people of color and divested those neighborhoods of economic, educational, and social opportunity. Many participants in the racial equity focus groups described growing up in communities marked by this divestment in Oakland and broadly in Alameda County. Places with fewer opportunities are also places with poor health outcomes. Not surprisingly, poor health was a root cause of homelessness for many people in the racial equity focus groups.

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.
> —Participant 29, Black man, aged 50-64

I loved my job; I was there about 10 years... I needed back surgery, so I thought I'd have surgery and be fine, go back to work. That wasn't the case. I was out for a year. And I tried to go back to work even though I wasn't feeling good. I had my own place and worked 6 days a week. Anyway, long story, after that I went into depression, the worker's comp thing because in my mind I knew I couldn't keep my own place.
> —Participant 45, White woman, aged 50-64

I learned of an illness I had from childhood that affected me. It was not my fault and it started when I was 13. I got a live-in caregiver job and when she died I had nowhere to go. I was couch surfing and there was housing with rats and roaches.
> —Participant 25, Black woman, aged 65+

I had a stroke and they told me I wouldn't be able to talk or walk anymore… Since I had the stroke, I have not been able to return to work.
> —Participant 39, Latino man, aged 50-64

Likewise, poor health is a consequence of homelessness that impacts communities of color over-represented in the homeless population. Across the focus groups, participants described physical health challenges, including heart conditions, back problems, joint problems, and emotional and behavioral health challenges like depression, bipolar disorder, stress, anxiety, trauma, and Post Traumatic Stress Disorder (PTSD), and substance use disorders. As both a cause or consequence of homelessness, this analysis identified poor health as a structural outcome of inequality that disproportionately impacts Black Americans, Native Americans, and other communities of color.

Education

Several participants recounted how education outcomes and housing instability are interconnected. Participants talked about the ways housing instability made it difficult to take advantage of educational opportunities, which created another barrier to employment and housing. Once again, the history of redlining is instructive in understanding the structural divestment of educational opportunities from communities of color and the reverberation of that divestment in the current homelessness crisis.

> *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.*
> –Participant 1, Black man, aged 18-24

> *I went to Oakland Tech. Before that I was going to really good schools but got kicked out because of altercations and was being rebellious because my life was terrible. I'm the black sheep of the family so I didn't get too much support with that. In Oakland Tech I was smart as hell and was able to pass just going for two days and coming back a week later. But I wasn't able to graduate because of so many incompletes.*
> –Participant 2, Multiracial man, aged 25-39

> *I'm battling really tough depression. It's hard to concentrate on school with everything else that's going on.*
> —Participant 46, Latino man, aged 40-49

> *I didn't go to school, I didn't learn work, I am not able to pay rent because I don't work.*
> —Participant 44, Latino man, aged 50-64

These narratives show how housing instability and economic necessity present barriers to finishing school, which becomes a barrier to income and housing.

Immigration

Homeless Hispanic/Latinx participants talked about multiple stressors they experience, including fear of deportation, barriers to accessing help, distance from family, grief for lost family members, and discrimination.

> *I lost three members of my family—my mom, my grandma, and my brother. Then I lost my wife. Life is hard and it's hard being an immigrant. Being alone and far away from family.*
> —Participant 40, Latino man, aged 40-49

> *Latinos . . .[they] look at us like trash. They don't allow our backpacks. There are stereotypes specifically for Latinos.*
> —Participant 43, Latina man, aged 50-64

> *The Latin community…cannot truly stand up for themselves. They pick on the Latin community because they [Latinx] cannot go to the law enforcement. It's hard for everyone but especially females. Latin community stays within themselves.*
> —Participant 31, Latino man, aged 50-64

> *Many people are afraid of being deported for even trying to get services.*
> —Participant 44, Latino man, aged 50-64

In these narratives, participants describe how immigration status, distance from family, and the stigmatized stereotypes of being Latinx in U.S. American society present additional impediments to housing stability and returning to housing.

Inability to Increase Income

Structural racism creates barriers to employment and increasing income. Frequently barriers and adverse impacts carried over from one system to another, such that poor health and disabilities, mass incarceration, barriers to education, and immigration status combined to limit the focus group participants' ability to work, earn sufficient wages, and secure higher-paying jobs. Examples include:

> *I'm on SSI. Rent is $1,500 a month, and I only get $900.*
> —Participant 24, Black man, aged 50-64

> *Even if you have an income [it's hard to pay rent]. Like I have SSI plus I'm working as a crossing guard. Both of those incomes together won't do it.*
> —Participant 47, Multiracial woman, aged 50-64

> *Our income is not high enough. I'm working and my son is working too, but our income has got to be higher.*
> —Participant 12, Native American woman, aged 50-64

> *How do you get your income that high, though? What are you supposed to do to make it go higher?*
> —Participant 18, Latino man, aged 50-64

Within the context of structural racism, homeless participants described their ongoing struggles to earn enough to pay for housing, transportation, and other basic living costs. Many described trade-offs; needing to choose between paying for housing, food, or transportation:

> *Like everything is so expensive, not just rent. Just necessities and other things. It's hard to save and have money to pay your rent, utilities, and food.*
> —Participant 7, Native American woman, aged 18-24

> *If I am going to pay rent, I can't eat or buy gas. It's hard. On $2,000 you can't make it. You need $3,500 because rent is $1,800 or more. You need to work three jobs and sell peanuts on your lunch break.*
> —Participant 14, Black man, aged 50-64

Often poverty is represented as a key feature and cause of homelessness. Importantly, the focus group showed that low incomes for many homeless households are inextricable from structural racism.

Displacement

A 2018 report from California Housing Partnership and UC Berkeley Urban Displacement Project show how the rapid increase in housing costs between 2010 and 2015 forced lower-income households of color out of cities and into more affordable suburban areas with fewer support services.[24] The report concluded that the result is an intensification of racial segregation and disparities across the Bay Area. Focus group participants echoed these findings, describing the pressure to leave the city or county to find affordable housing, including housing opportunities offered by the current homeless response system. For many, displacement means leaving places where they grew up, had family, community, and employment:

What we're finding is that we're going to have to leave the city and county to find an affordable place to stay. And then I'll have to find a new job. And leave our home here.
          —Participant 8, Native American woman, aged 25-39

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, aged 65+

I was living in Oakland with my mom, but the rent got too high, so we moved to Stockton for two years. Lot of people that are from the Bay Area that are all moving out there. But it's nicer out here; I was born and raised in Oakland.
          —Participant 18, Latino man, aged 50-64

They lead us on and say we got the place. Wait for us to call back and they say you don't got the place. You see on Craigslist again for a higher price. Just seem like they want us to get out of here. Gentrification is happening. They don't want us here. They want us out.
          —Participant 9, Native American man, aged 18-24

Through these voices and supporting research, it becomes clear that racialized displacement is produced through the ostensibly race-neutral housing affordability pressures at work in Alameda County. For this reason, a significant finding from the REIA focus groups is recognizing the discourse of affordability as structural racism.

Distressed Networks and Supports
For families already struggling against the impacts of structural racism, focus group participants described how familial instability or the death of a family member resulted in homelessness. Several informants in the racial equity focus groups experienced familial instability as children. Their perspective shows how the impacts of structural racism are transmitted and compounded in the next generation.

I came from a broken home. When I was 8 my mom couldn't take care of four kids by herself. We bounced around shelters for years. For me, [homelessness is] based on lack of family supports.
          —Participant 2, Black Male, aged 25-39

For me it's like I was in foster care so I could do my AB12 for extended foster care, but I kinda messed that up when I was 19. I had my apartment and it got hit by SWAT and I was in jail a little bit. My background and my income [are barriers]. I really don't know too many resources for people in my situation. I usually turn to someone I know before I turn to something else.
          —Participant 11, Multiracial woman, aged 18-24

Particularly in the Native American and Black focus groups, participants talked about their families' cultural significance in maintaining housing and well-being. Several Black participants described the loss of both housing and cultural supports after the death of a parent or grandparent:

I first realized I was homeless when my mom and dad died when I was 40. One passed in July and one in August. I was living with my mother and father. My sister sold the house and I see for sale sign on house. I couldn't go back there, so I started sleeping my car.
          —Participant 26, Black Male, aged 65+

We are lost as African Americans – and people living in this country. We don't value ourselves – the struggle and hard work. When my grandma died, all the values she tried to instill in our family went out the window. She was our Big Mama. That comes from a spiritual place – the things that bring peace and happiness – and all those things you want for your life.
> —Participant 35, Black woman, aged 25-39

My parents died and the rest of the siblings sold the house. I had always had a place with my mother. I was not responsible enough to hold a job. I did the homeless thing real well. I learned how to be an addict and homeless.
> —Participant 23, Black man, aged 65+

And even as participants described positive family relationships, few had family supports sufficient to end their homelessness. These stories echo the findings of the Paul et al. study of homelessness in Oakland and reinforce research findings on the racial wage and wealth gap.[25] Particularly in the Native American, Black, and Hispanic/Latinx focus groups, participants shared the cultural significance of family in maintaining housing and well-being. Several Black participants described the loss of both housing and cultural supports after a strong elder's death. The result that the impacts of structural racism are transmitted and compounded in the next generation. A significant finding of the equity focus groups is that over time structural racism thins the familial resources and supports that may otherwise prevent homelessness. The resulting losses are both material and cultural.

Barriers in the Housing Market

Despite the end of legal segregation and explicit housing discrimination, the deeply rooted association between race and risk persists and influences access to housing, on what terms, and where.[13] While race-neutral at face value, credit checks, income requirements, and background checks form barriers to the housing market that disproportionately affect people of color and effectively produce housing discrimination.

I went to programs that paid first and last month rent. My credit score is bad so they don't want to help you out. Then they don't want to let people come and inspect the place. It's bad if you don't have an average credit score even if you have got money and job. Also, the application fees.
> —Participant 14, Black man, aged 50-64

Like the applications they want bank statements, showing you have money saved. Some places they don't want you to leave stuff blank. I don't have a bank account so I can't put stuff there. Transportation and trying to get places. Some places want you to drop it off at the property. I had to go to Berkeley once.
> —Participant 10, Native American woman, aged 25-39

Money. And, we don't have an address, we can't keep our place of living to get notified, to have our ID sent to us. It's very hard even to have your mail.
> —Participant 17, Black woman, aged 50-64

The applications you fill out for apartments are really intrusive. I don't understand some questions. They want to go so deep into your life. A lot of stuff you forget, and they want to go back 10 years ago. I don't remember where I lived 10 years ago. If you leave out anything, anything minor, they turn the application down. I fill them out to the best of my knowledge, but it's not enough.
> —Participant 29, Black man, Aged 50-64

I filled out an application for housing in West Oakland. I guess it was one of those income/tax-based apartments. I gave them everything, check stubs, proof of income. And they told me that I still don't make enough. Then my

five-year old son has autism – my son just got approved for SSI. When you get it, bring it in. Took too long to get started, passed me up.
> —Participant 33, Black woman, aged 25-39

High rents period. Having to have five times the income. It's hard for those with bad credit, or generations of bad credit. There is nothing to build upon.
> —Participant 8, Native American woman, aged 25-39

As the cost of housing has steadily increased, many landlords are seeking high incomes, strong credit, and a clean criminal background. Stories emerged within and across homeless participants about how multiple barriers – such as application fees, low incomes, poor credit, obtaining identification, and having a bank account– can converge and make it extremely difficult to find housing. These barriers disproportionately impact homeless households of color.

Lack of Deeply Affordable Housing

The racial equity focus groups identified an important gap in the homeless system services: extremely low-income households without ongoing support service needs. At present, the only deeply affordable permanent housing opportunity in the homeless system is Permanent Supportive Housing (PSH), which requires an extended length of time being homeless and a disability. Other deeply affordable housing may be reserved for seniors aged 62 and older. Participants in the REIA focus groups described the absence of resources appropriate to their circumstances as profoundly unresponsive.

What's frustrating to me is I don't have a drug problem. I'm just a mom with kids who has been in abusive relationships. I remember the lady interviewing me saying I'll score higher if I have a drug problem–I'd get right in tonight.
> —Participant 8, Native American woman, aged 25-39

When you're homeless, the first thing they tell you is to call 211... We called 211. They kept saying to keep calling. They wanted to do this whole screening process. Single people with kids need to be a priority. 211 was no help whatsoever. The only way I got into [this program] was because of this one [211] operator–who said call this other number, off the record, and they will be able to help you.
> —Participant 33, Black woman, aged 25-39

All I want is a home that I can bring my grandkids to ((crying)). I'm tired of having doors closed in my face. I've been filling out applications every day. And then they say you can't get in because you're not 62. Or they're telling us it's a lottery. I'm tired. I'm tired. I'm done fighting. I've been fighting to get off drugs, I'm not fighting anymore.
> —Participant 47, Multiracial woman, aged 50-64

For these participants, not having a disability or support service needs became a barrier to accessing housing. Even focus group participants who welcomed support services made clear the value of their privacy and autonomy. Many participants viewed the service model offered in permanent supportive housing to be too intrusive:

I love having my own place, don't like too much intrusion unless I'm asking for it.
> —Participant 26, Black man, aged 65+

A lot of people will feel good, getting some assistance and not [having support service providers] on our back...

> *People would feel good being independent.*
> —Participant 32, Latino man, aged 25-39

Further, participants framed autonomy as part of their cultural identity and an expression of resistance to past and contemporary racial injustice:

> *We have a distaste for social services and government. The government rounded up my grandparents like cattle. We panic because these are terrible places. It's been happening for generations. Government scares us, because of what they've done to us.*
> —Participant 13, Native American woman, aged 40-49

> *There are Latinos who are very proud and don't seek out help because of pride. There is fear to grab services because the president ["Obama"] is deporting. We know that when people get deported, they are killed there, where they go back to. I have lost friends this way.*
> —Participant 43, Latino man, aged 50-64

Evaluating Current Homeless Housing Interventions and Services

Focus group participants shared their experiences accessing housing and services from the homeless system and provided insight on how the system could be more responsive to their needs.

Crisis Response (shelter, safe parking, showers, bathrooms, meal programs, and street outreach)

Overall, participants were appreciative of the crisis response services available, especially:

> *Shelters were the main thing that supported me when I was younger.*
> —Participant 2, Multiracial man, aged 25-39

> *The [outreach] people that bring food, that really helps. They come out with resources, ponchos when it's raining. That really helps. Showers. Laundry.*
> —Participant 17, Black woman, aged 50-64

> *The people that bring food help. And outreach people do a good job. Showers and laundry are very helpful.*
> —Participant 21, White woman, aged 25-39

> *For my little family we live in an RV. We utilize the people that do the showers on Miller and E 15th. There are some places that serve hot dinner, you just gotta stand in line. Or the food bank. Or just random people come by and bring toiletries.*
> —Participant 8, Native American woman, aged 25-39

> *(What would be helpful?) Storage.*
> —Participant 47, Woman with Unknown Race/Ethnicity, aged 50-64; Participant 50, White Woman, aged 50-64; and Participant 52, Black man, aged 40-49

> *Shelter 3 days a week for the homeless, that's really, I'm grateful for it. Trinity has been closed for years. But to have the opportunity to do laundry and showers 3 days a week; it's really a benefit in my opinion.*
> —Participant 52, Black man, aged 40-49

At the same time, participants remarked how crisis responses, specifically shelter and transitional housing, have programmatic barriers, including limited hours, restricting access to certain populations, and prohibiting visitors:

> *Sometimes they try to control your visitors and they put my daughter out. I'm in transitional housing right now and can have people come a couple times a year.*
> —Participant 26, Black man, aged 65+

> *That's one thing I don't like about here is they don't let you have visitors.*
> —Participant 27, Black woman, aged 65+

> *Maybe Saint Vincent de Paul in downtown Oakland. They have clothes there and showers. SVDP also gave access to computers and everything. I wish there was a lot of places like that, especially if it was 24 hours.*
> —Participant 4, Black woman, aged 18-24

> *A lot of them won't really support the type of families we come from. A lot of us have adult kids and parents. We are non-traditional families. This is the way our people were from the beginning. Our system doesn't fit with the government funds. We can't go anywhere because he is a man not in this family anymore but he is my son and he is family. And we are not going to split up, we are going to stick together.*
> —Participant 8, Native American woman, aged 25-39

In addition to these barriers, participants described negative experiences in shelters, including staff favoritism, conflicts with staff and other occupants, and concerns about health and safety in shelters:

> *I would go back to my car before I put my kids inside a shelter. I didn't want to have a newborn in a shelter – it was filthy. There were so many beds in there. Why are they not filling these beds? What is going on? Do you choose to pick who you put in there? It was just crazy. There are people out here, and you told me you did not have any beds... Now I'm seeing all the empty beds.*
> —Participant 33, Black woman, aged 25-39

> *There are rotten apples (staff) that are at some of the shelters.*
> —Participant 32, Latino man, aged 25-39

> *People get ripped off. People steal from you. The other night, somebody took my motorcycle helmet.*
> —Participant 31, Latino man, aged 50-64

> *You've got to stay in there and do everything perfect. You have to have a sponsor. You've got to get up real early. The only thing good about a shelter is the roof and the bed.*
> —Participant 17, Black woman, aged 50-64

Rapid Re-Housing (RRH)

Participants in the focus groups thought Rapid Re-Housing is particularly well-suited for people who just need "some help and some time," or those who are in a position to "get back on their feet." RRH relieves people from worrying about rent for several months (it can "take off the stress") and offers time to regroup, become more financially stable, and/or look for permanent housing. This aspect of RRH resonated with many focus group participants:

Something like this 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 back account, my necessities... I would be able to regroup.
> —Participant 31, Latino man, aged 50-64

I think it works for this reason: It will help you get into a place you couldn't get on your income alone [while homeless]. Even if all you have leftover is $500 dollars a month... Then you can establish you can pay the rent.
> —Participant 13, Native American woman, aged 40-49

These kinds of programs work for people who are very motivated and have the wherewithal to get back on their feet.
> —Participant 35, Multiracial woman, aged 25-39

Other participants reflected that while RRH may work for some, it would not work for them. For those with limited ways of increasing their income, short-term support like RRH was not appealing:

You gotta pack up again because it goes so quick. If I don't have the benefits to move on and then I'm in the same spot, (homeless). My anxiety would kick in too. It would be hard.
> —Participant 26, Black man, aged 65+

When I was younger and could get an income, but now I can't... 20 years ago maybe, when I had different energy. But now, I wouldn't take that chance. If something didn't pull through to make my housing affordable, I'd have to pack up and start again. Pack up and go to a shelter.
> —Participant 30, Black woman, aged 65+

So you're in a place, and your job hasn't elevated – then you're homeless again. After that, what are you going to do?
> —Participant 14, Black man, aged 50-64

Back then it would been bad for me because I just needed somewhere to live. That's what most people would do. I would need something longer. Because there's a lot of people where it's a cycle that's going to happen again.
> —Participant 4, Black woman, aged 18-24

Rather than rejecting Rapid Re-Housing as an intervention, the focus group participants drew attention to the challenges of using RRH effectively in a high-cost housing market. The participants point to a need to refine and target the use of RRH to households who show potential for increasing their income and to provide a backstop for households in RRH who realize they need ongoing financial or services support.

Permanent Supportive Housing

Focus group participants were enthusiastic about the long-term, deeply subsidized rent component of Permanent Supportive Housing. The ongoing support service model received mixed reviews. Some welcomed support services—particularly light touch services that helped them feel secure—while others described support services as intrusive.

It depends on what the support is. Some people need substance abuse support. Some people need health care support. Some just need help going over finances and having their ducks lined up so they are making bills.
> —Participant 13, Native American woman, aged 40-49

It 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.
>—Participant 32, Latino man, aged 25-39

I need security and social services. Elders need someone in the building to make sure everything is okay. They got a desk clerk and someone that walks the grounds at night to make sure they're not abused.
>—Participant 27, Black woman, aged 65+

I kinda need it (PSH) right now. I have my own apartment right now but after all the stuff I've been through. All the trauma and times- I've been hit by a car a couple of times. I'm in a good place right now but have two different forms of bipolar disorder. I think about how there are a lot of people housed without that type of support. You have to support the mind and the physical.
>—Participant 2, Multiracial man, aged 25-39

Dedicated Affordable Housing

Participants discussed how dedicated affordable housing was preferred to the other housing interventions because it allowed them to pay rent and live independently from what was interpreted as required services:

I get $1000 a month and I'm willing to put half of it down for housing. I'd jump all over this–let's do this.
>—Participant 19, Latino man, aged 50-64

The idea sounds good, but what is the wait to get in to such a program that offers that kind of help? You could get on a list and wait years. You could get on a list in 2020, but you don't get in until 2024.
>—Participant 14, Black man, aged 50-64

I think it would probably work in my situation. Yeah, because the other one had support and I don't want people all up in my household living.
>—Participant 10, Native American woman, aged 18-24

A lot of people would feel good getting some assistance and not having people on our back. If one could feel free to make decisions [about their housing]... People feel good being independent.
>—Participant 32 Latino man, aged 25-39

Discussion

Participants in the focus groups repeatedly took personal responsibility for their homelessness, describing themselves as lazy or irresponsible. Others described feeling worthless or ashamed. Yet looking across the narratives, structural patterns emerge that reflect the ways that systems work in mutually reinforcing ways to produce the racial disparities in the homeless population. Participants described structural barriers—in education, accumulated adverse health impacts, mass incarceration, and generational poverty—that precipitated homelessness. Through this analysis, it became clear that when structural racism is not pinpointed as a root of homelessness for Black, Native Americans, and people of color, it is lived and systemically constructed as a personal failure.

The disproportionate number of people of color who are experiencing homelessness results from structural racism, with origins in manifest destiny, slavery, redlining, mass incarceration, and displacement. The REIA focus groups highlighted a lifetime of racial discrimination accumulated in the experiences of homeless Black, Native American, and other people of color. These include experiences of mass incarceration, barriers to education, adverse health impacts, generational poverty, and the loss of family and other networks of social and economic support.

Participants in the racial equity focus groups frequently described family and friends as providing economic and housing stability during times of insecurity. At the same time, the cumulative impact of structural racism may thin or distress these networks and make Black, Native American, and people of color vulnerable to homelessness.

The Bay Area's housing crisis's economic features are well documented: stagnant wages, particularly for the lowest-paid workers in a high-cost, low vacancy housing market. The racial equity focus groups show that the impact of structural racism in homeless people's lives—mass incarceration, barriers to education, and adverse health impacts, to name a few—makes it difficult to increase income.

The race equity focus groups heard that race-neutral housing application requirements form barriers to accessing housing and how these requirements disproportionately impact Black and Native American people. These include, but are not limited to, credit histories, bank account information, and extended residential histories.

The race equity focus groups affirmed the Point in Time count survey finding that homeless people have ties to the communities where they experience homelessness. Many reported growing up or raising children in the communities where they are now homeless. At the same time, the high cost of housing means that like many low-income households, homeless housing programs increasingly cannot find affordable housing opportunities in Alameda County. This dynamic disproportionately displaces Black, Native American, and other households of color from Alameda County.

A third of homeless households in Alameda County report no physical or mental health conditions, but nearly 75% have monthly incomes less than one thousand dollars. While the link between homelessness and poor health is well documented, it should not be equated with intensive ongoing support service needs. Participants in the racial equity focus groups looked forward to living independently in housing they could afford, without intensive—or invasive—case management.

System Strategies to Advance Equity

The REIA found that the homeless response system does not have the interventions needed to permanently rehouse people experiencing homelessness. Reducing disparities and improving outcomes for the racial and ethnic groups most impacted by homelessness will require adding new types of programs to the homeless response system, increasing all programs' availability, and improving program design and delivery.

Opportunities to Increase Racial Equity in the Homeless Response System Model

- **Increase the availability of homeless housing for people with extremely low incomes and high service needs.** Permanent Supportive Housing (PSH) is the only form of deeply subsidized housing available in the homeless response system. Long lengths of time homeless and a disability are required to qualify for this type of housing, which includes intensive, coordinated services. PSH works very well to help formerly homeless people with disabilities and long histories of homelessness to obtain permanent housing and prevent returns to homelessness. Because PSH works well, there are very few PSH units available each year. During FFY 2019, only 221 households exited PSH, a turnover rate of just 8%.[26] There is not enough PSH to serve all extremely low-income, disabled households experiencing chronic homelessness. For this reason, the modeling recommends increasing the amount of PSH available in the homeless response system to accommodate 25% of households with only adults and 10% of households with minor children.

- **Develop homeless housing opportunities for people with extremely low incomes and low ongoing service needs.** The REIA focus groups identified a gap in resources for extremely low-income households with low ongoing support service needs. Structural racism has a significant economic impact due to histories of incarceration, barriers to education, and employment discrimination, among other situations. Focus group participants described a need for *Dedicated Affordable Housing,* a form of deeply subsidized housing for homeless people that does not require a disability to qualify. The model anticipates that 28% of households with only adults and 30% of households with minor children could end their homelessness with a deep housing subsidy and limited support services.

- **Develop subsidized housing models for people with low incomes.** The REIA focus groups and provider input reinforced research that shows a growing number of Alameda County households are barely making ends meet.[27] Focus group participants drew attention to the gap between what they can earn and high housing costs. In response, the model creates *Shallow Subsidies.* Shallow rental subsidies provide a small amount of money to bridge the gap between income and rent. The model anticipates 13% of households with only adults and 21% of households with minor children could end their homelessness with a shallow subsidy.

- **Create targeted homelessness prevention and rapid resolution resources**. To respond to the intensifying, racially disproportionate inflow of people into homelessness, the model recommends investment in prevention resources targeted toward households most at risk of becoming homeless. Prevention resources include flexible funds, which can be used for car repair, back rent or utility bills, or stabilizing an extended family unit to keep one or more household members from becoming homeless. Flexible funds should not be restricted to one-time only. Prevention also takes ongoing shallow subsidies to address the gap between a household's earned income and high housing costs. This approach recognizes persistent shortfalls in income for households living from paycheck-to-paycheck and struggling to cover housing and basic living expenditures at their earned wage levels. Targeted prevention should look for opportunities to stabilize the extended family unit or household, not just the person(s) experiencing homelessness.

- **Targeted use of temporary supports.** Both the quantitative and qualitative components of the REIA made clear that one-time or temporary supports may fall short of realizing long-term housing stability for the highest-need households served in the homeless response system. These include households with long histories of homelessness, high service needs, and extremely low-income households with limited opportunities to increase income. This challenge is particularly acute for households of color due to racism in the employment sector and accumulated structural barriers. At the same time, the homeless response system model affirms RRH as an intervention that can be successful for as many as 13% of households. For this reason, the modeling recommends targeting RRH to households that show potential to increase their income and extending the timeline from six-to-nine months to 12 months. Additionally, the model plans for backstops that will help households that try RRH only to realize they need ongoing financial or service supports.

- **Create homeless housing opportunities throughout the county.** REIA highlighted the acutely limited housing options available in Alameda County for extremely low-income people. As a consequence, quantitative and qualitative research demonstrate the mounting pressure on low-income people to find more affordable housing elsewhere. The homeless response system must not participate in displacing low-income communities of color from Alameda County. Creating homeless housing opportunities throughout Alameda County will allow participants to choose to live in the communities where they work, have social support networks, and receive services.

- **Increase access by lowering programmatic barriers to participation in crisis services.** The equity focus groups highlighted the value and need for low-barrier crisis response services. These include supports for unsheltered

households such as safe parking, laundry, hygiene services, storage, and street outreach. Lowering barriers to crisis response services also means taking a critical eye to restrictions, including but not limited to curfews, storage, and food. Likewise, ensuring that programs can accommodate a variety of family units, including adult-only households with multiple adults, such as parents and adult children, as well as partners and spouses.

- **Increase Independence and Autonomy.** Participants in the racial equity focus groups described wanting to live in environments where they could access support and retain independence and privacy. This recognition appears in the program models as an emphasis on voluntary support services provided by staff trained to understand structural racism and provide anti-racist support.

- **Improve Communication.** The REIA showed that too often, participants receive inconsistent messages and incorrect information. The homeless response system must communicate clearly and with one voice about available resources, eligibility criteria, and the process for accessing resources.

Responding to homelessness as an outcome of structural racism will change how the homeless response system engages homeless people from frontline services to management to executive decision making. The racial equity lens also clarifies that ending homelessness will require social and structural changes beyond the boundaries of the homeless response system. Even so, the homeless response system must seize this moment to implement the changes daylighted through this analysis: naming structural racism, identifying the barriers that impact homeless people of color, and implementing structural solutions.

Inventory Recommendations Households with Only Adults

The inventory recommendations for households with only adults are premised on the implementation of the REIA recommendations. These recommendations include calibrating new and existing programs to the REIA-informed program designs to reduce the barriers homeless people of color encounter in program policies and procedures. As well, the resource pathways are proportioned to respond to the needs identified in the REIA. Resource pathways are designed to ensure that the homeless response system has enough of the right resources to end homelessness for households with only adults, and particularly Black and Native American households disproportionately represented in the homeless adult population.

Homeless households with only adults include an estimated 91.4%, or 12,005 households, and are the majority of people experiencing homelessness in Alameda County. Households with only adults are disproportionately Black (58%) and Native American (three percent) as compared with the general population of Alameda County (11% Black, one percent Native American).

The diagram below illustrates resource pathways designed to respond to the root causes of homelessness and barriers to housing stability that the REIA identified. These resource pathways must be available in a high-performing homeless response system to end homelessness for Black and Native American adults, who encounter the greatest barriers to housing and disproportionately return to homelessness.

While some homeless households will stay in a Crisis Response Program—emergency shelters, safe havens, domestic violence shelters, and transitional housing—before permanently becoming permanently housed, the homeless response system in Alameda County expects to directly connect unsheltered homeless households to permanent housing without a stay in a crisis response program. Participants in the REIA focus groups highlighted the positive benefits homeless people experience from crisis services, including street outreach, mobile health clinics, laundry, showers, and meal programs. The dashed lines represent pathways for unsheltered households, and the solid lines represent pathways for

sheltered households. The model presumes that roughly 10% of households with only adults will either "self-resolve" their homelessness by finding resources in their personal networks to end their homelessness, or the system will lose touch with them.
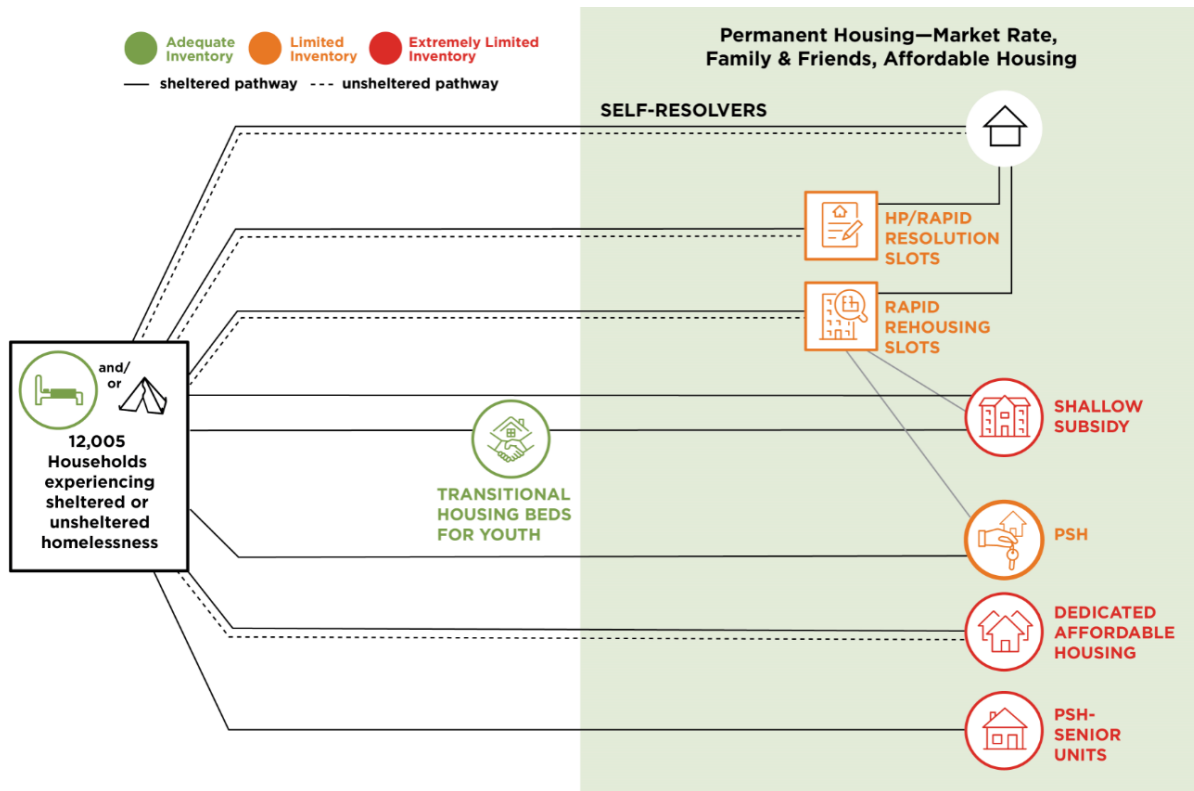

Figure 13: Resource Pathways for Households with Only Adults

The resource pathways for households with only adults are inclusive of the needs of households fleeing domestic violence and chronically homeless households. Transition Aged Youth and Seniors have unique pathways. Transition Aged Youth (TAY) aged 18-24 make up 12% of households with only adults in Alameda County. The community decided to address the needs of TAY within the system and program models generally until it is possible to do an intensive youth-focused modeling process with extensive participation from young adults aged 18-24. In the model for households with only adults, TAY will be served in the following ways:

- Homelessness Prevention/Rapid Resolution programs provide an ongoing income-contingent, long-term subsidy to people with jobs who need a subsidy to afford rent.
- Transitional Housing for Youth programs are specialized to serve young adults for 12 months in transitional housing and then through an ongoing shallow subsidy linked to the recipient's income.
- RRH programs will serve TAY who can increase their income to afford rent with an 18-month rental subsidy. This pathway presumes that TAY may find shared housing situations and/or increase their income so they can assume the full rent at the end of the subsidy period. A small percent of TAY households in RRH will need a Permanent Supportive Housing backstop because of more intensive service needs.

Seniors and adults aged 55 and older make up about 30% of households with only adults. The model anticipates that seniors will be served in the following ways:

- Dedicated Affordable Housing is responsive to older adults living independently on fixed incomes. Seniors will access Dedicated Affordable Housing from sheltered and unsheltered homeless living situations.

- PSH for Seniors is a more service-intensive version of PSH for formerly homeless adults who can no longer live independently. Because the homeless and the formerly homeless population is aging, the models presume 10% of households with only adults will need a higher level of care offered by PSH for Seniors.

Households with Only Adults: Leveling Up

Bringing the REIA-informed resource model to fruition involves "leveling up" the current system, which means reshaping the current homeless response system to match the REIA-informed system model. To do this, the community must add capacity in the areas where the system is under-resourced. Currently, the homeless response system has the greatest capacity in its Crisis Response interventions. This is not to say that the system has all the residential Crisis Response resources it will ever need to end homelessness. Instead, it is to say that bringing all the homeless response system resources into proportion with the existing amount of residential Crisis Response resources will generate flow through the system and enable the existing Crisis Response resources to function better. Indeed, at the writing of this report in August 2020, the average length of stay in a shelter is 171 days. To reach model performance level, the system must build up the permanent housing resources and homelessness prevention interventions to match the current level of residential Crisis Response capacity. Doing so will enable the residential Crisis Response resources to function at a higher level, serving four households each year for a 90-day average length of stay.

Importantly, the REIA showed that the homeless response system does not have homeless prevention and permanent housing interventions that work for the disproportionately Black and Native American households experiencing homelessness. Leveling up the under-resourced parts of the homeless response system by creating programs tailored to the root causes of homelessness among Black and Native Americans is designed to create more equitable outcomes. Leveling up the current system to realize a more effective and equitable system represents the beginning of ongoing work:

- Adding capacity in alignment with the REIA-informed inventory recommendations in the system model.
- Re-calibrating programs to the equity standards in the program models.
- Ongoing evaluation to ensure that the remodeled homeless response system is producing more equitable outcomes.
- Continuous improvement of the program and inventory models to respond to racial and ethnic disparities as they are identified.

The Level Up Calculator for households with Only Adults shows the type of resources and the number of units needed to align the homeless response system with the number of Crisis Response units currently available in the system. Crisis Response includes emergency shelters, transitional housing (excluding youth TH), safe-havens, and domestic violence shelters. Safe parking is not included because a systemwide count of inventory as not taken place.

All inventory in the Level Up Calculator is represented in units that correspond with the maximum number of households that can be served at a time. For permanent supportive housing, PSH for Seniors, Dedicated Affordable Housing, and Shallow Subsidy, the 2020 inventory in the Level Up Calculator is the number of units—new or as turnover—expected to be available over a year. The "level up cost" applies cost estimates generated by a working group of funders and providers. Aligning the homeless response system to meet adult-only households' needs will cost an estimated $211 million (rounded).

Level Up Calculator: Households with Only Adults						
What type and amount of capacity and investment is needed to maximize exisiting resources and balance the system inventory?						
	Ideal Ratio to Crisis Response	2020 Inventory (available units)	Ideal # Units	Additional Units Needed	Level up cost	How close is the current system to the ideal ratio?
Homeless Prevention and Rapid Resolution	25%	53	339	286	$5,152,500	16%
Crisis Response (ES, TH, SH)	100%	1,357	1,357	0	$0	100%
Transitional Housing for Youth	17%	103	226	123	$4,495,583	46%
Rapid Re-Housing (RRH)	183%	278	2,488	2,210	$49,168,792	11%
Permanent Supportive Housing (PSH)	133%	321	1,809	1,488	$37,654,833	18%
PSH for Seniors	83%	0	1,131	1,131	$33,925,000	0%
Dedicated Affordable Housing	233%	0	3,166	3,166	$65,543,100	0%
Shallow Subsidy	108%	0	1,470	1,470	$14,700,833	0%
Total		2,112	11,987	9,875	$210,640,642	18%

Figure 14: Level Up Calculator for Households with Only Adults

The 2020 HIC provides a pre-COVID-19 point-in-time snapshot of the system inventory. At the writing of this report, the COVID-19 pandemic has necessitated decompressing congregate Crisis Response residences. Nonetheless, an Annual Performance Report of these crisis shelter programs shows that as of July 29, 2020, the number of households with only adults being served in crisis shelter programs has increased from 1,357 capacity reported in the HIC to 1,515 households. The above recommendations can be considered conservative, considering this expansion in shelter occupancy.

Households with Only Adults: Scaling Up

Once the homeless response system is proportionately aligned with the model, it can be brought to a scale capable of addressing the population needs of homeless households with only adults. The below chart shows the package of homeless prevention, crisis shelter, and permanent housing resources needed to serve each additional 100 homeless households with only adults.

The resource package describes interconnections between homelessness prevention, crisis shelter, and permanent housing resources. New resources cannot be added as modular components. An equitable and effective homelessness response requires planners, funders, providers, and elected leaders to develop a coherent and proportionate system of interrelated pathways. Permanent housing resources must accompany investments in crisis response for the system to achieve flow and perform at a higher, more equitable level.

Some of the inventory will serve multiple households. For example, each unit of emergency shelter will serve four households each year for three months each, for a combined total of 48 households annually. Because some households will use more than one, the interventions will not total 100. Cost estimates are estimated by a working group of funders and include funders' and subcontractors' administrative costs. Multi-year estimates include a three percent cost of living adjustment compounded year after year.
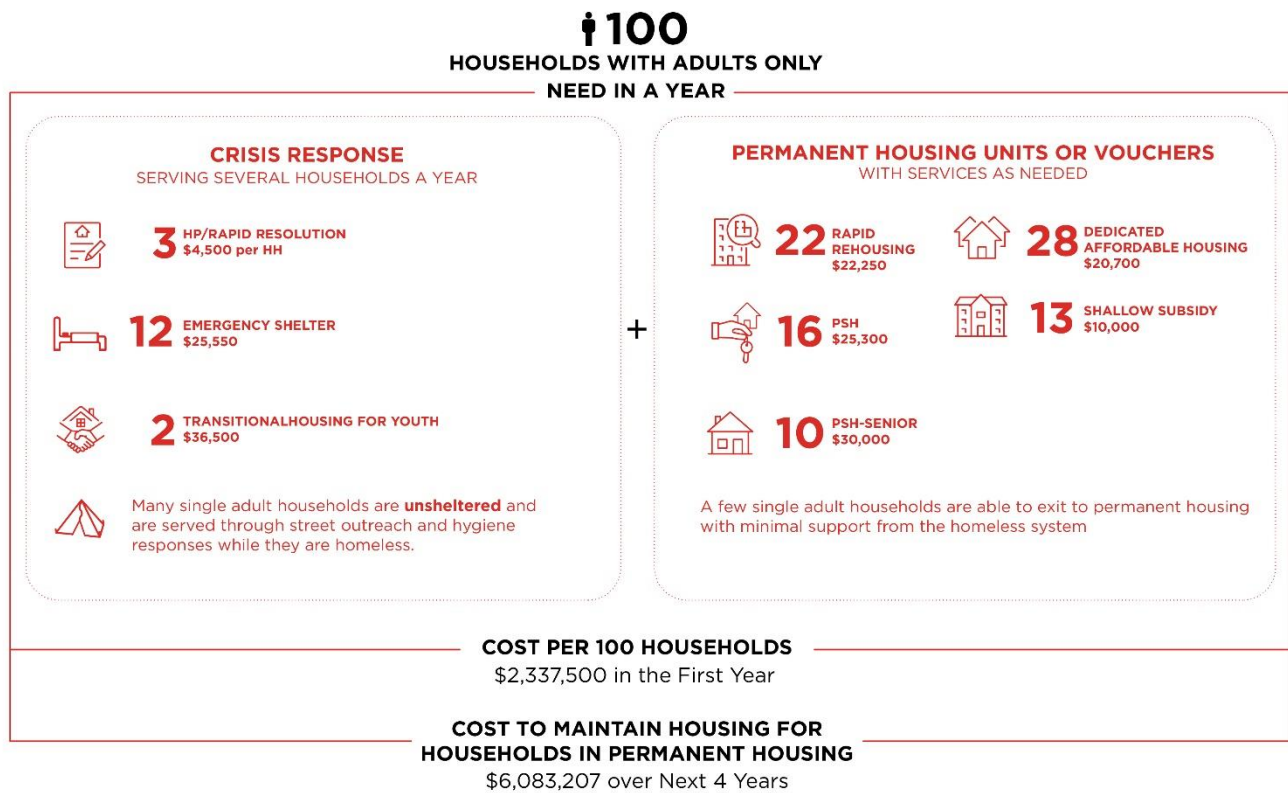
Figure 15: What 100 Households with Adults Only Need in a Year

The modeling workbook allows the community to adjust three variables: inflow into homelessness, returns to homelessness, and level of investment. The variables can be adjusted to match the current situation or project the impact of changes in these variables. Because of these inputs, the modeling workbooks are dynamic and powerful tools for planning. At the same time, it is important to notice that even as the community process worked to build the REIA into the system model structures, the modeling workbooks alone are not enough to ensure racially equitable outcomes. Ongoing evaluation and community accountability are required to fully implement the REIA recommendations throughout the system, remove barriers, identify latent or emerging racial disparities, and course-correct. This is the work ahead.

To illustrate the model's utility as a planning tool, Figure 16 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless response system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total combined cost of Leveling Up and Scaling Up in Figure 16 is $1.1 billion.

Scenario 1 Investment Impact Dashboard, Households with Only Adults						
	2020	2021	2022	2023	2024	2025
Returning from Previous Year		19%	16%	13%	10%	7%
Inflow		20%	20%	20%	20%	20%
Total New Investment (cumulative)		$100,000,000	$160,000,000	$210,000,000	$240,000,000	$240,250,000
Annual HH in the System	12,005	14,925	16,218	15,765	14,926	14,742
Annual Exits	4,442	7,773	11,308	13,447	14,731	14,741
Annual Remaining	7,563	7,152	4,909	2,318	195	0
Unmet Need	63%	48%	30%	15%	1%	0%

Figure 16: Scenario 1, Investment Impact Dashboard, Households with Only Adults

Using the variables in Figure 16, the models show an increase in homelessness in year two at 16,218 households with only adults. Unmet need steadily declines year after year until reaching functional zero, no unmet need, in year five. Figure 17 describes the additional units needed each year in Scenario 1. Some of these resources will serve multiple homeless households that year, such as Homeless Prevention and Rapid Resolution, Crisis Response, and Transitional Housing for Youth. Other resources are likely to serve only one household, including Permanent Supportive Housing, PSH for Seniors, Dedicated Affordable Housing, and Shallow Subsidies.

Scenario 1 Entire CoC 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention / Rapid Resolution	194	260	318	368	373
Crisis Response (ES, TH, SH)	997	1,335	1,633	1,890	1,915
Transitional Housing for Youth	155	208	255	295	298
Rapid Re-Housing (RRH)	1,672	2,237	2,736	3,166	3,208
Permanent Supportive Housing (PSH)	1,244	1,665	2,037	2,357	2,388
PSH for Seniors	777	1,041	1,273	1,473	1,492
Dedicated Affordable Housing	2,176	2,914	3,565	4,124	4,178
Shallow Subsidy	1,010	1,353	1,655	1,915	1,939

Figure 17: Scenario 1, Entire CoC 5-Year Inventory Needs, Households with Only Adults

There is good reason to think that an infusion of significant, new investment in alignment with the REIA-informed program models and inventory recommendations can produce a more equitable and effective response to homelessness. The model shows that the proportion of households that exit homelessness to permanent housing (Annual Exits/Annual HH in the System) will increase from 37% to 100% in year five. The proportion of households returning to homelessness will decrease. These outcomes—obtaining and retaining permanent housing—are directly targeted to improve outcomes among homeless Black and Native Americans, who encounter structural barriers to obtaining housing and return to homelessness at disproportionately high rates.

Yet even as the strategy in Scenario 1 supports a homeless response system that works better for the people it serves, investment alone will not end homelessness. As showing in Figure 16, an extraordinary number of adults in Alameda County, particularly Black and Native American adults, will continue to experience homelessness because of the high inflow rate. Inflow will not abate without addressing structural racism, economic inequality, and housing shortages that drive homelessness in Alameda County.

Scenario 2 provides a point of comparison. Figure 18 uses the same rate of return and inflow rate as in Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined cost of Leveling Up and Scaling up is $956 million over five years.

Scenario 2 Investment Impact Dashboard, Households with Only Adults						
	2020	2021	2022	2023	2024	2025
Returning from Previous Year		19%	16%	13%	10%	7%
Inflow		20%	20%	20%	20%	20%
Total New Investment (cumulative)		$50,000,000	$100,000,000	$150,000,000	$200,000,000	$250,000,000
Annual HH in the System	12,005	14,925	17,617	20,240	21,326	22,336
Annual Exits	4,442	6,107	7,773	11,308	13,447	15,586
Annual Remaining	7,563	8,818	9,844	8,932	7,879	6,749
Unmet Need	63%	59%	56%	44%	37%	30%

Figure 18: Scenario 2, Investment Impact Dashboard, Households with Only Adults

Scenario 2 shows a homeless response system that is gradually improving. Unmet need, the proportion of all households that remain homeless from one year to the next (Annual Remaining/Annual HH in the System) declines from 63% to 30% over five years. The proportion of households that obtain permanent housing increases to 70% in year five, and housing retention improves to seven percent.

Nonetheless, the number of households experiencing homelessness increases each year (Annual HH in the System) reaches 22,336 homeless households with only adults in year five. This is an 86% increase over the total number of households estimated to experience homelessness in 2020. In Scenario 2 the system does not reach functional zero, no unmet need, in five years. Even as the homeless response system becomes more efficient, the high inflow rate and a gradual investment strategy means that households are homeless longer and more people are homeless at a point in time.

Scenario 2 Entire CoC 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention / Rapid Resolution	153	165	208	235	260
Crisis Response (ES, TH, SH)	784	846	1,069	1,207	1,336
Transitional Housing for Youth	122	132	167	188	208
Rapid Re-Housing (RRH)	1,313	1,416	1,792	2,023	2,239
Permanent Supportive Housing (PSH)	977	1,054	1,334	1,506	1,666
PSH-Seniors	611	659	834	941	1,042
Dedicated Affordable Housing	1,710	1,844	2,335	2,635	2,917
Shallow Subsidy	794	857	1,084	1,223	1,354

Figure 19: Scenario 2, Entire CoC 5-Year Inventory Needs, Households with Only Adults

The side-by-side charts in Figure 20 represent the different impacts of Scenario 1 and Scenario 2 in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining homelessness (green). These graphs show that significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that thousands of adults will continue to experience homelessness each year, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native American people. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
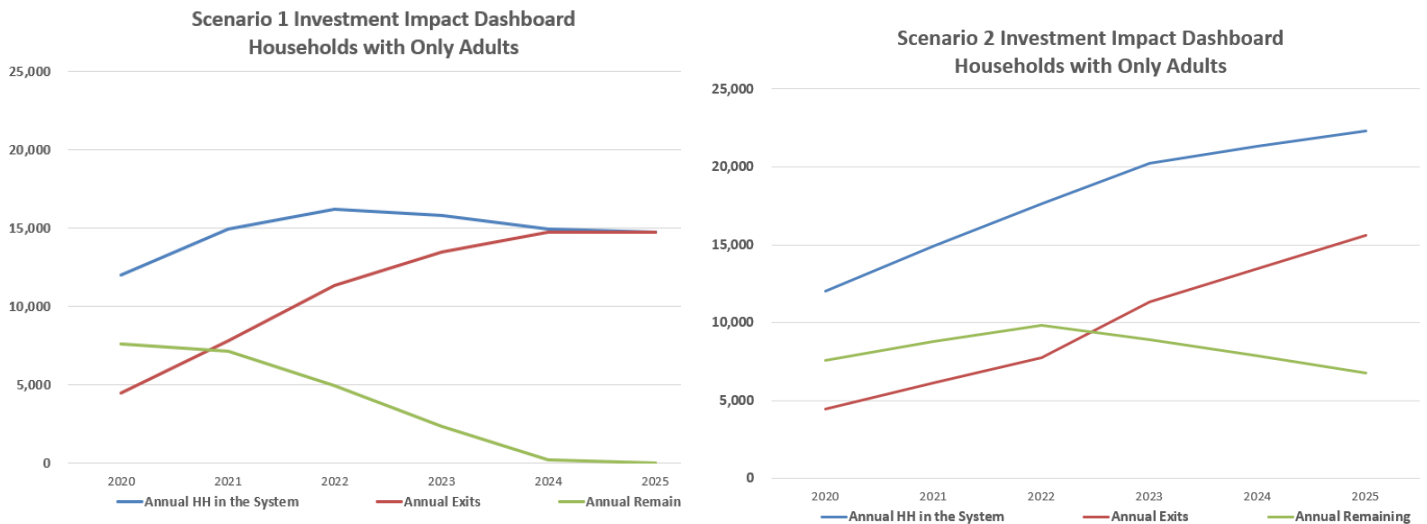
Figure 20: Investment Impact Comparison of Scenario 1 and Scenario 2 in Households with Only Adults

Households with Only Adults: Regional Models

Regional models that divide the estimated homeless population into the Continuum of Care's sub-geographic areas using the 2019 Point in Time Count can be found in the appendices. Both Scenario 1 and 2 are available for each of the five CoC sub-geographic regions. These regional estimates make three important assumptions:

1. Household compositions and needs are relatively consistent across the CoC.
2. The inflow of people into homelessness is consistent across the CoC.
3. Rates of returns to homelessness are consistent across sub-geographic regions.

At the writing of this report, the CoC does not have baseline inventory data for each region. As a result, it is difficult to provide accurate estimates of additional units needed in each region. The below table shows the additional permanent housing inventory needed in Scenario 1, which reaches functional zero. The inventory needs are divided into the five sub-geographic regions using the population distribution from the 2019 Point in Time Count.

Scenario 1 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%
PSH	7,671	330	1419	1266	3889	767
PSH - Seniors	5,292	228	979	873	2683	529
Dedicated Affordab	15,584	670	2883	2571	7901	1558
Shallow Subsidy	7,235	311	1338	1194	3668	723
Total Units Needed	35,781	1,539	6,619	5,904	18,141	3,578

Figure 21: Scenario 1, Total New Units Needed by Year 5 by Geography, Households with Only Adults

In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of regional similarities and differences in the characteristics and needs of homeless households in each community, the inflow rates and returns to homelessness, and the crisis and housing resource inventories.

Inventory Recommendations Households with Minor Children

This report's inventory recommendations for households with minor children provide a blueprint of the community's best thinking toward addressing the equity gaps in the homeless response system. Based on findings from the REIA, the inventory recommendations allocate resources in ways designed to remove structural barriers and create opportunities for homeless families with minor children, and in particular the Black and Native American households over-represented in the homeless population.

Households with minor children make up 7.5% of all households experiencing homelessness, with an estimated 985 households with minor children experiencing homelessness each year in the Oakland-Berkeley-Alameda County Continuum of Care. Homeless families with minor children are disproportionately Black (55%) and Native American (5%) as compared with the general population of Alameda County (11% and one percent respectively).

Figure 22 illustrates the resource pathways for families that the community designed to be responsive to the root causes of homelessness and barriers to housing stability identified in the REIA. These resource pathways represent the community's best thinking about the resources needed to produce greater equity in a high functioning homeless response system.
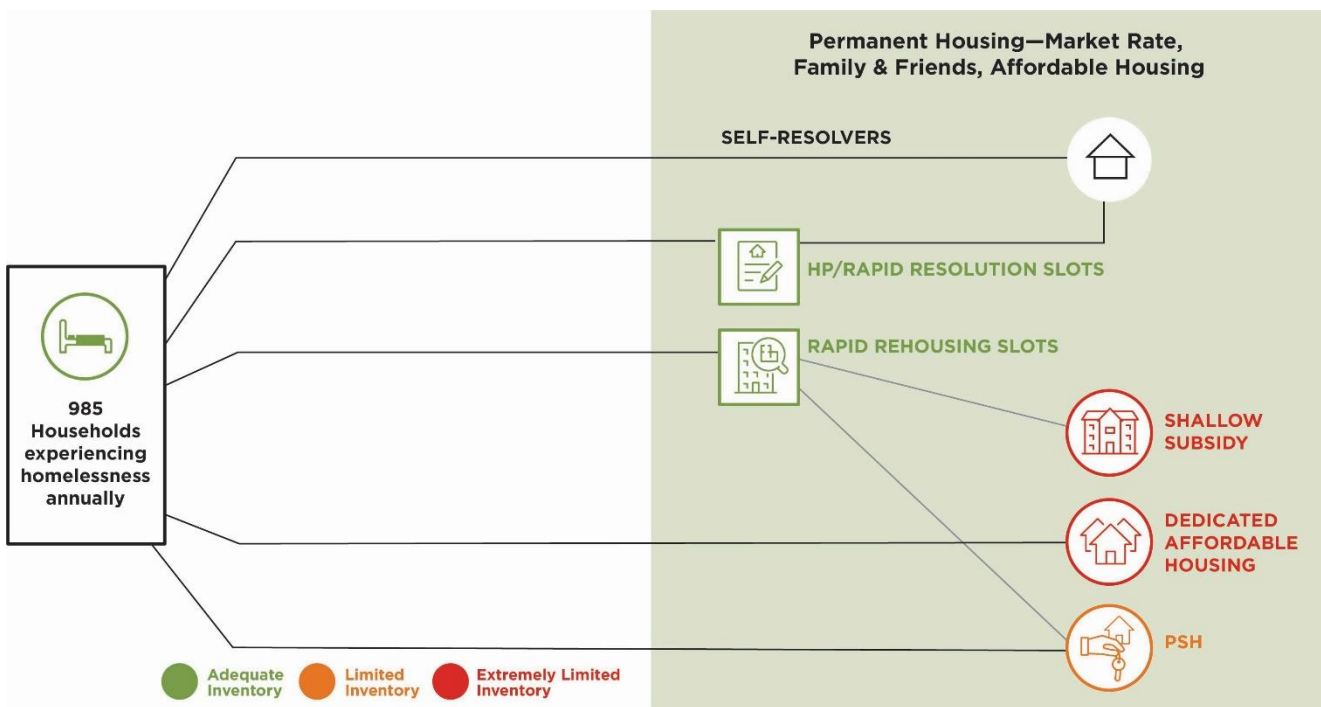
Figure 22: Resource Pathways for Households with Minor Children

The working group that focused on households with minor children began from the premise that the vast majority, if not all homeless families with minor children, would use residential crisis response programs like shelter and transitional housing if those programs are carefully calibrated to their needs. Details on the features of crisis response programs that homeless families need can be found in Appendix D. Like the pathways for households with only adults, this set of pathways assumes that 10% of households "self-resolve" their homelessness or lose contact with the system. The pathway diagram shows that Shallow Subsidies, Dedicated Affordable Housing, and Permanent Supportive Housing are the interventions that need the most significant investment.

Households with Minor Children: Leveling Up

Bringing the REIA-informed resource model to fruition involves two steps, including "leveling up" the current homeless response system to align with the model and then "scaling up" the homeless response to serve the entire population of families experiencing homelessness. Leveling up is reshaping the current system response to match the REIA-informed model system for serving families with minor children. To do this, the CoC must add capacity in the areas where the family system is under-resourced.

Currently, the systemic response to homeless families has the greatest capacity in its Crisis Response, followed closely by Rapid Re-Housing. Crisis Response includes emergency shelter, transitional housing, and domestic violence shelters. The system has a greater capacity in Crisis Response and RRH, but that does not mean that the family system has all the Crisis Response or RRH resources it will ever need to end homelessness. Instead, it is to say that building up the permanent housing and homeless prevention resources will create flow through the system and enable the existing Crisis Response and RRH resources to function more efficiently. For example, adding PSH and Dedicated Affordable Housing resources will provide a permanent housing backstop that is modeled for families with minor children in RRH. The community anticipates that this backstop will reduce the number of families that return to homelessness from RRH.

Once again, the REIA showed that the homeless response system currently does not have the kinds of homelessness prevention and permanent housing interventions that will work in the long term for homeless families that are disproportionately Black, Native American, and other people of color. These include Short Term and Ongoing Homeless Prevention and Rapid Resolution programs, Shallow Subsidies, and Dedicated Affordable Housing. Leveling up the homeless response system by creating programs tailored to the root causes of homelessness among Black and Native American families with minor children is expected to create more equitable outcomes. Adding inventory to the current system to realize a more effective and equitable system is just the beginning, however. Ongoing work includes:

- Adding capacity in alignment with the REIA-informed inventory recommendations in the system model.
- Re-calibrating existing programs and developing new programs to meet the equity standards in the program models.
- Measuring performance to verify the remodeled homeless response system produces equitable outcomes.
- Continuous improvement of the program and inventory models to respond to racial disparities and barriers as they are identified.

The Level Up Calculator shows the types and quantity of units needed to bring the systemic response to homeless families into alignment with the REIA informed model. All the numbers represent units or the maximum number of households with minor children that can be served at a given time. The 2020 Inventory for Permanent Supportive Housing (PSH), Dedicated Affordable Housing, and Shallow Subsidy are shown as the number of units—new or turnover—expected to be available over a year.

The model for households with minor children includes a surge of 246 PSH units for homeless households with minor children who have experienced long lengths of time homeless. The "Level up cost" column applies cost estimates for each intervention type that were generated by a working group of funders and providers. Aligning the homeless response system to meet the needs of homeless households with minor children, including a surge in Permanent Supportive Housing, will cost an estimated $18 million (rounded).

Level Up Calculator: Households with Minor Children

What type and amount of investment is needed to maximize exisiting resources and balance the system inventory?

	Ideal Ratio to Crisis Response	2020 Inventory (available units)	Ideal # Units	Surge units for longstayers	Total additional units (level up + longstayers)	Level up cost	How close is the current system to the ideal ratio?
Homeless Prevention/Rapid Resolution	14%	3	22		19	$336,273	14%
Crisis Response (ES and TH)	100%	159	159		0	$0	100%
Rapid Re-Housing	68%	102	108		6	$142,602	94%
Permanent Supportive Housing	45%	61	72	246	258	$7,846,718	19%
Dedicated Affordable Housing	136%	0	217	0	217	$5,609,086	0%
Shallow Subsidy	182%	0	289	0	289	$4,423,091	0%
Total	**Total Units**	325	867	246	789	$18,357,770	37%
	Total HH served	650	723	246	605		

Figure 23: Level Up Calculator for Households with Minor Children

At the writing of this report, the COVID-19 pandemic has necessitated decompressing congregate shelter and transitional housing environments. Nonetheless, an Annual Performance Report of Crisis Response programs shows that as of July 29, 2020, the number of households with minor children being served in shelters is 123, 36 households fewer than the capacity of 159 reported in the 2020 HIC. There is good reason to think that current occupancy, even with congregate decompression, is comparable to what is reported in the HIC. For one, the HIC includes all inventory, while the APR reports occupancy. Occupancy may be lower than the decompressed inventory if, for example, a shelter slot was unoccupied at the quarterly Point in Time count on July 29, 2020. The HIC includes domestic violence shelter capacity, while the APR does not include domestic violence shelter occupancy. For these reasons, it is reasonable to think that crisis response inventory for households with minor children during COVID-19 is comparable to pre-COVID-19 capacity and that the above recommendations remain accurate.

Households with Minor Children: Scaling Up

Once the homeless response system that serves homeless families with minor children is aligned with the model, it can be brought to a scale capable of addressing the needs of all households with minor children. The below chart shows the package of prevention, crisis shelter, and permanent housing resources needed to serve 100 households with minor children.
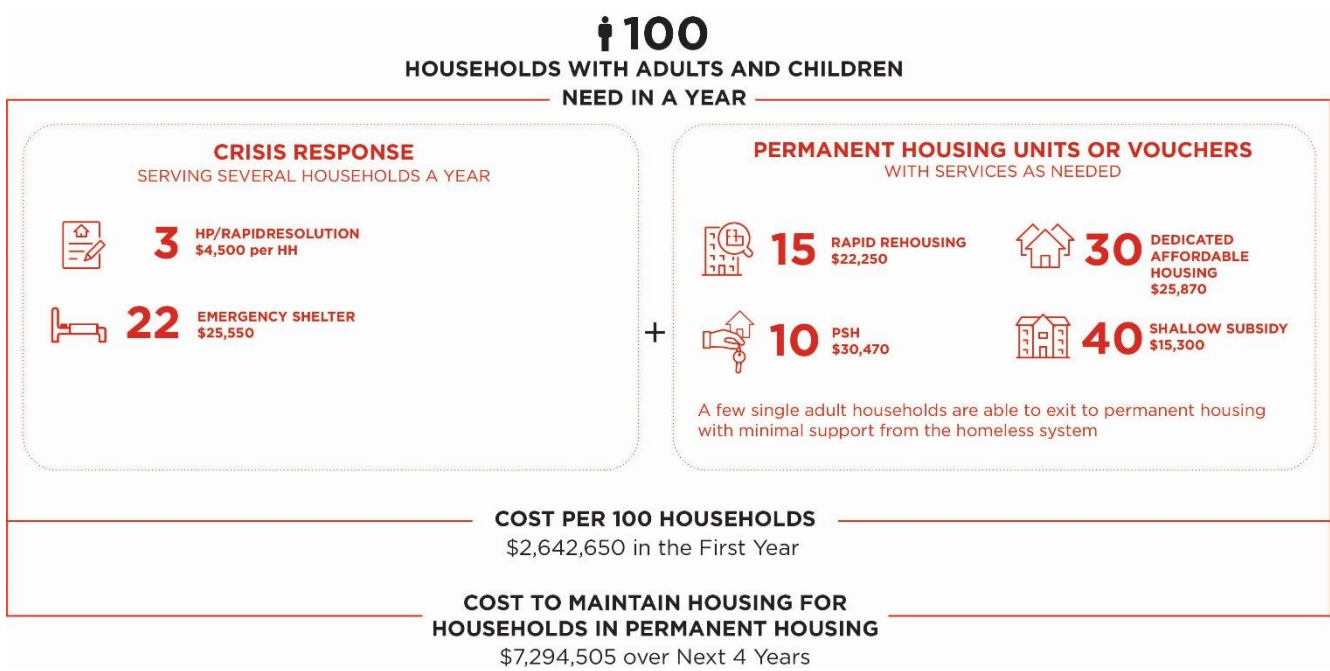
Figure 24: What 100 Households with Adults and Children Need in a Year

Importantly, homeless families need prevention, crisis response, and permanent housing resources that interconnect to meet their needs and create pathways out of homelessness. Adding resources in ways that reinforce those pathways will lead to a more effective and equitable homeless response. The 100-household package of resources describes the interrelationship between homelessness prevention, crisis shelter, and permanent housing resources that homeless families need. Planners and funders, the Continuum of Care, Alameda County, cities, and philanthropies must invest in the combined package of resources to produce a coherent system that performs efficiently and equitably.

Some of the inventory will serve multiple households. For example, each emergency shelter slot will serve four households each year for three months each, serving a total of 88 households annually. As well, some households will use more than one intervention. For this reason, the chart does not add up to 100. Cost estimates are determined by a working group of funders and service providers, describe the cost per household served, and include funders' and subcontractors' administrative costs, operating costs, but exclude capital costs. The cost to maintain housing for households in permanent housing over four years includes a three percent cost of living adjustment compounded year after year.

The modeling workbooks are powerful tools for planning because they can be adjusted to reflect different rates of inflow, returns, and investment. Still, it is critical to remember that even as the community process worked to build the REIA into the system model structures, the modeling workbooks alone are not enough to ensure racially equitable outcomes. Ongoing evaluation and community accountability are required to implement the REIA recommendations, remove barriers, identify emerging racial disparities, and course-correct. This is the work that lies ahead.

Scenario 1 Investment Impact Dashboard, Households with Minor Children						
	2020	2021	2022	2023	2024	2025
Returning from Previous Year		12%	10%	8%	6%	4%
Inflow		20%	20%	20%	20%	20%
Total New Investment (Cumulative)		$13,000,000	$21,000,000	$26,000,000	$28,000,000	$29,000,000
Annual HH in the System	985	1,171	1,222	1,194	1,118	1,124
Annual Exits	364	618	823	1,012	1,088	1,125
Annual Remaining	621	552	399	182	30	(2)
Unmet Need	63%	47%	33%	15%	3%	0%

Figure 25: Scenario 1, Investment Impact Dashboard, Households with Minor Children

As an example, Figure 25 assumes inflow into the homeless system is realistically high, maintaining at 20%, close to the 22% inflow rate Alameda County experienced between 2017 and 2019. It also assumes that the modeled homeless system is more equitable than the current system, resulting in an improved permanent housing retention rate. The rate of returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant investment of $13 million in year one and then adds $8 million in year two, $5 million in year three, $2 million in year four, and $1 million in year five. The total combined cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Using the variables in Scenario 1, the CoC could see an increase in the annual number of homeless households with minor children that peaks in year two at 1,222 households. Unmet need declines year after year, achieving functional zero in five years. Figure 26 describes the additional Point in Time inventory needed each year according to the investment strategy, inflow, and returns to homelessness defined in Scenario 1. Some of these resources will serve multiple homeless families with minor children that year, such as homeless Prevention/Rapid Resolution and Crisis Response programs. Other resources are likely to serve only one household, including Permanent Supportive Housing, Dedicated Affordable Housing, and Shallow Subsidies.

Scenario 1 Entire CoC 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	15	21	25	27	28
Crisis Response (ES,TH)	128	172	210	226	234
Rapid Re-Housing (RRH)	93	123	152	163	169
Permanent Supportive Housing (PSH)	62	82	101	109	113
Dedicated Affordable Housing	186	247	303	327	338
Shallow Subsidy	247	329	405	435	450

Figure 26: Scenario 1, Entire CoC 5-Year Inventory Needs, Households with Minor Children

Significant new investments in alignment with the REIA-informed program models and inventory recommendations are likely to produce a more equitable and effective response to homelessness. The proportion of households that exit homelessness to permanent housing (Annual Exits/Annual HH in the System) will increase from 37% to 100%. The proportion of households returning to homelessness will gradually decrease. The number of families with minor children who return to homelessness will decrease. Increasing the number of households that obtain and retain permanent housing are key performance targets that are essential to improving outcomes for homeless Black and Native American families, who encounter structural barriers to obtaining housing and return to homelessness at disproportionately high rates.

Yet even as the homeless response system becomes more effective, the number of households with minor children experiencing homelessness each year remains unacceptably high. The steady and elevated inflow rate into homelessness disproportionately impacts Black and Native American households with minor children. Changing the

inflow rate depends upon addressing structural conditions—racism, economic inequality, and housing shortages—that drive the intensification of homelessness across the CoC.

Changing the inputs in turn changes in the model changes the trajectory of homelessness. Scenarion 2 shown in Figure 27 reflects the same returns and inflow rates as Scenario 1. Scenario 2 changes the investment strategy to add $6 million of new investment each year. The total combined cost of Leveling Up and Scaling Up in Scenario 2 is $108 million (rounded).

Scenario 2 Investment Impact Dashboard, Households with Minor Children						
	2020	2021	2022	2023	2024	2025
Returning from Previous Year		12%	10%	8%	6%	4%
Inflow		20%	20%	20%	20%	20%
Total New Investment (Cumulative)		$6,000,000	$12,000,000	$18,000,000	$24,000,000	$30,000,000
Annual HH in the System	985	1,171	1,345	1,523	1,719	1,857
Annual Exits	364	482	599	723	950	1,177
Annual Remaining	621	689	746	800	769	680
Unmet Need	63%	59%	55%	53%	45%	37%

Figure 27: Scenario 2, Investment Impact Dashboard, Households with Minor Children

This scenario shows annual increases in the number of households with minor children that are homeless each year (Annual HH in the System). In year five, 1,857 families experience homelessness. Unmet need or the proportion of all households that remain homeless from one year to the next (Annual Remaining/Annual HH in the System) declines from 63% to 37%. Still, it continues to impact hundreds of families each year. In sum, families will remain homeless for longer, and the number of homeless families will double in five years.

Scenario 2 Entire CoC 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	12	15	18	24	29
Crisis Response	100	125	150	198	245
Rapid Re-Housing (RRH)	72	90	108	142	177
Permanent Supportive Housing (PSH)	48	60	72	95	118
Dedicated Affordable Housing	144	180	217	285	353
Shallow Subsidy	193	239	289	380	471

Figure 28: Scenario 2, Entire CoC 5-Year Inventory Needs, Households with Minor Children

The additional investment described in Scenario 2, if made in alignment with the REIA-informed program models and inventory needs shown above, will result in a more effective homeless response over five years. Yet even as the homeless response system becomes more effective in Scenario 2, the number of households with minor children that experience homelessness each year remains high because of the rates of inflow and unmet need. Without significant investment and addressing the root causes of homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of households with minor children in Alameda County.

Figure 29 shows the impact of Scenario 1 and 2 side-by-side for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters. Significant investment early on can turn the curve of homelessness for households with minor children.

Both scenarios show that hundreds of families with minor children will continue to experience homelessness each year in Alameda County. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.
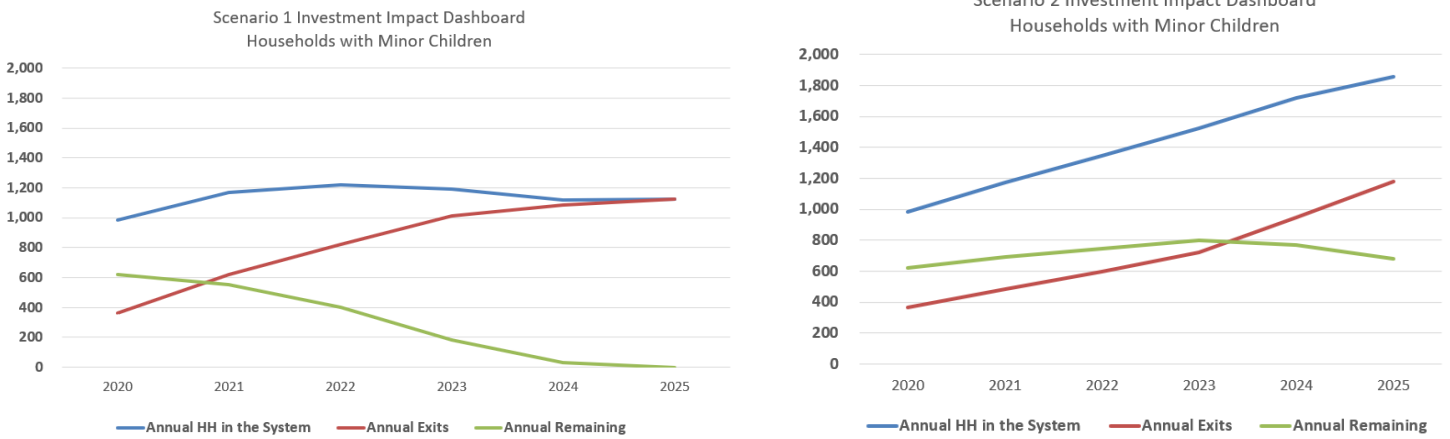

Figure 29: Investment Impact Comparison of Scenario 1 and Scenario 2 in Households with Minor Children

Households with Minor Children: Regional Models

Regional models that divide the estimated homeless population into the Continuum of Care's sub-geographic areas using the 2019 Point in Time Count can be found in the appendices. Both Scenario 1 and 2 are available for each of the five CoC sub-geographic regions. The regional estimates make three important assumptions:

1. Household compositions and needs are relatively consistent across the CoC.
2. The inflow rate into homelessness is consistent across the CoC.
3. Rates of returns to homelessness are consistent across sub-geographic regions.

At the writing of this report, the CoC does not have baseline inventory data for each region. As a result, it is difficult to provide accurate estimates of the number of additional units needed in each region. The below table shows the total additional units of permanent housing needed to serve households with minor children in Scenario 1, which reaches functional zero. The inventory needs are divided into the five sub-geographic regions using the population distribution from the 2019 Point in Time Count.

Scenario 1 Total New Units Needed by Year 5 by Geography, Households with Minor 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%
PSH	257	11	47	42	130	26
Dedicated Affordable Housing	1,285	55	238	212	652	129
Shallow Subsidy	1,712	74	317	282	868	171
Total Units Needed	**3,254**	**140**	**602**	**537**	**1,650**	**325**

Figure 30: Total New Units Needed by Year 5 by Geography, Households with Minor Children

In the future, the Point in Time Count, HMIS and additional data collection may provide a more detailed understanding of the regional similarities and differences in the characteristics and needs of homeless households in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Next Steps

The work of developing a racially equitable and effective homeless response system is only beginning. Bringing racial equity into the fabric of homeless system planning is a critical innovation. It will also take ongoing effort and determination to put racial equity at the center of every aspect of the homeless system. As a starting place, the Continuum of Care is committed to disaggregating performance outcomes by race. Consistently disaggregating performance outcomes by race will help the CoC identify and respond to racial disparities and evaluate progress toward a racially equitable system. Also, stakeholders can begin implementing the program model recommendations, deeply informed by the Racial Equity Impact Analysis. The program models' structures and practices can be developed into policies, incorporated into contracts, and measured using the Results Based Accountability framework.

A high performing and racially equitable homeless system of care will require significantly more resources to address service gaps. Stakeholders must develop coordinated funding strategies. These include creating a reliable funding source to expand permanent supportive housing, shallow subsidies, and dedicated affordable housing. The Home Together general sales tax ballot initiative that passed in November 2020, is a promising new revenue stream. The CoC, among other concerned stakeholders, will need to work closely with the Alameda County government to ensure that the funds are used in alignment with the inventory recommendations and program models developed through the REIA and system modeling process.

Additionally, the community does not have a system-wide inventory of deeply affordable housing earmarked for homeless households, though some of this type of housing exists. Adding Dedicated Affordable Housing to the HMIS and filling those units through coordinated entry will provide a way of tracking the development of this housing type and ensuring that vacancies are filled with another homeless household. Increasing the inventory of deeply affordable housing will also require obtaining and developing new housing. Strategies for adding deeply affordable housing include Low-income Housing Tax Credits and Community Land Trusts, among others.

The Racial Equity Impact Analysis focus groups can be resumed and expanded to capture insight into what works (and doesn't) for LGBTQI+ people and Native Hawaiians/Pacific Islanders, as an example of two perspectives not captured in the first round of focus groups that was cut short by the COVID-19 pandemic.

Finally, the models are dynamic and can be adjusted annually as new information about the homeless population becomes available, and as new resources are implemented. An annual process of updating the models will provide a current gaps analysis and allow the CoC to track progress toward fully implementing the models. These measures should be interpreted against racial equity performance outcomes, including but not limited to the racial and ethnic composition of inflow and returns to homelessness.

The racially equitable and effective homeless response system that is the goal of this report is best understood as an ongoing set of actions rather than a static structure. Making it a reality and keeping it going through intentional actions is the most important kind of work. That work starts now.

Acknowledgements

Appendix A: Racial Equity Impact Analysis Focus Groups

Demographics

A total of 53 individuals participated in the focus groups, provided below is more on the composition of the participants.

Focus Group Participant by Age

Age Group	Percentage
18-24	17%
25-39	17%
40-49	13%
50-64	40%
65+	11%
Prefer not to state	2%
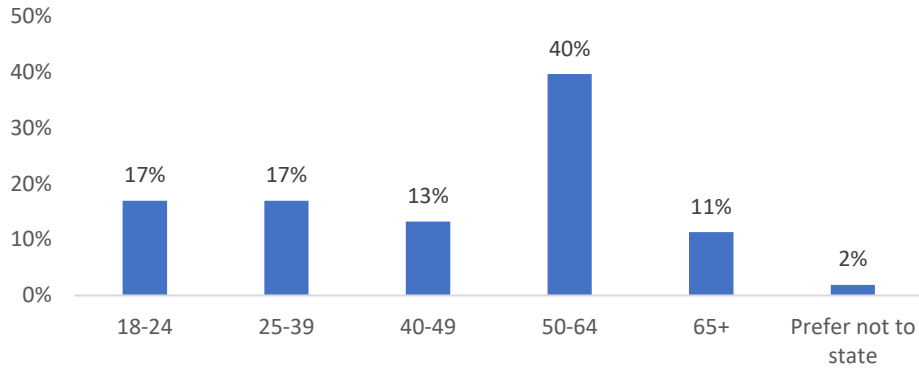
Focus Group Participants by Gender

- Female: 47%
- Male: 53%
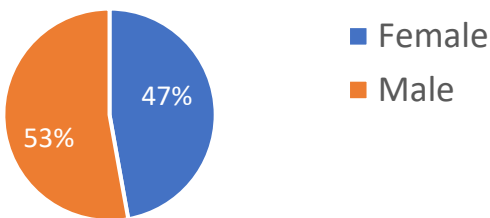
Focus Group Participants by Current Literal Homelessness Status

- No: 34%
- Yes: 66%

Focus Group Participants by Race/Ethnicity

Race/Ethnicity	Percentage
Black/African...	34%
White or Caucasian	13%
American Indian or...	11%
Multi-Racial	11%
Asian	4%
Other	2%
Latino/a/Hispanic	25%
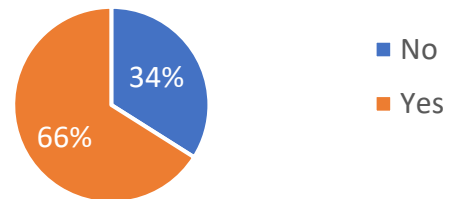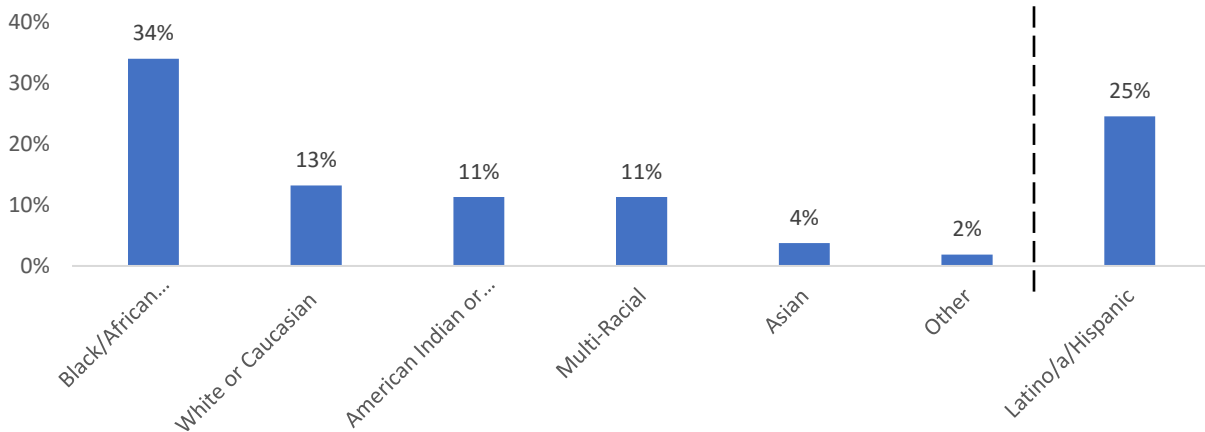
Systems Modeling and Equity Focus Groups Background

Focus Group Advantages

- Gather diverse opinions and ideas directly from people with first-hand knowledge of the issue. Views participants as "experts."
- Can be lower-cost and more efficient than one-on-one interviews.
- The group dialogue can help participants to think about and recall their own experiences or viewpoints.

Focus Group Disadvantages

- Relies heavily on a non-biased facilitator with good rapport with the group
- Some individuals may dominate the discussion while others do not speak up.
- May not be able to generalize findings to the whole population (members cannot speak for everyone else in their demographic or interest group).

Key Focus group roles

Moderator

- Sets the tone of the focus group, conveys respect, and shows appreciation for the expertise of the group.
- Asks questions and guides the participants through the focus group.
- Makes sure the discussion stays on topic.

Notetaker

- Records conversation as accurately as possible using the provided note-taking template.
- If multiple notetakers there can be focus areas assigned (i.e. one person to capture themes and one to capture quotes")
- Assists the Moderator as requested.

Observer

- Attends focus group and notes key themes from the discussion.
- Notes the focus group process and helps apply insights to future focus groups.

Logistics Support

- Before the focus group: Chooses the location, sets up the room, arranges and sets up food, brings supplies (such as name tags and flip charts).
- During the focus group: signs in participants, makes sure they fill out and hand in the demographic questionnaire, distributes incentives (gift cards).

Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit

January 2020

Focus Group Recruitment

Research Question: What ideal model of the homeless services and housing system emerges from a nuanced understanding of homeless people's experiences, and in particular the needs of over-represented groups including African Americans, Native Americans, Native Hawaiians/Pacific Islanders, and Spanish speakers

Recruitment guidelines: People currently experiencing homelessness or formerly experiencing homelessness. Homelessness is defined as staying in an emergency shelter, transitional housing for homeless people, or safe haven program, or living outside in a place not meant for people to live such as a sidewalk, bench, park, tent, abandoned building, vehicle, RV, etc.

Each group will have 8-12 participants, with the suggestion of recruiting 15 and having some not show.

Compensation:
- Snacks or light lunch
- Gift such as gift card or care package

Service Providers and Attendance: We recognize that some participants will feel more comfortable with a trusted service provider in attendance. For this reason, staff members are welcomed to attend the groups in a supportive role. Because the focus groups are intended to elicit experiences from people currently or previously experiencing homelessness, service providers must play a listening and learning role.

Homelessness and Equity Focus Group Questionnaire

Please fill out this short questionnaire. It will help us describe who was part of this discussion group. Your individual responses will NOT be shared – we'll just describe the group as a whole. Thank you!

1. What is your age?
   - ☐ Younger than 18
   - ☐ Between 18-24
   - ☐ Between 25-39
   - ☐ Prefer not to state
   - ☐ Between 40-49
   - ☐ Between 50-64
   - ☐ 65+
   - ☐ Don't Know

2. With what gender do you identify?
   - ☐ Male
   - ☐ Female
   - ☐ Transgender
   - ☐ Queer/gender non-conforming
   - ☐ Other: _____

3. With what your race or ethnicity do you identify? [Mark all that apply]
   - ☐ American Indian or Alaskan Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Latino/a/ Hispanic (Mexican, Central/ South American)
   - ☐ Native Hawaiian/Pacific Islander
   - ☐ White or Caucasian
   - ☐ Other (specify) _____

4. Where have you stayed in the past 30 days? [Mark all that apply]
   - ☐ In my own apartment/house
   - ☐ Car/RV
   - ☐ With my parent(s) indoors
   - ☐ With other relatives indoors
   - ☐ With my friend(s) indoors
   - ☐ Foreclosed building / squat
   - ☐ Drug/alcohol treatment center
   - ☐ Hospital
   - ☐ Hotel/motel
   - ☐ Shelter
   - ☐ Transitional living program
   - ☐ Outside/tent/encampment
   - ☐ Other (specify)_____

5. Did you have any children under age 18 living with you in the past 30 days?
   - ☐ Yes
   - ☐ No

System Modeling and Equity Focus Groups Moderator Role and Tips

Moderator Role

- Having a good moderator is key to having a successful focus group with rich and valid insights. An effective moderator:
  - Can quickly put people at ease and draw them out in a group environment.
  - Has experience leading group discussions and comfort with the focus group topic.
  - Is somebody who can relate to the participants and who participants will feel comfortable speaking openly and honestly with.
  - Can remain impartial.
  - Can encourage participation.
  - Is sensitive to gender, cultural issues and power differences among and within groups.

Moderator Tips

- Follow the focus group interview guide.
  - Increases the credibility of the research results.
  - Increases the comprehensiveness of the data and makes data collection more efficient
- Read one question at a time.
- Hold back your opinions. Your role is to moderate, not participate.
- Interrupt as little as possible
- Avoid putting words in participants' mouths. Avoid questions that are leading, meaning that they reflect your opinions or assumptions.
- Listen to responses. If something is unclear, practice reflective listening and ask a follow-up question (sometimes called "probes.")
  - Repeat the question. This gives people time to think about their responses.
  - Summarize what you've just heard. Ask participants if the summary is correct. See if others agree or disagree.
  - "I think what I heard you say is…. Did I get that right? Do others have a similar or different opinion?"
  - Follow suggested probes in the interview guide, or ask when, what, where, which and how questions. Avoid "why" questions, which can put people on the defensive.
- Encourage participation by all participants and interaction between participants.
- Maintain good eye contact with participants.

Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit

January 2020

Common Facilitation Challenges and Solutions.

- What to do if one person in group dominates
  - ➢ Redirect the conversation to other participants
  - ➢ Ask for the opinion of those who have not yet spoken up
  - ➢ Give nonverbal cues (e.g., look at other people in the room)
- What to do if nobody speaks up or certain people don't speak up
  - ➢ Ask for the opinion of those who have not yet spoken up
  - ➢ Pay attention to body language and draw out those who are silent but seem to have something to say. For example, say "Person X, you are shaking your head. What are you thinking?"
- What to do if people get off-track
  - ➢ Intervene and put this comment/idea in a "parking lot" or "bike rack"
  - ➢ Intervene and refocus the discussion
  - ➢ Take advantage of a pause and say, "Thank you for that interesting idea – perhaps we can further discuss this after the group. With your consent, I'd like to move on to another item/question."
- What to do if somebody puts somebody else down
  - ➢ Remind the group that respect was one of the ground rules of the group and that all opinions are valid and valued.
  - ➢ Remind the group to focus their responses on their own experience. Not everybody will have the same personal experience.
- What to do when you are running out of time during the focus group?
  - ➢ Prioritize questions in the guide. Ask the most important questions in each section first.
  - ➢ Note if you had to consolidate or skip questions. Sometimes participants will have already answered a later question earlier in the discussion (for example, giving recommendations when you ask them about challenges.)

Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit

January 2020

Focus Group Discussion Guide For People with Lived Expertise of Homelessness

Introduction & Purpose (4:00-4:05)

Hi. Thank you for taking the time to talk with us today.

We want to hear from you because we want to create more of what works for people experiencing homelessness to get housed and stay housed. To create a system that works, we need to be informed by you, including, because you are the experts. We especially want to know the experience of over-represented groups including (subpopulation).

We want to hear about challenges you've experienced and what works. We'll use this information to align around a plan and spend money on things that work because we need to get it right.

There are a number of people in the room who will be taking notes on what you say. There are also staff from [insert organization name e.g. Roots Community Health or St Mary's Center] and some additional people working on this project who will be observing to learn from what you say. We recognize that some participants will feel more comfortable with a trusted service provider in attendance. For this reason, staff members are welcome to attend in a supportive role. Because the focus groups are intended to elicit experiences of people currently or previously experiencing homelessness, service providers must play a listening and learning role.

You will receive a $50 gift card to _____ once the session is over.

Ground Rules:
- There are no right or wrong answers.
- All responses are valued.
- It is okay to have different opinions. We do not all have to agree.
- Speak one at a time.
- We have only 90 minutes today, and we want to hear form everyone, so we may need to move on from a topic to get through the questions.
- Do not repeat what you hear today to others outside of the group. What is said in here should stay here.

Prevention & Diversion (4:05-4:20)

We'd like to start off talking about what led to you becoming homeless and what might have prevented you from becoming homeless.

What kinds of things made it hard to keep housed at that time?

What kinds of help do you think could have prevented you from becoming homelessness?

Crisis & Shelter Interim Services (4:20-4:35)

What services and supports are most helpful to you?
> Prompt: These could include, but aren't limited to shelter, safe parking, showers, bathrooms, meal programs, and street outreach. They could be other things as well.

What services and supports have not been helpful to you?

(optional prompts)
- What is your experience with shelters?

- If you have lived outside, what kinds of services and supports were helpful to you? What was not helpful to you when you were living outside?
- If you have lived in a vehicle or RV, what kinds of services and supports were helpful to you? What was not helpful to you when you were living in a vehicle or RV?

Housing Barriers (4:35-4:50)

What has been hard for you as you try to find housing?

What challenges have you faced, now or earlier in your life, that you believe have led to you being homeless today?

Types of Housing Programs (4:50-5:05)

We'd like to get your thoughts about three different kinds of housing support for people experiencing homelessness.

2. **The first is Rapid Re-Housing.**
   - Rapid Re-Housing includes short-term rental assistance with help finding a place to rent, usually lasting 6-9 months.
   - Types of housing could be an SRO room, shared housing with a roommate or two, or your own place.
   - It's possible that the available rental units would be outside of the City or County.
   - At the end of the program, the participant(s) need to be able to pay rent on their own.
   - To pay the rent on their own, participants in Rapid Re-Housing typically need to increase their income.

   Based on your experience, would the short-term subsidized housing I just described work for you?
   Why or why not?

3. **The second kind of housing is Permanent Supportive Housing.**
   - This is a program for people that need long-term subsidized housing with intensive services, including case management.

   Based on your experience, would permanent supportive housing with intensive services work for you? Why or why not?

4. **The last program is called Dedicated Affordable Housing.**
   - Dedicated Affordable Housing is for homeless people that have low incomes but don't need a lot of services.
   - It's for individuals and families that are currently homeless, and they are required to pay a portion of their income in rent- typically somewhere between 30% and 50% of the household's monthly income.
   - Examples of Dedicated Affordable Housing are Section 8.

   Would this kind of permanent and affordable housing, without supportive services, work for you? Why or why not?

Maintaining Housing & No Returns to Homelessness (5:05-5:20)

Too many people who experience homelessness return to homelessness after finding housing.

If you have become homeless, gotten housing and then lost housing again, what could have kept you from becoming homeless again?

How do we improve our response so you can stay housed?

Closing (5:20-5:30)

Is there anything else you want us to know that hasn't been said today?

Do you have any questions?

Thank you so much for joining us today and sharing your experience and expertise with us.
Your feedback will be helpful with planning and improving our housing services/programs.

Racial Equity and Systems Modeling Focus Groups Notetaking Protocol

Before the Focus Group	- Prepare your supplies: - E-mailed copy of the Notetaking Template - Name tags or table tents - Laptop computer or hand-writing supplies - Flip chart, markers and tape (e.g., for "Parking Lot"; "Questions") - Check in with your facilitator and other notetakers to discuss roles - Make sure everyone signs in and gets a name tag and table tent. **Note the # of the participant on the questionnaire.** - The facilitator may want to acknowledge if notetakers, staff, or other observers will be listening/present during the group.
During the Focus Group	- Document comments, major themes, and ideas that come up during the focus group as accurately and thoroughly as you can. - Feel free to make non-verbal observations (like feel in room during particular questions/comments or questions where there was more/less response). - Ensure confidentiality by referring to participants by their number or first name in your notes. - Support the facilitator: - Keep the focus group on schedule (timekeeping) - Communicate with facilitator and participants if you need clarification of an important point. - Assist with arranging the room, signing people in, collecting the demographic questionnaire, and distributing/signing for gift cards. - Assist with checking in with participants and staff at the end of the focus group to make sure their needs (e.g. questions or concerns) have been met.
Right After the Focus Group	- Debrief with your team ASAP (facilitator, notetakers and observers): - Discuss your notes and any areas where you feel you may have missed something. - Observations about the feel of the focus group, comfort level with questions, agreement, or disagreement among participants. - Key themes (e.g., barriers, challenges, unmet needs) or ideas (e.g., what works/doesn't work, recommendations) that came up during the group - Insights about the Focus Group Interview Guide or process/protocols. How was the language? How was the pacing? Does anything need to be revised? Anything major missing?

Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit

January 2020

Right After the Focus Group (Continued)	- Review your notes: - Review, spell check, revise and add anything else you remember from the focus group discussion. - Identify places in your notes where you have notable questions/comments (e.g., participants seemed to be answering a different question like when people talk about what was hard when they were asked to discuss what was helpful.)
Within 5 Business Days	- E-mail your notes to liz.maker@acgov.org and sarah.ting@acgov.org - Discuss insights and observations at the Racial Equity and Systems Modeling Check-In

Prepared by the Community Assessment,
Planning and Evaluation (CAPE) Unit

January 2020

Focus Group Discussion For People with Lived Experience and Expertise
Notetaking Template

Information about Today's Focus Group			
Notetaker:		Focus Group Date:	
Focus Group Location:			
Host Staff Present (Name and their role in the focus group):			
Racial Equity and Systems Modeling Group Members Present (Name and their role in the Focus Group):			

Discussion Item or Question	Notes
Introduction and Purpose We want to hear from you about your experiences. What challenges you've experienced and what works.	
Ground Rules • There are no right or wrong answers. • All responses are valued. • It is okay to have different opinions. We do not all have to agree. • Speak one at a time. • We have only 90 minutes today, and we want to hear form everyone, so we may need to move on from a topic to get through the questions. • Do not repeat what you hear today to others outside of the group. What is said in here should stay here.	

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January 2020

Introductions (Roll Call of Who is Present)		
Participant First Name or Initials	**Code #**	*Comments or notes about the introductions)*

Discussion Item or Question	Notes
Prevention & Diversion	
We'd like to start off talking about what lead to you becoming homeless and what might have prevented you from becoming homeless. What kinds of things made it hard to keep housed at that time?	
What kinds of help do you think could have prevented you from becoming homelessness?	

	Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit		January 2020

Discussion Item or Question	Notes
Crisis & Shelter Interim Services	
What services and supports are most helpful to you? Prompt: These could include, but aren't limited to shelter, safe parking, showers, bathrooms, meal programs, and street outreach. They could be other things as well.	
What services and supports have not been helpful to you? • Experience with shelters? • Helpful and not helpful when living outside. • Helpful and not helpful when living in a vehicle or RV.	
Housing Barriers	
What has been hard for you as you try to find housing?	
What challenges have you faced, now or earlier in your life, that you believe have led to you being homeless today?	

Discussion Item or Question	Notes
Types of Housing Programs	
1. Rapid Rehousing Based on your experience, would the short-term subsidized housing I just described work for you? Why or why not? • Short-term rental assistance with help finding a place to rent, usually lasting 6-9 months. • Includes an SRO room, shared housing with a roommate or two, or your own place. • Available rental units would be outside of the City or County. • At the end of the program, the participant(s) need to be able to pay rent on their own. • Participants in Rapid Re-Housing typically need to increase their income.	
2. Permanent Supportive Housing Based on your experience, would permanent supportive housing with intensive services work for you? Why or why not? • For people that need long-term subsidized housing with intensive services, including case management.	

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January 2020

Discussion Item or Question	Notes
3. Dedicated Affordable Housing Would this kind of permanent and affordable housing, without supportive services, work for you? Why or why not? • For homeless people that have low incomes but don't need a lot of services. • For individuals and families that are currently homeless, and they are required to pay a portion of their income in rent- typically somewhere between 30% and 50% of the household's monthly income. • Examples of Dedicated Affordable Housing are Section 8.	
Maintaining Housing & No Return to Homelessness	
If you have become homeless, gotten housing, and then lost housing again, what could have kept you from becoming homeless again?	
How do we improve our response so you can stay housed?	

Discussion Item or Question	Notes
Closing	
Is there anything else you want us to know that hasn't been said today?	
Do you have any questions?	

Prepared by the Community Assessment, Planning and Evaluation (CAPE) Unit

January 2020

Appendix B: Method of Estimating Annual Homeless Population and Geographic Distribution

Calculating the number of units and beds needed in an ideal system begins with the annual number of households experiencing homelessness. The Oakland-Berkeley-Alameda County model will also need annual counts of different subpopulations and geographies. Unfortunately, our HMIS is not currently prepared to establish annual counts and geographic distribution because some project types and parts of the county are less covered than others. Instead, we recommend using the Point in Time Count data to estimate the number of people experiencing homelessness in a year, their geographic distribution throughout the county, and the average household size. This is the strongest approach in the short term, and going forward, we should advocate for HMIS coverage and configuration that can more readily meet these needs.

Estimating the unduplicated number of people experiencing homelessness in a year

There is no universally accepted method for estimating the unduplicated number of households or people experiencing homelessness annually. It is impossible to know the actual number of people who experience homelessness in a year, though estimating methods offer a likely range.

- Low End: 12,014 unduplicated people. This number derives from the monthly inflow rate into homelessness (4.456%) from the Point in Time count survey.
- High End: 19,000 unduplicated people. This number draws from the Housing Inventory Chart and the HMIS to understand utilization rates and the total beds available in the system.
- Middle Option: 15,786 unduplicated people. This number was reached using the weekly inflow rate from the 2019 PIT; this is the method used in the EveryOne Home *2018 Strategic Plan Update*.
    - The weekly inflow rate from the 2019 PIT survey (1.89%) multiplied by the total Point in Time count (8,022) suggests 151.82 people become homeless each week. Multiplied by the remaining weeks in a year (51.14) produces 7,764 as the number of additional people experiencing homelessness each year. Adding in the original Point in Time count produces 15,786 as the number of unique people experiencing homelessness each year.

We recommend using 15,786 as the number of people experiencing homelessness in a year for system modeling.

Geographic distribution of people experiencing homelessness

- HMIS is not configured to provide regional or jurisdictional data. Because some areas of the county have better HMIS coverage than others, we cannot use HMIS to estimate the regional distribution of people experiencing homelessness.
- By Name List data relies on the assessment, which has not been implemented consistently throughout the county to ensure representative geographic distribution.
- The survey component of the Point in Time Count has small samples in some parts of the county, which could offer a partial and misleading understanding of the regional distribution of homelessness.
- The census portion of the 2019 Point in Time Count addressed each census tract and shelter in the county systematically, although some have concerns that the biennial PIT is an undercount.

Although the PIT data has some limitations, particularly related to counting households with minor children, it is the strongest data source currently available for understanding the geographic distribution of homelessness in Alameda County. For this reason, we recommend using the Point in Time count to estimate the proportion of people experiencing homelessness in North County, Oakland, Mid-County, East County, and South County.

Point In Time Count Geographical Distribution	% of PIT	Population Estimate (persons)
East County (Livermore, Pleasanton, Dublin)	4.3%	679
Mid County (Hayward, San Leandro, Alameda)	18.5%	2,920
North County (Berkeley, Albany, and Emeryville)	16.5%	2,605
Oakland	50.7%	8,004
South County (Fremont, Union City, Newark)	10.0%	1,579
Total	100%	15,786

Figure 33: Point in Time Count Geographical Distribution

Household Size

Average household size for families and households with adults only can be derived from various sources. Because we are using Point in Time Count data for the first two measures, we wanted to use PIT data on the average household size. While the number of members in households with minor children was close across data sources, the number of members in adult-only households of 1.001 was rather low. For this reason, we recommend using 1.05 as the number of members in adult-only households from the HMIS as seen in Stella. Stella provides dynamic visuals of CoCs' Longitudinal Systems Analysis (LSA) data to illustrate how households move through the homeless system, and to highlight outcome disparities.

Persons per household	
Adult Only Household	1.05
Households with Minor Children	3.082
Households with Only Children	1.000

Figure 34: Persons per household (size)

These household sizes and the geographic estimates of people experiencing homelessness each year will generate a more precise multiplier for converting the total number of people into the total number of households. And, while these figures provide reasonable estimates to use for planning purposes, the available data may not fully represent the number of adult-only households that include two (or more) adults, or households with only children that include two (or more) children who wish to stay together as a household as they are experiencing homelessness and/or moving into stable housing.

Household Configuration

We are confident that the PIT methodology—specifically the way it estimated households in vehicles—leads to an undercount of the total number of households with minor children. For this reason, we recommend using the ratio of adult-only households to a household with minor children from the HMIS, adjusted to account for unique households who are only served by domestic violence shelters or non-HMIS service providers: 91.4% of households are adult-only, 7.5% of households have minor children, and 1.1% in households with only children.

Household Composition	% of Households
Adult-Only Households	91.4%
Adult-Only Households (DV/non-HMIS)	
Households with Minor Children	7.5%
Households with Minor Children (DV/Non-HMIS)	
Households with Only Children	1.1%
Household Composition	100%

Figure 35: Household Configuration Percentages

91.4% of households are adult-only households with 1.001 members on average, 7.5% of households have minor children and an average of 3.082 members, and 1.1% of households have only children with one member per household.

Together, the number of household members should total 15,786 people. Using these ratios and the average household size, we can convert the estimated total number of persons experiencing homelessness into the estimated total number of households experiencing homelessness using the following formula:

$$15{,}786 = .914(1.05x) + .075(3.082x) + .011(1x)$$

Household configurations are regionally divided as follows:

Geographical 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 (Hayward, San Leandro, Unincorporated)	2,920	2,430	2,221	182	27
North County (Berkeley, Albany, 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, Pleasanton, Livermore)	679	565	516	42	6
Total	**15,786**	**13,135**	**12,005**	**985**	**144**

Figure 36: Regionally-Divided Household Configurations

Notes Toward Greater Specificity in Data Collection and Reporting

Estimating the annual number of households experiencing homelessness highlights several areas where the system could develop its data collection to better support this analysis.

- Enhance HMIS capacity to report at the regional and jurisdictional levels
- Improve the HMIS coverage rate, consider ways to make HMIS participation less burdensome for providers, such as through the attendance module
- Tighten up data collection on household size and relationships on the coordinated entry assessment and/or housing assessment. This will enable the system to better understand the housing needs (one or two bedroom) of adult-only households.
- Explore how the Point in Time Count can achieve a more accurate count of households with minor children, particularly those in vehicles.
- Add a question to the Point in Time Count to better understand how many households experience more than one period of homelessness in a year.
- Program Models Matrix
- Resource list of similar program models in other communities
- List of Work Group (Adult-Only HH, HH with Minor Children and Equity) and Leadership Committee members
- Equity Analysis materials

Appendix C. Program Models for Households with Only Adults

Program Models for Single Adults		
Program Model	**Description**	**Program Types**
Prevention and Early Intervention	Services are those provided to people before they reach the front door of the homeless services system. This may include services to both those already experiencing homeless and to those at-risk of homelessness seeking assistance.	o Crisis Hotline o Prevention o Rapid Resolution o Multi-Service Center

Crisis Response	Crisis response programs are intended to be time-limited and designed to be a stepping-stone to stability. They will typically last one to three months and provide access to basic needs and referrals to services that lead to long-lasting housing stability. These services should be flexible, client-centered, trauma-informed, and strengths-based. They will be "low barrier" in that they will not terminate people from programming due to unhealthy or disruptive behaviors.	o Emergency Shelter
		  • Community Cabins
		  • Medical Respite
		  • Safe Parking
		  • Transitional Housing
		o Transitional Housing for Youth
		o Street Outreach

Long-Term Housing	Safe and stable housing that provides supportive services and housing assistance to support people as they return to permanent housing or permanent housing supported by a mainstream system resource.	o Rapid Re-Housing o Permanent Supportive Housing o Dedicated Affordable Housing o PSH Seniors o Shallow Subsidy o RV Parking

Overarching Program Elements: these elements serve as a foundation for all the program models presented in this document.
o   All staff working in the crisis response system are trained in structural racism and barriers to maintaining housing in Alameda County. o Staff is trained to understand people's circumstances in relation to their social conditions, including structural racism. o All program information (website, outreach materials, etc.) is translated into County threshold languages. o All program information is disseminated at strategic community touchpoints where those least likely to be connected to services frequent – (e.g., church, corner store, neighborhood, school, and place of employment). o The hiring process for program staff at all levels ensures broad racial and ethnic diversity, including representation of all County threshold languages. o Programs include a portion of staff with "lived experience." o Staff is trained in trauma-informed care. o Client choice is honored and respected in all programs and centers. Housing assistance is client-driven and helps locate housing opportunities that fit the client's needs (near job opportunities and family/social networks).

I. PREVENTION AND EARLY INTERVENTION SERVICES	Prevention and early intervention services are those provided to people before they enter the homeless services system. This may include services to both those already experiencing homeless as well as to those at imminent risk.
Program Type and Description	**Essential Elements**
Crisis Hotline A phone-based system that helps to connect households in a housing crisis to appropriate resources based on needs and wants	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Well-trained staff respond to a crisis with accurate, real-time information that can be individualized to the person's situation and the availability of resources. o Staff understand local programs, their target populations, and can make appropriate assignments that link households to appropriate housing resources. o Staff have training on domestic violence (DV), the DV system, and how to respond and appropriately connect people fleeing DV to appropriate resources. o Real-time assignment to shelter beds. o Linkage to regional street outreach teams and multi-service drop-in centers if no beds available o Connection to services and resources: Medi-Cal, employment, health care, food, benefits, mental health, behavioral health services, etc. Population: All households in a housing crisis.

Prevention Prevent loss of housing and entry into homelessness through limited financial assistance and services	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Those receiving prevention assistance have been engaged in a problem-solving conversation to determine how best to resolve the housing crisis. • Must be designed and implemented in fidelity to models with proven effectiveness at reducing inflow— more details on effective models available here. o Culturally competent prevention providers have strategies to reach people of color who are at disproportionate risk of homelessness. o When appropriate for agreed upon activities, financial assistance is available up to the maximum amount established by the community. Services provided: o Eviction mediation and legal services o Housing navigation: on-going for up to three months. o Connection to mainstream services and resources: Medi-Cal, employment, health care, food, benefits, mental and behavioral health services o Domestic violence support Population: Those who meet HUD's definition of imminent risk of homelessness.
Rapid Resolution Problem-solving with those who report they have no place to go to avoid entry into the homeless system	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Problem-solving conversation to explore safe alternatives to homelessness; assess for safety and stability. o Services to support people in the safe alternative that was identified for up to six months. Services provided: o Housing problem-solving. For more details, refer to the Housing Problem Solving Policy Guide o Financial assistance – flex funds o Connection to services and resources: employment, health care, food, transportation, other benefits, mental health, behavioral health services, etc. o Emergency hotel vouchers for people who are in the diversion process. o CE assessment within 24 hours if a safe alternative is not identified or is temporary. Population: o People who will be homeless tonight
Multi-Service Center Access to prevention and diversion services.	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Housing problem solvers to respond to walk-ins, including providing prevention and diversion. o Connects the household to services they are eligible for (ex. SNAP, Medi-Cal, disability including SOAR) o Conducts coordinated entry assessment and check if the person has been referred to housing. o Health and social services on-site or direct access points for these mainstream system resources

Connection to services for people who are literally homeless	- Financial assistance – flex funds - Employment services including a computer lab. - Provide for basic needs: food, shower, laundry, hygiene kits, clothes. - Activities, classes, support groups for different issues and populations - Safe space – security, trauma-informed, no judgment. Less stigmatizing than accessing services at the shelter, especially for prevention and diversion. - Geographically distributed, transportation accessible - Opportunity for community to be involved – donations, volunteering. Create relationships, organize people. Population: - People in a housing crisis - People who are literally homeless in a shelter or unsheltered locations - People who are doubled up and need a safe place

II. Crisis Response	Crisis response programs are intended to be time-limited and designed to be a stepping-stone to stability. They will typically last one to three months and provide access to basic needs and referrals to services that lead to long-lasting housing stability. These services should be flexible, client-centered, trauma-informed, and strengths-based. They will be "low barrier" in that they will not terminate people from programming due to unhealthy or disruptive behaviors.
Program Type and Description	Essential Elements
Emergency Shelter Emergency shelter with navigation type services (low-barrier, service-rich, housing-focused)	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o The number of people and type of shelter might vary by facility, but all shelters would have some degree of privacy, no overcrowding, no bunk beds, open 24/7. o Low barrier (pets, possessions, partners, parking, privacy), holistic, not institutionalized. Includes locks and storage (possessions). o Located in communities populated by unsheltered individuals who are seeking local housing solutions. Housing-focused services provided: o Assessment for eligibility and referral Housing navigation o Staffing model/caseload size: 2:20-25 to keep shelter low barrier. o Other support services provided: On-site providers for income (employment/training/education), legal, transportation, life skills, and substance use. o Strongly coordinated with all access points (including outreach and in-reach) but also able to take walk-ins: same-day access o Connections to mainstream services: Screening or assessment for physical health and behavioral health (mental health and/or substance use) with limited treatment services offered on-site, Social Security eligibility and other mainstream providers able to reach and complete benefit acquisition on-site, direct referrals to treatment or care for needs related to health, mental health and/or substance use. o Key partners: Local City and County, CE, Permanent Housing Providers, BH/MH providers, Mainstream resource providers o Other essential elements: Co-located with or near multi-services center with walk-in resources and referrals, clear and transparent placement process communicated to the community and non-housing providers to include limitations and expectations. Population: Homeless Single Adults, Couples, Adults without Dependents, Young Adults that don't want transitional housing.
Emergency Shelter Subcategory: **Community Cabins** Assessment of Housing Crisis Needs and Access	Community Cabin programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. This program type was retained under system modeling to respond to jurisdictional needs. Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Safe, clean, and appropriate climate control with privacy, locks, and storage co-located in communities populated by unsheltered individuals, 24/7. o Housing-focused services provided: Assessment for eligibility and referral, direct connection to permanent housing, physical and behavioral health assessment, identification of barriers to placement in interim and/or permanent housing. o Housing navigation

to short-term housing for stabilization and exit to emergency shelter or permanent housing. Focused on place-based closures of problematic encampments	o Other support services provided: Healthcare, sanitation, meals, transportation, substance use counseling. o Connections to mainstream services: MH/BH assessment, SS eligibility, and other mainstream providers able to reach and connect with participants. o Staffing model/caseload size: Based on population, average 1:15/20. o Key partners: Local City and County, CE, Permanent Housing Providers, BH/MH providers, Mainstream resource providers o Other essential elements: evaluation of local numbers and needs of unsheltered/encampment populations with the inclusion of lived expertise on specific program design, safety, direct referrals for people with urgent and high needs, communication with the community and non-housing providers (first responders, human services, etc.), warm hand-offs and follow-on care with established service provider connections (case managers, street outreach, etc.), evaluation of utilization and post-referral success, and continued outreach to local unsheltered/encampment populations who decline housing. o No more than 90 days, tied to household type, vulnerability, etc. Population: Single Adults, Couples, Adults without Dependents

Emergency Shelter Subcategory:
 	
Medical respite
 	
Emergency shelter with intensive services for medically vulnerable homeless persons who are being discharged or diverted from a hospital
	Medical Respite programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs except as outlined below.
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	o Immediate/timely placement option for persons who do not have a medical necessity for hospital or skilled nursing facility but recuperative case services beyond what is provided in a shelter. This can include persons:
	   • who are unsheltered or sheltered and are identified as needing medical respite.
	   • being discharged or diverted from an inpatient hospital setting.
	   • referred from emergency departments.
	o A clean and healthy residential environment that promotes stabilization and recovery, prevents readmission to emergency and acute care settings, and provides a bridge to more permanent housing settings.
	o Up to a 90-day length of stay.
	o 24/7 staffing.
	o On-site nursing staff plus medical staff site visits.
	o Direct linkages with health care provider clinics.
	o Linkage with standard emergency shelter resources for exits.
	o Three meals/day.
	o Other shelter services as outlined above – housing navigation.
	o In-Home Supportive Services or Home Health arrangements allowed and coordinated.
	o Persons generally stay in recuperative care for 1-6 months with an average length of stay of 90 days (Whole Person Care funding cannot be used for lengths of stays greater than 90 days).

	Population: Individuals with medical or daily living needs that cannot be met in crisis housing, inclusive of young adults and people who are pregnant.
Emergency Shelter Subcategory: **Safe Parking** Safe and legal place to stay in car with connection to navigation services and basic needs	Safe Parking programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. Refer to the *Overarching Program Elements* for considerations relevant to all program models. o Some safe parking sites co-located with crisis housing or service centers, but others around the county could have mobile services come out to them. o Sanitation/bathrooms; overnight security o Key partners: churches, cities o Connection to resources for car repair when vehicles are not running. Population: People who are homeless, have a car, and would rather stay in the car than enter a shelter, inclusive of young adults.
Emergency Shelter Subcategory: **Transitional Housing**	Transitional Housing programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. This program type was retained under system modeling for funding eligibility purposes.
Transitional Housing for Young Adults	Transitional housing for young adults aged 18-24 Refer to the *Overarching Program Elements* for considerations relevant to all program models. o Time-limited but with longer stays than adult transitional housing (up to 18 months). o The central focus is developing life skills. o Service-intensive: counseling, education, and vocational services are provided.
Street Outreach Linkage to services and education about available resources for people who are unsheltered. Stabilize people and refer to shelters or respite programs. Build rapport and trust.	Refer to the *Overarching Program Elements* for considerations relevant to all program models. o Engagement services to help people move into a shelter, connect to health care and other services, be engaged in a problem-solving and coordinated entry. Focused on developing relationships. o Connection with jail, psychiatric treatment, foster care, and hospitals to avoid discharging into homelessness. o Coordinate with hygiene and sanitation services provided to encampments and people who are unsheltered. Outreach workers should be aware of Public Works plans for encampment clean-up and clearance but not responsible for posting notices. o Plan for places outreach workers can meet people – health clinics, churches, meal sites, other places where people will feel welcome – where coffee and snacks could be available. o Mobile delivery of multi-service center services. o Support services: Harm reduction, identify health and mental health crises, SOAR trained or a strong connection to SOAR services, mobilize local community resources to help people experiencing homelessness in their neighborhood. o Conduct CE assessment. o Meet immediate needs: food, clothes, hygiene, shelter.

o Provide transportation through bus passes and cars for outreach workers.
o Provide a tablet to allow real-time HMIS input.
o Caseload ratio: 1:20 usual for Oakland; 2:60 for City of Alameda. Outreach in teams to help with relationship continuity and service coordination.
o Available extended hours and weekends as financially feasible.

Staffing needs to address high turnover in these positions:
    o Increase pay and PTO.
    o Promote self-care.
    o Support to process for secondary trauma.
    o Professional development opportunities with career paths and succession planning.

Population:
People who are unsheltered.

III. Long-Term Housing	Safe and stable housing provides supportive services and housing assistance to support people as they return to permanent housing or permanent housing supported by a mainstream system resource.
Overarching Elements of Long-Term Housing Models	o A single point of application for housing o Background checks have no restrictions beyond those required by HUD. o Access to legal resources to address housing discrimination. o A community-wide, shared landlord listing established to reduce the challenge of locating units. o An emphasis on client choice in all aspects of housing placement. o Warm handoffs are provided when entering housing or transitioning from one housing program to another. o Whenever needed, there are connections to financial management services and training, including credit repair/credit building support; training and support with budgeting and developing long-term savings; asset-building opportunities. o Vocational services and employment assistance are available to assist with finding or upgrading employment. o If the program staff does not provide requested services, there are connections to mainstream service providers, trained in culturally relevant and trauma-informed approaches to service provision.
Program Type and Description	**Essential Elements**
Rapid Re-housing Time-limited rental subsidy and support services with the	Refer to the **Overarching Program Elements** for considerations relevant to all program models. Refer to the **Overarching Elements of Long-Term Housing Models** for considerations for this model. Type of unit: any rental housing unit must meet HQS, have an appropriate rental agreement, documented relationship between a property owner and management entity. o Housing-focused services provided: landlord liaison/housing search function, finding units, landlord risk-mitigation pools, housing-

intention of the household taking over lease and sustaining on own	focused case management, rent assistance, flex funds, inspections. o Housing navigation staffing ratio of one FTE for every 20-25 households o Landlord liaison/housing search staffing ratio of one FTE for every 30-40 households Access to public benefits assistance as needed. o Other essential elements: Progressive engagement process to transition people to PSH or Dedicated Affordable Housing if needed. o Target income to rent ratio at the end of the program – no more than 50% of income for rent with at least $500/month available for non-housing & utility needs. Timeframe: o Standard RRH – 6-12 months o Longer-term for households who are waiting on SSDI process or have a longer-term income growth trajectory. Population: Most useful for literally homeless households who are likely to increase household income (earned or unearned) within a defined time frame who score lower on the CE assessment

Permanent Supportive Housing
 	
Permanent subsidies based on income and services to keep tenants stable in housing
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model.
	o Type of unit: deeply subsidized – people pay 30% of income for rent; reduce reliance on tenant-based subsidies in private buildings and income project-based units; could include master lease.
	Housing-focused services provided:
	    o Housing navigation and landlord liaison support (for scattered-site PSH with tenant-based rent subsidies).
	    o Tenancy-sustaining support services for clients with disabilities who face challenges to getting and keeping housing, including coaching for independent living and community integration.
	o Other support services are provided directly or through connections to mainstream service providers as appropriate to individual needs. This may include: representative payee/ money management services, intensive services to support harm reduction and engagement in care for health or behavioral health conditions with a focus on behaviors and symptoms that could impact. successful tenancy/housing retention, IHHS, adult day, medical care and home health services, other public services, holistic, community partnerships
	o Staffing 1:25
	o Key partners: public housing authorities, non-profit housing developers, property managers; County HCSA/ behavioral health, Medi-Cal managed care plans
	o Other essential elements: move-on option, fair housing/advocacy.
	o Scattered-site programs must include a housing search/landlord liaison component (see HCSA services description)
	
	Population:
	Those experiencing chronic homelessness and/or extremely high need individuals who will need long-term services and subsidies to maintain housing.

Dedicated Affordable Housing
 	
Affordable housing resources dedicated to households experiencing or at risk of homelessness and/or seniors or people with disabilities: Includes subsidized income-based units, non-time-limited shallow subsidy, tax credit units designated for extremely low-income (ELI) households, in lieu of units
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model.
	Type of unit: SRO, studio, one-bedroom, could be scattered-site, or site-based; could include shared housing; could be tenant-based or project-based.
	o Rent subsidy or subsidized/affordable unit, the subsidy could taper over time if income increases.
	o Housing-focused services provided:
	    o Landlord liaison
	    o Service coordinator caseload 1:50-60
	o Other services: trauma-informed property management, barrier-busting, housing eligibility & housing search, landlord incentives, representative payee services.
	o Housing navigation services may be essential for the effective use of tenant-based rental assistance.
	o Other support services provided directly (often by on-site service coordinators) or through connections to mainstream service providers.
	o Connections to workforce training and other employment support.
	o Key partners: public housing authorities and non-profit housing organizations, city, state, funders.
	
	Population:
	Extremely low-income households without complex needs who are unlikely to increase their income.

PSH –Seniors
 	
Provide a higher level of care for people who cannot meet their own needs because of physical or cognitive impairments
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model.
	o Housing-focused services provided:
	    o PSH tenancy sustaining services.
	    o Landlord liaison
	o Other support services are provided directly or through connections to mainstream service providers: representative payee, ADL supports, memory care, opportunities for socialization.
	o Connected to: IHHS, Day Health. Medi-Cal, Medi-Medi
	o Staffing 1:25
	o Key partners: Community care licensing; Social Services Agency, Center for Elders Independence, Age-Friendly Council Other essential elements: Licensed community care facilities or specially designed permanent supportive housing sites with necessary wrap-around services
	
	Population:
	People who need a higher level of care because they cannot perform activities of daily living or they have permanent cognitive deficits with no pathway for recovery

Shallow Subsidy Mitigate unaffordability in the housing market	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model. o Tenant based assistance could include shared housing or households willing to support the family through rapid resolution. o Subsidies could be shallow or deep depending on the need. o Housing must meet habitability or HQS standards. o Households can be progressively engaged to be served in PSH or dedicated affordable housing. o Housing assistance: Security deposit, rent and utility assistance, moving costs, start-up furniture, and household item. o Program staff complete re-certifications and can connect households to services if a need is identified. Population: Households unlikely to increase income because of health or disability issues or educational or employment barriers, households paying more than 50% of income for rent, households that have been homeless before
RV Parking Permanent, safe, affordable, legal, RV parking with utilities	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model. o RV can be owned by a resident of a nearby locality. o Meets HUD habitability standards. o Has utility service. o A lease agreement that gives full rights of tenancy o Housing services include housing-focused case management, rent assistance, flex funds, inspections. Population: Households with an RV or who express interest in living in this type of set up. Households unlikely to increase income, which may make this a more affordable housing choice.

Appendix D: Program Models for Households with Minor Children

Program Models for Families with Children		
Program Model	**Description**	**Program Types**
Prevention and Early Intervention	Services are those provided to people before they reach the front door of the homeless services system. This may include services to both those already experiencing homeless and to those at-risk of homelessness seeking assistance.	o Crisis Hotline o Prevention o Rapid Resolution o Emergency Resource Centers
Crisis Response	Crisis response programs are intended to be time-limited in nature and are designed to be a stepping-stone to stability. They will typically last one to three months and provide access to basic needs and referrals to services that lead to long-lasting housing stability. These services should be flexible, client-centered, trauma-informed, and strengths-based. They will be "low barrier" in that they will not terminate people from programming due to unhealthy or disruptive behaviors, rather they will work to minimize the disruption of these behaviors.	o Emergency Shelter • Motel Vouchers • Safe Parking • Transitional Housing o Street Outreach
Long-Term Housing	Safe and stable housing provides supportive services and housing assistance to support people as they return to permanent housing or permanent housing supported by a mainstream system resource.	o Rapid Re-housing o Permanent Supportive Housing o Dedicated Affordable Housing o Shallow Subsidy

Overarching Program Elements: these elements serve as a foundation for all the program models presented in this document
o All staff working in the crisis response system are trained in structural racism and barriers to maintaining housing in Alameda County.
o Staff is trained to understand people's circumstances in relation to their social conditions, including structural racism.
o All program information (website, outreach materials, etc.) is translated into County threshold languages.
o All program information is disseminated at strategic community touchpoints where those least likely to be connected to services frequent – (e.g., church, corner store, neighborhood, school, and place of employment.
o The hiring process for program staff at all levels ensures broad racial and ethnic diversity, including representation of all County threshold languages.
o Programs include a portion of staff with "lived experience."
o Staff are trained in trauma-informed care.
o Client choice is honored and respected in all programs and centers. Housing assistance is client-driven and helps locate clients that fit their needs (near job opportunities and family/social networks, etc.)

PREVENTION AND EARLY INTERVENTION SERVICES	Prevention and early intervention services are those provided to people before they enter the homeless services system. This may include services to both those already experiencing homeless as well as to those at imminent risk.
Program Type and Description	**Essential Elements**
Crisis Hotline A phone-based system that helps to connect those in housing a crisis with resources based on needs and wants.	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Well-trained staff responds to a crisis with accurate, real-time information that can be individualized to their situation and available resources. o The staff understands local programs, their target populations, and can make appropriate assignments that link households to appropriate housing resources. o The staff are trained on domestic violence (DV), the DV system, and how to respond and appropriately connect people fleeing DV to appropriate resources. o Real-time assignment to shelter beds. o Linkage to regional street outreach teams and multi-service drop-in centers if no beds are available. o Connection to services and resources: Medi-Cal, employment, health care, food, benefits, mental health, behavioral health services, etc. Population: All households in a housing crisis.
Prevention Program to prevent the loss of housing for those at imminent risk of homelessness	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Those receiving prevention assistance have been engaged in a problem-solving conversation to determine how best to resolve the housing crisis. • Programs are designed and implemented in fidelity to models with proven effectiveness at reducing inflow—more details on effective models available here. o Culturally competent prevention providers have strategies to reach people of color who are at disproportionate risk of homelessness. o Financial assistance is provided when appropriate for agreed-upon activities up to a maximum assistance amount established by the community. Services provided: o Eviction mediation and legal services. o Housing navigation: on-going for up to three months. o Connection to wrap-around services – food, childcare, health care, employment supports, benefits, insurance, legal services, mental and behavioral health services.

	o Marketing of program to reach households in a housing crisis:
	    o McKinney-Vento liaisons
	    o Pediatricians
	    o Prenatal care
	    o Home visiting service
	o Existing model: Family Front Door
	Population: Those who meet HUD's definition of imminent risk of homelessness.

Rapid Resolution
Problem-solving with those who report they have no place to go to avoid entry into the homeless system
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	o Problem-solving conversation to explore safe alternatives to homelessness; assess for safety and stability.
	o Services identified as a safe alternative to provide support for up to six months.
	Services provided:
	o Housing problem-solving. For more details, refer to the Housing Problem Solving Policy Guide
	o Financial assistance – flex funds
	o Connection to services and resources: employment, health care, food, transportation, other benefits, mental health, behavioral health services, etc.
	o Emergency hotel vouchers for people who are in the diversion process.
	o CE assessment within 24 hours if a safe alternative is not identified or is temporary.
	o Housing assistance if the household cannot stabilize in current situation.
	o Financial assistance is provided when appropriate, for agreed upon activities up to a maximum assistance amount of
	    • Provide linkages to providers that have capacity to respond to referrals – very warm hand-offs.
	        • Health care access points (clinics, pediatricians, Help Me Grow)
	        • Childcare providers focused on homeless children.
	        • Family health services in public health department
	        • Food, transportation, mental health, and behavioral health services, etc.
	Population:
	Families who report that they have nowhere to sleep tonight

Emergency Resource Centers A place to assess family needs and barriers to permanent housing, provide access to housing and mainstream resources, and provide coordination of	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. o Housing-focused services provided co-located with a shelter that includes diversion, housing problem solving, landlord/housing navigation, addresses barriers (debt, legal, etc.) to promote reunification. o Service location is welcoming to those in a housing crisis, and the size is adequate to support the service model. o Other support services provided: education, employment, and training, flexible childcare including during appointments and employment search (on-site or vouchers), healthcare, document collection, food access, other requirements to meet CPS plans and prevent removal. o Staffing model/caseload size: 1:20 max, lower depending on household composition, needs, case manager competencies (MSW, LCSW…), etc.

community family services. Dedicated to homeless and housing unstable families and pregnant women	o Connections to mainstream services: data sharing and coordination between family service providers, on-site staff, and clear communication and ease of access from and to referring sources (schools, CPS, community networks, etc.) o Provide for basic needs: food, shower, laundry, hygiene kits, clothes. o Key partners: WIC, Food banks, PHAs, Parks and Recreation, Libraries, Education, Faith-based providers and communities, minority community networks o Other essential elements: Computer labs, homework help, flexibility to meet household needs, physical and process design is adaptive to families, the inclusion of participants and families with lived experience in developing process and evaluation. Population: Homeless and housing unstable families and pregnant women, inclusive of different types of family structures as defined by the family, accommodates parents and children who work at night

II. CRISIS RESPONSE	Crisis response programs are intended to be time-limited and designed to be a stepping-stone to stability. They will typically last 1-3 months and provide access to basic needs and referrals to services that lead to long-lasting housing stability. These services should be flexible, client-centered, trauma-informed, and strengths-based. They will be "low barrier" in that they will not terminate people from programming due to unhealthy or disruptive behaviors, rather will work on other strategies to ensure others in the program are not adversely impacted.
Program Type and Description	**Essential Elements**

Emergency Shelter
 	
Service-rich, housing-focused, low-barrier shelter.
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	
	○ Facility-based: 24/7, economies of scale to have many families in one location so services can be efficiently provided. Space is set up so families are not separated no matter their family configuration (e.g., two-parent, multi-generational, LGBTQ+), and to not feel over-crowded or chaotic (separate wings, floors, or neighborhoods), with onsite space for support service providers
	○ Provide privacy, safety, rules that support engagement with school and employment, services that support teens so they remain with their family. Low barrier and holistic, not institutionalized.
	○ Space arranged to flexibly accommodate all configurations of families with children and changing family composition (e.g., including the boyfriend, the grandma, etc.), and a degree of privacy.
	○ Space for pets & pet-free areas for people with allergies
	○ Storage space for people's possessions
	○ Parking available for resident vehicles
	○ Services provided:
	    ○ Housing navigation
	○ Housing-focused services:
	    • CE assessment
	    • Financial assistance for move-in
	    • Help with applications and getting on affordable housing lists.
	    • Problem-solving
	    • Link to RRH with navigation
	○ Caseload 1:10 families/1:30 people with clinical support
	○ Property management: 1 per facility
	○ Meets Alameda County Emergency Shelter Standards for Year-Round Shelters
	○ Open during the day
	○ Same-day access
	○ Basic needs & family support services:

	- Meals. - Parenting support services. - Activities for children. - Childcare for appointments, etc. - Teen supports. - Health care – children's hospital Kerry's kids; school-based health and mental health services. o Income supports services: CalWORKs, SOAR. o Legal Services: DMV, Immigration, employment & housing discrimination. o Strong linkages to voluntary mainstream services, which should be co-located or brought on site frequently: - Medical screening/triage - Behavioral health - Shelter health - Intense wrap-around services for high-needs families - Visiting health nurses - Head Start - McKinney-Vento liaison - CPS Population: Families experiencing homelessness (inclusive of different types of family structures as defined by the family), pregnant women, accommodates parents and children who work at night
Emergency Shelter Subcategory: **Motel vouchers**	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Motel Voucher programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. o Motel vouchers used in limited circumstances for overflow or special situations such as fleeing domestic violence or in cases of contagious illness. o Same housing navigation and other supports as an emergency shelter.

Emergency Shelter Subcategory: **Safe Parking** A safe and legal place to stay in a car with connection to navigation services and basic needs	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Safe Parking programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. o Some safe parking sites co-located with crisis housing or service centers, but others around the county could have mobile services come out to them. o Sanitation/bathrooms; overnight security. o Key partners: churches, cities. o Access to car repair assistance if needed to utilize safe parking. Population: People who are homeless, have a car, and would rather stay in their car than enter a shelter.
Emergency Shelter Subcategory: **Transitional Housing**	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Transitional Housing programs are expected to mirror the purpose, structure, and operations of Emergency Shelter programs. This program type was retained under system modeling for funding eligibility purposes. o Targeted to special populations, e.g., active CPS cases.
Street Outreach NOTE: No separate street outreach program recommended for families	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Street outreach teams should include someone knowledgeable about resources for families; the focus should be connecting families to shelters. If the family remains unsheltered, outreach should maintain contact until they are housed. o Street outreach workers should be trained in: • problem-solving to try to identify a safe alternative to homelessness. • CPS requirements for homeless families. • Immigration requirements for people accessing homeless services.

III. **Long-Term Housing**	Safe and stable housing that provides supportive services and housing assistance to support people as they return to independent permanent housing or permanent housing supported by a mainstream system resource.
Overarching Elements of Long-Term Housing Models	o A single point of application for housing. o Background checks have no restrictions beyond those required by HUD. o Access to legal resources to address housing discrimination. o A community-wide shared landlord listing established to reduce the challenge of locating units. o An emphasis on client choice in all aspects of housing placement. o Warm handoffs are provided when entering housing or transitioning from one housing program to another. o Whenever needed, there are connections to financial management services and training, including credit repair/credit building support; training and support with budgeting and developing long-term savings; asset-building opportunities. o Vocational services and employment assistance are available to assist with finding or upgrading employment.

	If the program staff does not provide requested services, there are connections to mainstream service providers trained in culturally relevant and trauma-informed approaches to service provision.
Program Type And Description	**Essential Elements**

Rapid Re-housing
 	
Assist households who can increase income to find and move-in to housing with temporary financial assistance
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model.
	Type of unit: any rental housing unit must meet HQS, have an appropriate rental agreement, documented relationship between the property owner and management entity.
	  o Housing-focused services provided: landlord liaison/housing search function, finding units, landlord risk-mitigation pools, housing-focused case management, rent assistance, flex funds, inspections. Connection to mainstream services–CalFresh, childcare, employment, benefits advocacy.
	  o Housing assistance: Security deposit, rent and utility assistance, moving costs, start-up furniture, and household items.
	  o Ability to progressively engage to Shallow Subsidy or Dedicated Affordable Housing if, after some time of RRH assistance, it is determined that the household will be unable to increase income to stabilize in housing without assistance. Also can progressively engage to PSH if a household has intensive service needs not identified when moving into RRH.
	  o Housing navigation staffing ratio of one FTE for every 20-25 households.
	  o Landlord liaison/housing search staffing ratio of one FTE for every 30-40 households.
	  o Employment specialist using IPS evidenced-based model is one FTE for every 20-25 households (separate from care manager role).
	
	Population:
	Most useful for literally homeless households who are likely to increase household income (earned or unearned) within a defined time frame who score lower on the CE assessment.

Permanent Supportive Housing
To provide families long-term, deeply supported, and affordable housing.
	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models.
	Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model.
	  o Type of unit: flexible when family size changes.
	  o Site-based or scattered-site.
	  o Housing-focused services provided:
	    o PSH tenancy sustaining services.
	    o Landlord liaison.
	    o Staffing 1:20 for site-based, 1:15 for scattered-site case management.
	  o Rental subsidy household should only pay 30% of income for rent and have a lease, risk mitigation funds, financial assistance to move-on.
	  o Community living supports, tenant rights, landlord engagement (for a scattered site).
	  o Other support services provided directly or through connections to mainstream service providers: wrap-around services, food,

	childcare, budget, meaningful daily activities, IHOT for families, dedicated family approach, MH, employment, school, education, mobile crisis 24/7 as needed, linkage to clinical support. o Key partners: mainstream: HDCSS, BMCS, probation, child welfare, schools. o Other essential elements: strong move-on policy; some level of family support if qualifying member leaves/dies. Population: Those experiencing chronic homelessness and/or extremely high need individuals who will need long-term services and subsidy to maintain housing.
Dedicated Affordable Housing Extremely low-income households	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model. o Housing can be project-based or tenant-based. o Services: service coordination to connect to mainstream services, benefits advocacy, CalFresh, educational supports o Caseload ratio: 1:50 Flexible services, engagement is not required to remain in housing. o Housing assistance: Security deposit, rent and utility assistance, moving costs, start-up furniture, and household items. o Possible funding source: Homeless preference at housing authorities. Population: Extremely low-income households without complex needs who are unlikely to increase their income.
Shallow Subsidy Mitigate unaffordability in the housing market	Refer to the ***Overarching Program Elements*** for considerations relevant to all program models. Refer to the ***Overarching Elements of Long-Term Housing Models*** for considerations for this model. o Tenant-based assistance could include shared housing or households willing to support the family through rapid resolution. o Subsidies could be shallow or deep depending on the need. o Housing must meet habitability or HQS standards. o Households can be progressively engaged to be served in PSH or dedicated affordable housing. o Housing assistance: Security deposit, rent and utility assistance, moving costs, start-up furniture, and household items. o Housing must meet habitability or HQS standards. Light touch services for those with minimal needs, connection to higher-touch services for those with more significant needs (including case management) Population: Households unlikely to increase income because of health or disability issues or educational or employment barriers. Households paying more than 50% of income for rent. Households that have been homeless before. A shallow subsidy is targeted to households employed or likely to be employed.

Appendix E: CoC Sub-Geography Models, East County

East County includes Dublin, Livermore, Pleasanton, and surrounding unincorporated areas. At 2019 Point in Time Count, roughly four percent of the CoC homeless population were counted in East County. All the estimates and recommendations below are based on East County containing four percent of the CoC's homeless population. It also assumes that household compositions and needs are relatively consistent across the CoC and that inflow and returns rates are consistent across sub-geographic regions. Finally, at the writing of this report, the CoC does not have baseline inventory data for each region. This makes it difficult to provide accurate estimates of the number of additional units needed. In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of homeless households' characteristics and needs in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Scenario 1 East County, Households with Only Adults

Scenario 1 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total countywide cost of Leveling Up and Scaling Up in Scenario 1 is $1.1 billion.

Scenario 1 East County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	4%	4%	4%	4%	4%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	642	697	678	642	634
Annual Exits	334	486	578	633	634
Annual Remaining	308	211	100	8	0
% unmet need	48%	30%	15%	1%	0%
Scenario 1 East County 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	8	11	14	16	16
Emergency Shelter	43	57	70	81	82
Transitional Housing	7	9	11	13	13
Rapid Re-Housing	72	96	118	136	138
PSH	53	72	88	101	103
PSH-Seniors	33	45	55	63	64
Dedicated Affordable Hsg	94	125	153	177	180
Shallow Subsidy	43	58	71	82	83

Figure 37 Scenario 1, East County 5-Year for Households with Only Adults

Scenario 2 East County, Households with Only Adults

Scenario 2 uses the same rate of return and inflow rate as Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined countywide cost of Leveling Up and Scaling up in Scenario 2 is $956 million.

Scenario 2 East County 5-Year Investment Impact Dashboard, Households with Only Adults	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	4%	4%	4%	4%	4%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	642	758	870	917	960
Annual Exits	263	334	486	578	670
Annual Remaining	379	423	384	339	290
% unmet need	59%	56%	44%	37%	30%
Scenario 2 East County 5-Year Inventory Needs, Households with Only Adults	**Year 1 (2021)**	**Year 2 (2022)**	**Year 3 (2023)**	**Year 4 (2024)**	**Year 5 (2025)**
HP/Rapid Resolution	7	7	9	10	11
Emergency Shelter	34	36	46	52	57
Transitional Housing	5	6	7	8	9
Rapid Re-Housing	56	61	77	87	96
PSH	42	45	57	65	72
PSH-Seniors	26	28	36	40	45
Dedicated Affordable Hsg	74	79	100	113	125
Shallow Subsidy	34	37	47	53	58

Figure 38: Scenario 2, East County 5-Year for Households with Only Adults

The below side-by-side charts represent the different impacts of each investment scenario in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining (green). These graphs show that investment strategy impacts significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that hundreds of adults will continue to experience homelessness each year in East County, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native Americans. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
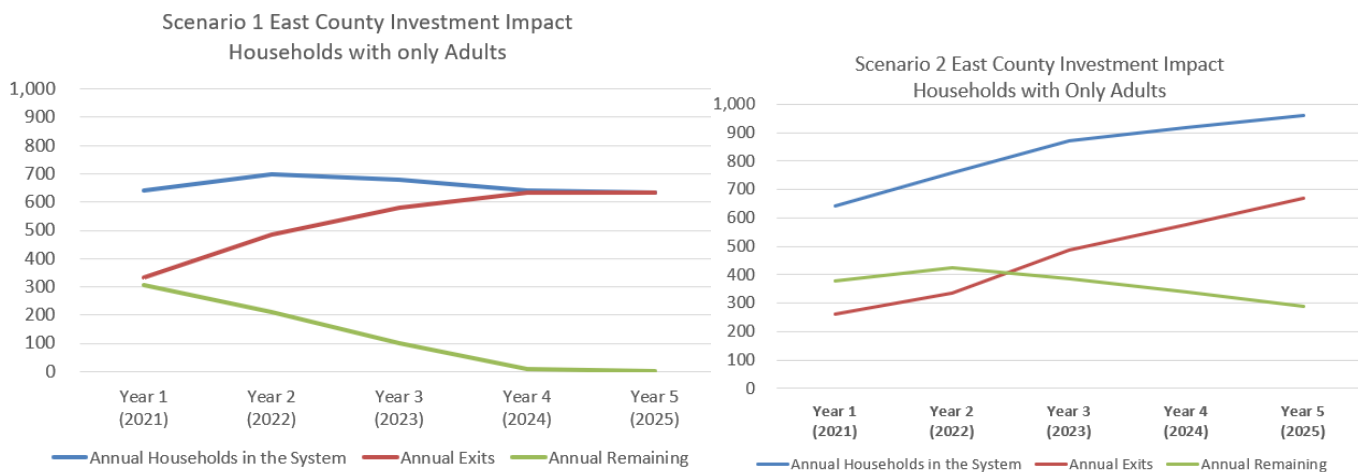

Figure 39: Scenarios 1 and 2 Compared, Households with Only Adults

Scenario 1 East County, Households with Minor Children

Scenario 1 assumes inflow into the homeless system is realistic, maintaining at 20% year after year, close to the inflow rate of 22% that Alameda County saw between 2017 and 2019. It also assumes that the modeled system will be more

equitable and effective than the current system, resulting in higher permanent housing retention rates. The rate of returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant countywide investment of $13 million in year one, and then adds $8 million in year two, $5 million in year three, $2 million in year four, and $1 million in year five. The total countywide cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Scenario 1 East County 5-Year Investment Impact Dashboard Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	4%	4%	4%	4%	4%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	50	53	51	48	48
Annual Exits	27	35	44	47	48
Annual Remaining	24	17	8	1	(0)
% unmet need	47%	33%	15%	3%	0%
Scenario 1 East County 5-Year Inventory Needs Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	1	1	1	1	1
Emergency Shelter	6	7	9	10	10
Rapid Re-Housing	4	5	7	7	7
PSH	3	4	4	5	5
Dedicated Affordable Hsg	8	11	13	14	15
Shallow Subsidy	11	14	17	19	19

Figure 40: Scenario 1, Households with Minor Children

Scenario 2 East County, Households with Minor Children

Scenario 2 reflects the same returns and inflow rates as Scenario 1. Scenario 2 adds $6 million of new investment each year. The total countywide cost of Leveling Up and Scaling Up in Scenario 2 is $108 million (rounded).

Scenario 2 East County 5-Year Investment Impact Dashboard, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	4%	4%	4%	4%	4%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	50	58	65	74	80
Annual Exits	21	26	31	41	51
Annual Remaining	30	32	34	33	29
% unmet need	59%	55%	53%	45%	37%
Scenario 2 East County 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	1	1	1	1	1
Emergency Shelter	4	5	6	9	11
Rapid Re-Housing	3	4	5	6	8
Permanent Supportive Housing	2	3	3	4	5
Dedicated Affordable Housing	6	8	9	12	15
Shallow Subsidy	8	10	12	16	20

Figure 41: Scenario 2, Households with Minor Children

Figures 41 and 42 show the impact of Scenario 1 and 2 in East County for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number

of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters.

Significant investment early on can turn the curve of homelessness for households with minor children. Both scenarios show that scores of families with minor children will continue to experience homelessness each year in East County. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.
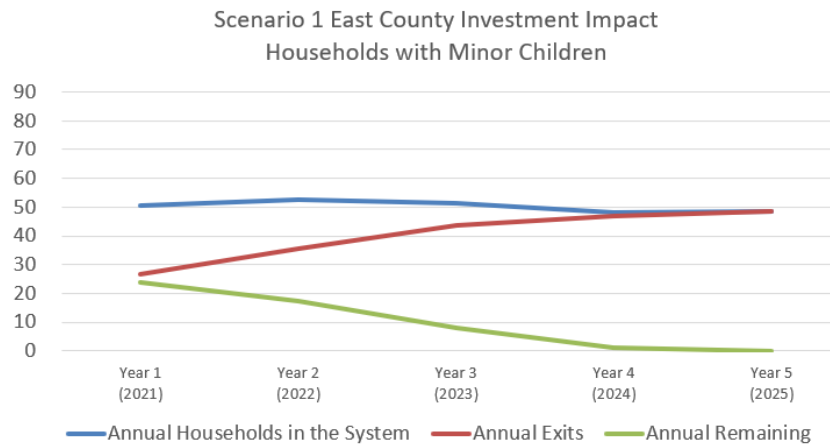

Figure 42: Scenario 1, East County Investment Impact Households with Minor Children
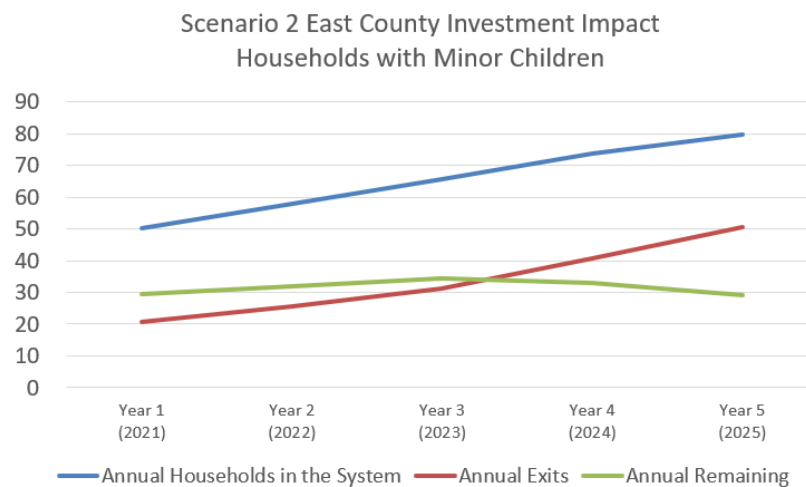

Figure 43: Scenario 2, East County Investment Impact Households with Minor Children

Appendix F: CoC Sub-Geography Models, Mid-County

Mid-County includes Alameda, Hayward, San Leandro, and the surrounding unincorporated areas including, Ashland, Castro Valley, Cherryland, Fairview, and San Lorenzo. At 2019 Point in Time Count, roughly 18.5% of the CoC homeless population were counted in Mid-County. All the estimates and recommendations below are based on Mid-County containing, 18.5% of the CoC's homeless population of households with only adults and households with minor children. It assumes that household compositions and characteristics are relatively consistent across the CoC and that inflow and returns rates are consistent across sub-geographic regions. Finally, at the writing of this report, the CoC does not have baseline inventory data for each region. This makes it difficult to provide accurate estimates of the number of additional units needed. In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of homeless households' characteristics and needs in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Scenario 1 Mid-County, Households with Only Adults

Scenario 1 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total countywide cost of Leveling Up and Scaling Up in Scenario 1 is $1.1 billion.

Scenario 1 Mid-County CoC 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	19%	19%	19%	19%	19%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	2,761	3,000	2,917	2,761	2,727
Annual Exits	1,438	2,092	2,488	2,725	2,727
Annual Remaining	1,323	908	429	36	0
% unmet need	48%	30%	15%	1%	0%
Scenario 1 Mid-County CoC 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	36	48	59	68	69
Emergency Shelter	184	247	302	350	354
Transitional Housing	29	38	47	55	55
Rapid Re-Housing	309	414	506	586	593
PSH	230	308	377	436	442
PSH-Seniors	144	193	236	273	276
Dedicated Affordable Hsg	403	539	660	763	773
Shallow Subsidy	187	250	306	354	359

Figure 44: Scenario 1, Mid-County CoC, Households with Only Adults

Scenario 2 Mid-County, Households with Only Adults

Scenario 2 uses the same rate of return and inflow rate as Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined countywide cost of Leveling Up and Scaling up in Scenario 2 is $956 million.

Scenario 2 Mid-County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	19%	19%	19%	19%	19%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	2,761	3,259	3,744	3,945	4,132
Annual Exits	1,130	1,438	2,092	2,488	2,883
Annual Remaining	1,631	1,821	1,652	1,458	1,249
% unmet need	59%	56%	44%	37%	30%
Scenario 2 Mid-County 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	28	31	38	43	48
Emergency Shelter	145	157	198	223	247
Transitional Housing	23	24	31	35	38
Rapid Re-Housing	243	262	332	374	414
PSH	181	195	247	279	308
PSH-Seniors	113	122	154	174	193
Dedicated Affordable Hsg	316	341	432	487	540
Shallow Subsidy	147	159	201	226	250

Figure 45, Scenario 2, Mid-County, Households with Only Adults

Figure 44 represents the different impacts of each investment scenario in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining (green). These graphs show that investment strategy impacts significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that thousands of adults will continue to experience homelessness each year in Mid-County, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native Americans. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
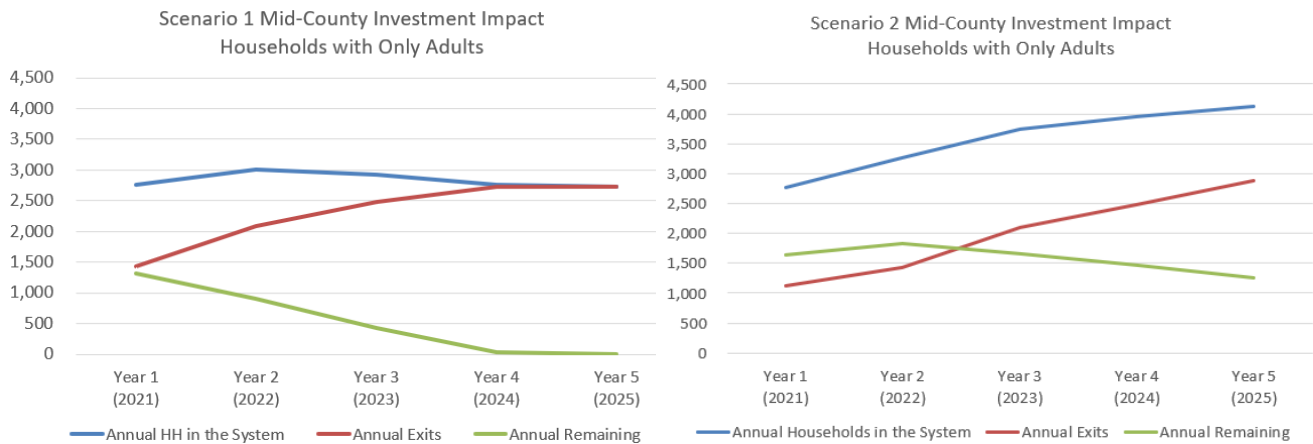
Figure 46: Comparison of Mid-County Scenarios 1 and 2

Scenario 1 Mid-County, Households with Minor Children

Scenario 1 assumes inflow into the homeless system is realistic, maintaining at 20% year after year, close to the inflow rate of 22% that Alameda County saw between 2017 and 2019. It also assumes that the modeled system will be more equitable and effective than the current system, resulting in higher permanent housing retention rates. The rate of returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant countywide investment of $13 million in year one and then adds $8 million in year two, $5 million in year

three, $2 million in year four, and $1 million in year five. The total countywide cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Scenario 1 Mid-County 5-Year Investment Impact Dashboard Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	19%	19%	19%	19%	19%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	217	226	221	207	208
Annual Exits	114	152	187	201	208
Annual Remaining	102	74	34	6	(0)
% unmet need	47%	33%	15%	3%	0%
Scenario 1 Mid-County 5-Year Inventory Needs Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	3	4	5	5	5
Emergency Shelter	24	32	39	42	43
Rapid Re-Housing	17	23	28	30	31
PSH	11	15	19	20	21
Dedicated Affordable Hsg	34	46	56	60	63
Shallow Subsidy	46	61	75	80	83

Figure 47: Scenario 1, Mid-County, Households with Minor Children

Scenario 2 Mid-County, Households with Minor Children

Scenario 2 reflects the same returns and inflow rates as Scenario 1. Scenario 2 adds $6 million of new investment each year. The total countywide cost of Leveling Up and Scaling Up in Scenario 2 is $108 million.

Scenario 2 Mid-County 5-Year Investment Impact Dashboard, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	19%	19%	19%	19%	19%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	217	249	282	318	344
Annual Exits	89	111	134	176	218
Annual Remaining	127	138	148	142	126
% unmet need	59%	55%	53%	45%	37%
Scenario 2 Mid-County 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	2	3	3	4	5
Emergency Shelter	19	23	28	37	45
Rapid Re-Housing	13	17	20	26	33
Permanent Supportive Housing	9	11	13	18	22
Dedicated Affordable Housing	27	33	40	53	65
Shallow Subsidy	36	44	53	70	87

Figure 48: Scenario 2, Mid-County, Households with Minor Children

Figures 47 and 48 show the impact of Scenario 1 and 2 in Mid-County for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters.

Significant investment early on can turn the curve of homelessness for households with minor children. Both scenarios show that hundreds of families with minor children will continue to experience homelessness each year in Mid-County. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.
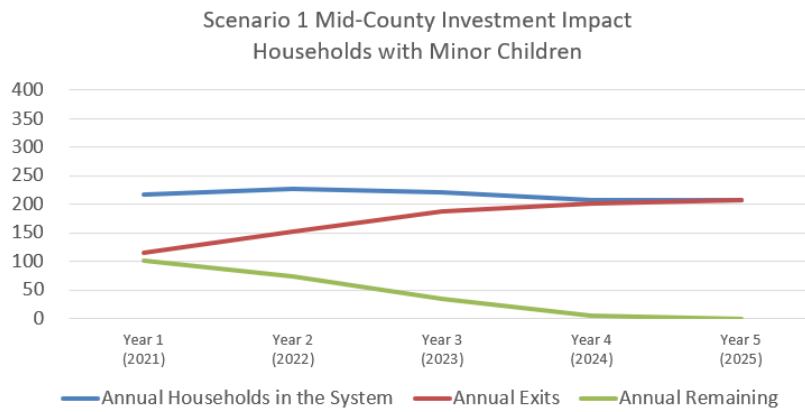

Figure 49: Scenario 1, Mid-County Investment Impact Households with Minor Children
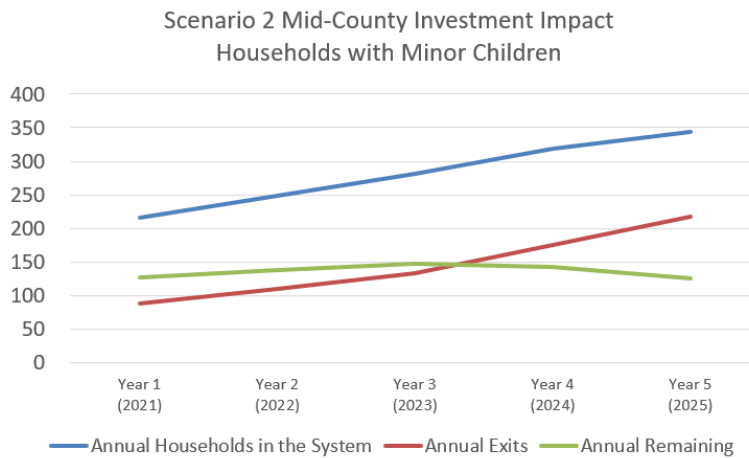

Figure 50: Scenario 2, Mid-County Investment Impact Households with Minor Children

Appendix G: CoC Sub-Geography Models, North County

North County includes Albany, Berkeley, and Emeryville. At 2019 Point in Time Count, roughly 16.5% of the CoC homeless population were counted in North County. All the estimates and recommendations below are based on North County, containing 16.5% of the CoC's homeless population of households with only adults and households with minor children. It assumes that household compositions and characteristics are relatively consistent across the CoC and that inflow and returns rates are consistent across sub-geographic regions. Finally, at the writing of this report, the CoC does not have baseline inventory data for each region. This makes it difficult to provide accurate estimates of the number of additional units needed. In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of homeless households' characteristics and needs of homeless households in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Scenario 1 North County, Households with Only Adults

Scenario 1 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total countywide cost of Leveling Up and Scaling Up in Scenario 1 is $1.1 billion.

Scenario 1 North County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	17%	17%	17%	17%	17%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	2,463	2,676	2,601	2,463	2,432
Annual Exits	1,283	1,866	2,219	2,431	2,432
Annual Remaining	1,180	810	382	32	0
% unmet need	48%	30%	15%	1%	0%
Scenario 1 North County CoC 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	32	43	52	61	62
Emergency Shelter	165	220	269	312	316
Transitional Housing	26	34	42	49	49
Rapid Re-Housing	276	369	451	522	529
PSH	205	275	336	389	394
PSH-Seniors	128	172	210	243	246
Dedicated Affordable Hsg	359	481	588	680	689
Shallow Subsidy	167	223	273	316	320

Figure 51: Scenario 1, North County, Households with Only Adults

Scenario 2 North County, Households with Only Adults

Scenario 2 uses the same rate of return and inflow rate as Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined countywide cost of Leveling Up and Scaling up in Scenario 2 is $956 million.

Scenario 2 North County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	17%	17%	17%	17%	17%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	2,463	2,907	3,340	3,519	3,685
Annual Exits	1,008	1,283	1,866	2,219	2,572
Annual Remaining	1,455	1,624	1,474	1,300	1,114
% unmet need	59%	56%	44%	37%	30%
Scenario 2 North County 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	25	27	34	39	43
Emergency Shelter	129	140	176	199	220
Transitional Housing	20	22	28	31	34
Rapid Re-Housing	217	234	296	334	369
PSH	161	174	220	248	275
PSH-Seniors	101	109	138	155	172
Dedicated Affordable Hsg	282	304	385	435	481
Shallow Subsidy	131	141	179	202	223

Figure 52: Scenario 2, North County, Households with Only Adults

Figure 51 represents the different impacts of each investment scenario in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining (green). These graphs show that investment strategy impacts significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that thousands of adults will continue to experience homelessness each year in North County, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native Americans. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
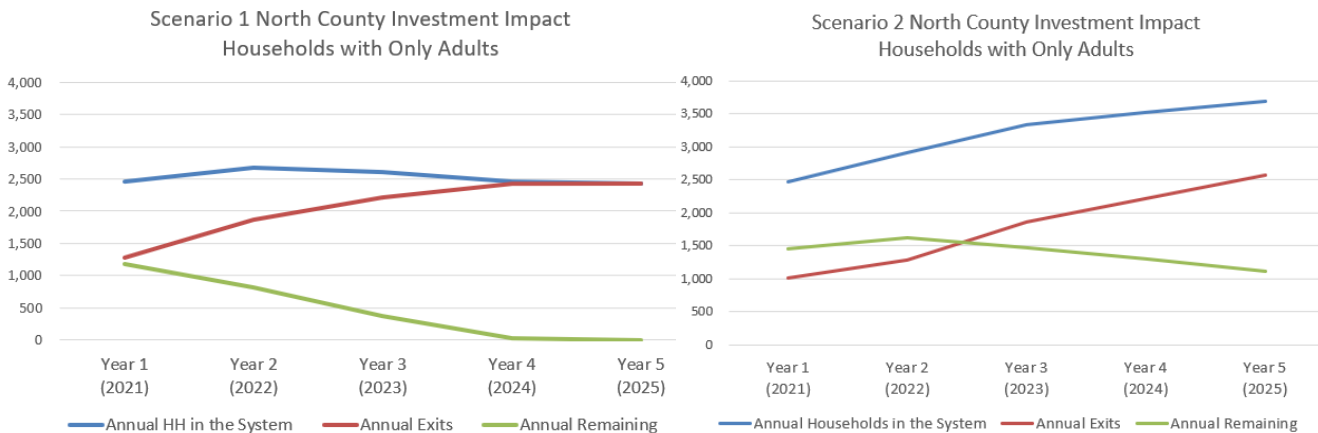
Figure 53: Scenarios 1 and 2 Comparison in North County

Scenario 1 North County, Households with Minor Children

Scenario 1 assumes inflow into the homeless system is realistic, maintaining at 20% year after year, close to the inflow rate of 22% that Alameda County saw between 2017 and 2019. It also assumes that the modeled system will be more equitable and effective than the current system, resulting in higher permanent housing retention rates. The rate of returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant countywide investment of $13 million in year one and then adds $8 million in year two, $5 million in year

three, $2 million in year four, and $1 million in year five. The total countywide cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Scenario 1 North County 5-Year Investment Impact Dashboard Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	17%	17%	17%	17%	17%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	193	202	197	184	185
Annual Exits	102	136	167	179	186
Annual Remaining	91	66	30	5	(0)
% unmet need	47%	33%	15%	3%	0%
Scenario 1 North County 5-Year Inventory Needs Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	2	3	4	4	5
Emergency Shelter	21	28	35	37	39
Rapid Re-Housing	15	20	25	27	28
PSH	10	14	17	18	19
Dedicated Affordable Hsg	31	41	50	54	56
Shallow Subsidy	41	54	67	72	74

Figure 54: Scenario 1, North County, Households with Minor Children

Scenario 2 North County, Households with Minor Children

Scenario 2 reflects the same returns and inflow rates as Scenario 1. Scenario 2 adds $6 million of new investment each year. The total countywide cost of Leveling Up and Scaling Up in Scenario 2 is $108 million (rounded).

Scenario 2 North County 5-Year Investment Impact Dashboard, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	17%	17%	17%	17%	17%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	193	222	251	284	306
Annual Exits	79	99	119	157	194
Annual Remaining	114	123	132	127	112
% unmet need	59%	55%	53%	45%	37%
Scenario 2 North County 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	2	2	3	4	5
Emergency Shelter	17	21	25	33	40
Rapid Re-Housing	12	15	18	23	29
Permanent Supportive Housing	8	10	12	16	19
Dedicated Affordable Housing	24	30	36	47	58
Shallow Subsidy	32	39	48	63	78

Figure 55: Scenario 2, North County, Households with Minor

Figures 54 and 55 show the impact of Scenario 1 and 2 in North County for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters.

Significant investment early on can turn the curve of homelessness for households with minor children. Both scenarios show that hundreds of families with minor children will continue to experience homelessness each year in North County. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.

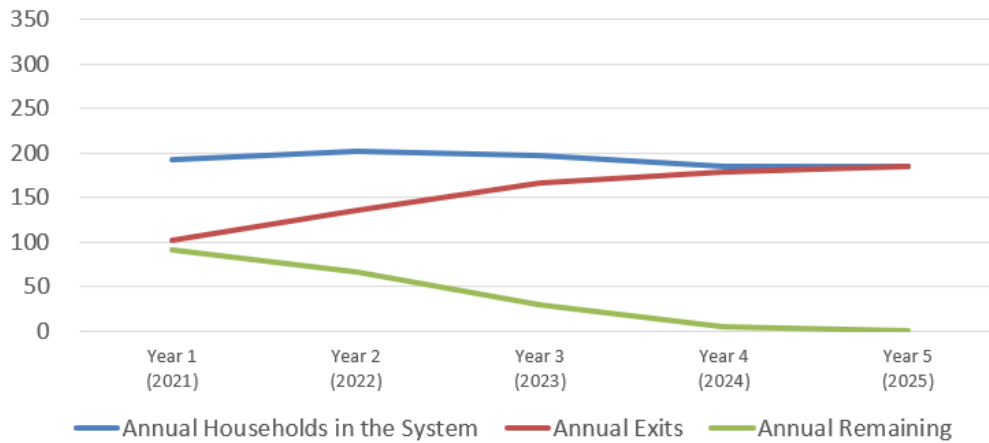*Figure 56: Scenario 1, North County Investment Impact Households with Minor Children*
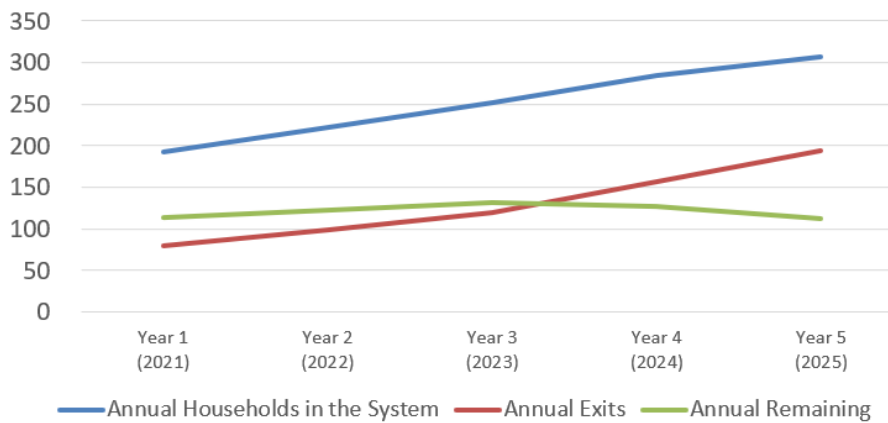

Figure 57: Scenario 2, North County Investment Impact Households with Minor Children

Appendix H: CoC Sub-Geography Models, Oakland

Oakland includes the cities of Oakland and Piedmont. At 2019 Point in Time Count, roughly 50.7% of the CoC homeless population were counted in Oakland. All the estimates and recommendations below are based on Oakland containing 50.7% of the CoC's homeless population of households with only adults and households with minor children. It assumes that household compositions and characteristics are relatively consistent across the CoC and that inflow and returns rates are consistent across sub-geographic regions. Finally, at the writing of this report, the CoC does not have baseline inventory data for each region. This makes it difficult to provide accurate estimates of the number of additional units needed. In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of homeless households' characteristics and needs of homeless households in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Scenario 1 Oakland, Households with Only Adults

Scenario 1 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total countywide cost of Leveling Up and Scaling Up in Scenario 1 is $1.1 billion.

Scenario 1 Oakland 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	51%	51%	51%	51%	51%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	7,567	8,222	7,993	7,567	7,474
Annual Exits	3,941	5,733	6,818	7,469	7,474
Annual Remaining	3,626	2,489	1,175	99	0
% unmet need	48%	30%	15%	1%	0%
Scenario 1 Oakland 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	98	132	161	187	189
Emergency Shelter	505	677	828	958	971
Transitional Housing	79	105	129	150	151
Rapid Re-Housing	848	1,134	1,387	1,605	1,626
PSH	631	844	1,033	1,195	1,211
PSH-Seniors	394	528	645	747	756
Dedicated Affordable Hsg	1,103	1,477	1,807	2,091	2,118
Shallow Subsidy	512	686	839	971	983

Figure 58: Scenario 1, Oakland, Households with Only Adults

Scenario 2 North County, Households with Only Adults

Scenario 2 uses the same rate of return and inflow rate as Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into

homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined countywide cost of Leveling Up and Scaling up in Scenario 2 is $956 million.

Scenario 2 Oakland 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	51%	51%	51%	51%	51%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	7,567	8,932	10,262	10,812	11,324
Annual Exits	3,096	3,941	5,733	6,818	7,902
Annual Remaining	4,471	4,991	4,528	3,994	3,422
% unmet need	59%	56%	44%	37%	30%
Scenario 2 Oakland 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	78	84	105	119	132
Emergency Shelter	397	429	542	612	677
Transitional Housing	62	67	85	95	105
Rapid Re-Housing	666	718	909	1,026	1,135
PSH	495	534	676	764	845
PSH-Seniors	310	334	423	477	528
Dedicated Affordable Hsg	867	935	1,184	1,336	1,479
Shallow Subsidy	403	434	550	620	686

Figure 59: Scenario 2, Oakland, Households with Only Adults

Figure 58 shows the different impacts of each investment scenario in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining (green). These graphs show that investment strategy impacts significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that thousands of adults will experience homelessness each year in Oakland, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native Americans. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
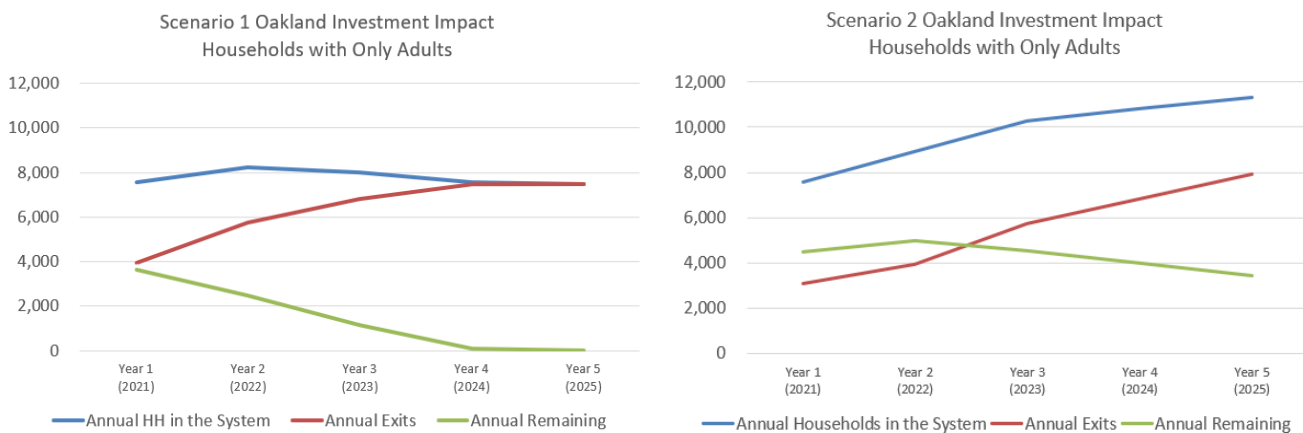

Figure 60: Scenarios 1 and 2 Compared, Oakland, Households with Only Adults

Scenario 1 Oakland, Households with Minor Children
Scenario 1 assumes inflow into the homeless system is realistic, maintaining at 20% year after year, close to the inflow rate of 22% that Alameda County saw between 2017 and 2019. It also assumes that the modeled system will be more equitable and effective than the current system, resulting in higher permanent housing retention rates. The rate of

returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant countywide investment of $13 million in year one and then adds $8 million in year two, $5 million in year three, $2 million in year four, and $1 million in year five. The total countywide cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Scenario 1 Oakland 5-Year Investment Impact Dashboard Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	51%	51%	51%	51%	51%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	594	619	605	567	570
Annual Exits	313	417	513	551	571
Annual Remaining	280	202	92	15	(1)
% unmet need	47%	33%	15%	3%	0%
Scenario 1 Oakland 5-Year Inventory Needs Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	8	11	13	14	14
Emergency Shelter	65	87	106	115	119
Rapid Re-Housing	47	62	77	83	86
PSH	31	42	51	55	57
Dedicated Affordable Hsg	94	125	154	166	171
Shallow Subsidy	125	167	205	221	228

Figure 61: Scenario 1, Oakland, Households with Minor Children

Scenario 2 Oakland, Households with Minor Children

Scenario 2 reflects the same returns and inflow rates as Scenario 1. Scenario 2 adds $6 million of new investment each year. The total countywide cost of Leveling Up and Scaling Up in Scenario 2 is $108 million (rounded).

Scenario 2 Oakland 5-Year Investment Impact Dashboard, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	51%	51%	51%	51%	51%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	594	682	772	871	941
Annual Exits	244	304	366	482	597
Annual Remaining	349	378	406	390	345
% unmet need	59%	55%	53%	45%	37%
Scenario 2 Oakland 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	6	8	9	12	15
Emergency Shelter	51	63	76	100	124
Rapid Re-Housing	37	46	55	72	90
Permanent Supportive Housing	24	30	37	48	60
Dedicated Affordable Housing	73	91	110	144	179
Shallow Subsidy	98	121	147	193	239

Figure 62: Scenario 2, Oakland, Households with Minor Children

Figures 61 and 62 show the impact of Scenario 1 and 2 in Oakland for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters.

Significant investment early on can turn the curve of homelessness for households with minor children. Both scenarios show that hundreds of families with minor children will continue to experience homelessness each year in Oakland. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.

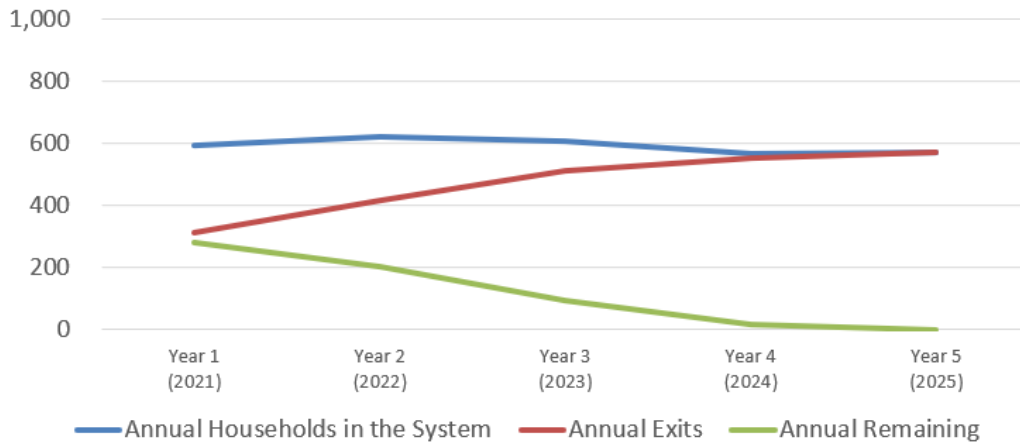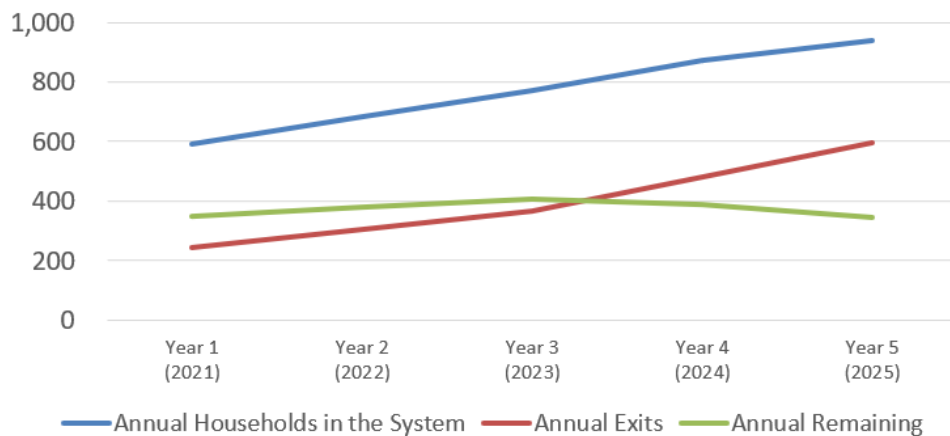*Figure 63: Scenario 1, Oakland, Investment Impact Households with Minor Children*

Figure 64: Scenario 2, Oakland, Investment Impact Households with Minor Children

Appendix I: CoC Sub-Geography Models, South County

South County includes Fremont, Newark, and Union City. At 2019 Point in Time Count, 10% of the CoC homeless population were counted in South County. All the estimates and recommendations below are based on South County, containing 10% of the CoC's homeless population of households with only adults and households with minor children. It assumes that household compositions and characteristics are relatively consistent across the CoC and that inflow and returns rates are consistent across sub-geographic regions. Finally, at the writing of this report, the CoC does not have baseline inventory data for each region. This makes it difficult to provide accurate estimates of the number of additional units needed. In the future, the Point in Time Count, HMIS, and additional data collection may provide a more detailed understanding of homeless households' characteristics and needs of homeless households in each community, the inflow rate and returns to homelessness, and the crisis and housing resource inventories.

Scenario 1 South County, Households with Only Adults

Scenario 1 assumes that the more equitable and responsive homeless system represented in the model will improve the rate of permanent housing retention, steadily reducing the 19% rate of returns to homelessness by three percent each year to seven percent over five years. The inflow of households into the homeless system maintains at 20%, close to the inflow rate that Alameda County experienced between 2017 and 2019. Scenario 1 begins with a significant investment of $100 million in year one and then adds $60 million in year two, $50 million in year three, $30 million in year four, and $250,000 in year five. The total countywide cost of Leveling Up and Scaling Up in Scenario 1 is $1.1 billion.

Scenario 1 South County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	10%	10%	10%	10%	10%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	1,493	1,622	1,577	1,493	1,474
Annual Exits	777	1,131	1,345	1,473	1,474
Annual Remaining	715	491	232	20	0
% unmet need	48%	30%	15%	1%	0%
Scenario 1 South County 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	19	26	32	37	37
Emergency Shelter	100	134	163	189	192
Transitional Housing	16	21	26	30	30
Rapid Re-Housing	167	224	274	317	321
PSH	124	167	204	236	239
PSH-Seniors	78	104	127	147	149
Dedicated Affordable Hsg	218	291	357	412	418
Shallow Subsidy	101	135	166	192	194

Figure 65: Scenario 1, South County, Households with Only Adults

Scenario 2 South County, Households with Only Adults

Scenario 2 uses the same rate of return and inflow rate as Scenario 1, assuming that retention will quickly improve, reducing by three percent each year to seven percent returning in the fifth year. Scenario 2 also assumes that inflow into homelessness will remain both steady and high at 20%. Finally, Scenario 2 adds $50 million of new investment each year. The combined countywide cost of Leveling Up and Scaling up in Scenario 2 is $956 million.

Scenario 2 South County 5-Year Investment Impact Dashboard, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	10%	10%	10%	10%	10%
Returns Rate	19%	16%	13%	10%	7%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	1,493	1,762	2,024	2,133	2,234
Annual Exits	611	777	1,131	1,345	1,559
Annual Remaining	882	984	893	788	675
% unmet need	59%	56%	44%	37%	30%
Scenario 2 South County 5-Year Inventory Needs, Households with Only Adults					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	15	17	21	24	26
Emergency Shelter	78	85	107	121	134
Transitional Housing	12	13	17	19	21
Rapid Re-Housing	131	142	179	202	224
PSH	98	105	133	151	167
PSH-Seniors	61	66	83	94	104
Dedicated Affordable Hsg	171	184	234	264	292
Shallow Subsidy	79	86	108	122	135

Figure 66: Scenario 2, South County, Households with Only Adults

Figure 65 represents the different impacts of each investment scenario in the homeless population: annual population (blue), exits from homelessness (red), and annual remaining (green). These graphs show that investment strategy impacts significant investment early in the process and can quickly turn the curve. At the same time, both scenarios indicate that thousands of adults will experience homelessness each year in South County, even after five years of aggressive investment. These households are likely to be disproportionately people of color and, in particular, Black and Native Americans. Without addressing the factors driving homelessness—racism, economic inequality, and housing shortfalls—homelessness will continue to harm an extraordinary number of adults in Alameda County.
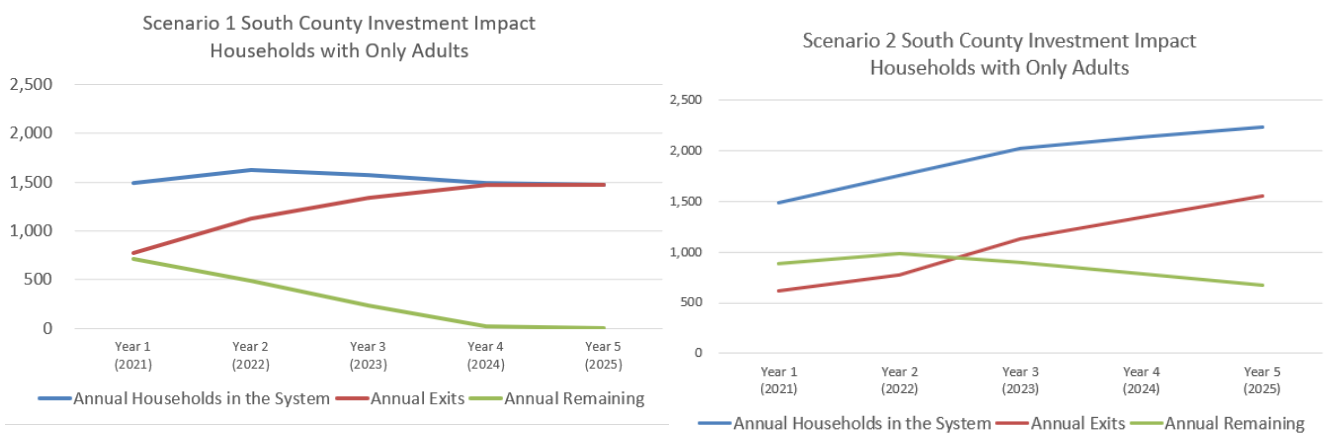

Figure 67: Scenarios 1 and 2 Compared for South County

Scenario 1 South County, Households with Minor Children

Scenario 1 assumes inflow into the homeless system is realistic, maintaining at 20% year after year, close to the inflow rate of 22% that Alameda County saw between 2017 and 2019. It also assumes that the modeled system will be more equitable and effective than the current system, resulting in higher permanent housing retention rates. The rate of returns steadily reduces by two percent each year from 12% to four percent over five years. Scenario 1 begins with a significant countywide investment of $13 million in year one and then adds $8 million in year two, $5 million in year three, $2 million in year four, and $1 million in year five. The total countywide cost of Leveling Up and Scaling Up the response for homeless households with minor children is $135 million (rounded) over five years.

Scenario 1 South County 5-Year Investment Impact Dashboard Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	10%	10%	10%	10%	10%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	117	122	119	112	112
Annual Exits	62	82	101	109	113
Annual Remaining	55	40	18	3	(0)
% unmet need	47%	33%	15%	3%	0%

Scenario 1 South County 5-Year Inventory Needs Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
HP/Rapid Resolution	2	2	3	3	3
Emergency Shelter	13	17	21	23	23
Rapid Re-Housing	9	12	15	16	17
PSH	6	8	10	11	11
Dedicated Affordable Hsg	19	25	30	33	34
Shallow Subsidy	25	33	41	44	45

Figure 68: Scenario 1, South County, Households with Minor Children

Scenario 2 South County, Households with Minor Children

Scenario 2 reflects the same returns and inflow rates as Scenario 1. Scenario 2 adds $6 million of new investment each year. The total countywide cost of Leveling Up and Scaling Up in Scenario 2 is $108 million (rounded).

Scenario 2 South County 5-Year Investment Impact Dashboard, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Percent of PIT	10%	10%	10%	10%	10%
Returns Rate	12%	10%	8%	6%	4%
Inflow Rate	20%	20%	20%	20%	20%
Annual Households in the System	117	134	152	172	186
Annual Exits	48	60	72	95	118
Annual Remaining	69	75	80	77	68
% unmet need	59%	55%	53%	45%	37%
Scenario 2 South County 5-Year Inventory Needs, Households with Minor Children					
	Year 1 (2021)	Year 2 (2022)	Year 3 (2023)	Year 4 (2024)	Year 5 (2025)
Homeless Prevention/Rapid Resolution	1	2	2	2	3
Emergency Shelter	10	13	15	20	25
Rapid Re-Housing	7	9	11	14	18
Permanent Supportive Housing	5	6	7	10	12
Dedicated Affordable Housing	14	18	22	29	35
Shallow Subsidy	19	24	29	38	47

Figure 69: Scenario 2, South County, Households with Minor Children

Figures 68 and 69 show the impact of Scenario 1 and 2 in South County for comparison of the annual number of homeless households with minor children (blue), the number of households that exit to permanent housing (red), and the number of households with minor children that remain homeless from one year to the next (green). These graphs show that the investment scenario matters.

Significant investment early on can turn the curve of homelessness for households with minor children. Both scenarios show that scores of families with minor children will continue to experience homelessness each year in South County. These are likely to be disproportionately households of color, specifically Black and Native American households. Addressing the factors driving homelessness, namely structural racism, economic inequality, and housing shortages, is intrinsic to ending family homelessness.
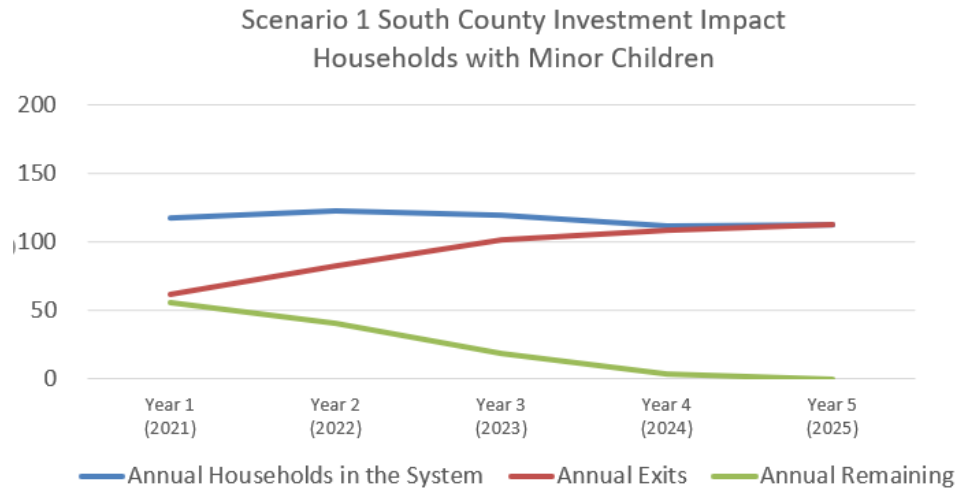

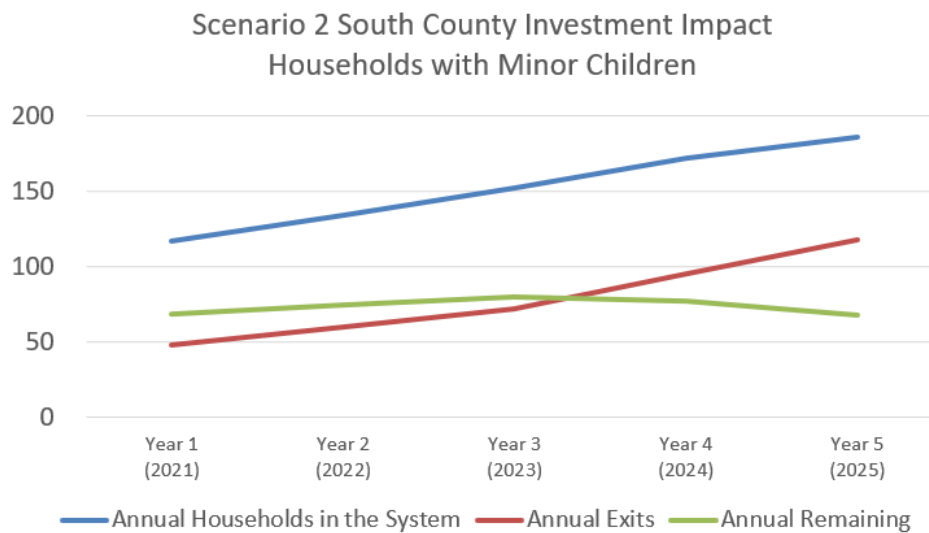*Figure 70: Scenario 1, South County, Investment Impact Households with Minor Children*

Figure 71: Scenario 2, South County, Investment Impact Households with Minor Children

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[14] HMIS data for period 10/1/2018-9/30/2019 for all programs requiring homelessness including street outreach, Emergency Shelter, Transitional Housing, housing navigation, rapid-rehousing, and Permanent Supportive Housing. The APR supporting this table was created on April 20, 2020 using data in Q19.

[15] Alameda County Homeless Management Information System. HUD System Performance Measure 5.2 Change in the number of persons entering ES, SH, TH and PH projects with no prior enrollments in HMIS. This value was submitted to HUD on February 28, 2020 as part of the Continuum of Care's annual reporting to the federal government. The homeless response system in Alameda County uses this measure because in this community homeless people enter permanent housing programs like Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH) directly from unsheltered living situations.

[16] HUD System Performance Measure 7b.1 counts the number of persons in Emergency Shelter, Safe Haven, Transitional Housing, and RRH who exited to permanent housing destinations.

[17] Program access and permanent housing outcomes data come from the Homeless Management Information System (HMIS). Point in Time Count data is included in the chart below to give some sense of population size. Discrepancies between Point in Time Count data and HMIS data may reflect the way race was sampled for the Point in Time Count. Or differences between the Point in Time Count and HMIS data may reflect a greater concentration of homeless response

system services in places like Oakland and Berkeley where a larger proportion of the homeless population is African American or Black at 70% and 56% respectively.

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[26] An APR run on February 14, 2020 for the PSH project type during FFY 2019 shows 221 households who left PSH. Dividing the number of leavers by the 2019 PSH inventory of 2,670 units produces an 8.3% annual turnover rate.

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