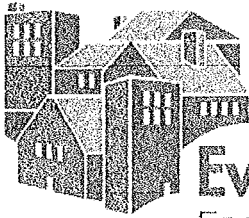


Appendix F: Excerpts from EveryOne Home – Alameda Countywide Homeless and Special Needs Housing Plan



EveryOne Home

Ending Homelessness
in Alameda County

Fact Sheet

Homelessness and Housing Instability in Alameda County

Who is Homeless in Alameda County?

Alameda Countywide Shelter and Services Survey, May 2004 Report

- As many as 16,000 people experience homelessness during the course of a year.
- 6,215 people are homeless on any given night.
- Children comprise 28% of the county's homeless population (1,755).
- Families comprise 43% of the county's homeless population (2,691).
- More urbanized areas of Oakland and Berkeley have higher percentages of adults unaccompanied by children.
- More suburban areas of Mid, South and East County have higher percentages of families with children (including single parent families).

Physical/Behavioral Health, Disabilities & Homelessness

Alameda Countywide Shelter and Services Survey, May 2004 Report

- 58% of homeless adults have one or more disabilities, including mental illness, HIV/AIDS and other physical disabilities.
- Over 30,000 people with mental illness have extremely low incomes and are at risk of homelessness in Alameda County.
- Nearly 1,000 people with mental illness are homeless on any given night, and over 30% of those are dually diagnosed with a substance abuse addiction.
- In Alameda County, there are nearly 5,000 people living with HIV/AIDS who have extremely low incomes and are at risk of becoming homeless.
- Homeless persons are more likely to rely on emergency room or urgent care facilities, require more hospitalizations and report delayed care for drug dependency and mental health problems.

Mainstream Systems & Homelessness

Alameda Countywide Shelter and Services Survey, May 2004 Report

- 20% of homeless adults in Alameda County have been in an institution such as foster care or juvenile justice prior to age 18.
- One in three homeless individuals under age 30 experienced a child welfare system placement prior to age 18.

Lack of Affordable Housing

Out of Reach 2006, National Low Income Housing Coalition and Housing California

- Alameda County is one of the top 10 least affordable housing markets in the U.S.
- A family earning minimum wage needs to work over 142 hours a week, 52 weeks a year to afford a modest two-bedroom apartment.
- A disabled individual earns less per month from SSI (\$812) than the fair market value of a studio apartment (\$900).
- Approximately 34,000 (6%) of Alameda County's 523,000 households are at severe risk of homelessness because they are extremely low-income renters paying more than 50% of their income on housing.

224 W. Winton Avenue, Room 108, Hayward CA 94544-1215

EveryOne Home Sponsoring Agencies: County of Alameda Housing and Community Development, Behavioral Health Care Services, Public Health Office of AIDS Administration, and Social Services Agency; City of Oakland Department of Human Services, and Community and Economic Development Agency; City of Berkeley Housing Department, and Health and Human Services Department; and the Alameda Countywide Homeless Continuum of Care Council.

Alameda Countywide Homeless and Special Needs Housing Plan

April 2006

Executive Summary

As many as 16,000 people are homeless during the course of a year in Alameda County, and more than 5,000 are homeless on any given night. Many people experiencing homelessness have disabilities. Thousands more with serious and persistent mental illness and/or HIV/AIDS are living in precarious or inappropriate situations. This plan outlines a reorientation of housing and service systems to end chronic homelessness within ten years and significantly reduce housing crises for these vulnerable populations in Alameda County over fifteen years.

Alameda County has a history of innovative and successful programs *to address homelessness and special needs housing*. While these programs have significantly assisted the people they serve, the Sponsors and Stakeholders who developed this plan acknowledge that *simply* continuing with the current approaches will not lead to ending homelessness. Achieving this vision will require dedicating approximately 15,000 units of housing to the plan's target populations, but housing alone is not enough. In order to prevent and end homelessness for the plan's target populations, the plan establishes five goals:

- **Prevent homelessness and other housing crises.** The most effective way to end homelessness is to avoid it in the first place, by making appropriate services accessible when needed. Exiting foster care, hospitals, or a jail or prison, should not be an expressway to homelessness.
- **Increase housing opportunities for the plan's target populations.** This plan identifies a need for 15,000 units of housing for people who are homeless or living with HIV/AIDS or mental illness, and estimates the cost of developing and operating housing and services over the next fifteen years at \$2.1 billion.
- **Deliver flexible services to support stability and independence.** Culturally competent, coordinated support services must accompany housing; for some, access to clinical services will also be important. Service systems must coordinate in order to make the greatest difference in people's lives and to make the most of their limited resources.
- **Measure success and report outcomes.** Evaluating outcomes will allow systems and agencies to identify successful programs and target resources toward best practices.
- **Develop long-term leadership and build political will.** These goals can only be achieved with a long-term leadership structure that can sustain systems change activities. Building and sustaining political and popular support for its vision and activities will also be required.

Homelessness and housing crises are damaging to the physical, mental, and economic health of individuals and families, and leave them vulnerable to violence and exploitation. But homelessness and housing crises have serious costs to the community as well. For example, when children and adults are homeless or in a precarious housing situation at risk of becoming homeless, they cannot participate to their greatest potential in school, at home, at work, and in the community. Other costs to the community include the costs of providing emergency housing, mental health crisis services, emergency medical care, criminal justice and judicial system involvement.

Alameda County has already made a significant investment in affordable housing and services related to homelessness, behavioral health (including both mental health and substance use), and HIV/AIDS. There are more than 20,000 units of affordable housing, and services are provided to more than 20,000 people annually in these three systems. Still, too many low-income people experience homelessness and housing instability.

This plan envisions a housing and services system that partners with consumers, families and advocates; provides appropriate services in a timely fashion to all who need them; and ensures that individuals and families are safely, supportively, and permanently housed. As the sponsors and community stakeholders of this plan, we envision a future in which there are sufficient resources, political will, and community support to effect the changes necessary to make this vision a reality.

Not only is this Alameda County's plan to end chronic homelessness—and similar in intent to plans being developed across the country—but also it builds on those efforts by engaging the mental health and HIV/AIDS service systems to forge a comprehensive approach to increasing supportive housing. Prior to embarking on this shared planning process, each of the sponsoring agencies had in the past undertaken housing plans specific to their target populations.

This plan represents the culmination of more than a year of collaboration between Alameda County government representatives and community stakeholders. Dozens of housing and service providers, consumers, and stakeholders participated in interviews, focus groups, and ad hoc working groups to develop the plan. Successful implementation of this plan will require the support and participation of many more individuals, organizations, sectors, and jurisdictions. The plan was sponsored and funded by:

- Alameda County Behavioral Health Care Services
- Alameda County Housing and Community Development Department
- Alameda County Public Health Department Office of AIDS Administration
- Alameda County Social Services Agency
- Alameda Countywide Homeless Continuum of Care Council
- City of Berkeley Housing Department
- City of Berkeley Health and Human Services Department
- City of Oakland Community and Economic Development Agency
- City of Oakland Department of Human Services

Starting in 2005, the Sponsoring Agencies and community stakeholders will seek adoption, endorsement, and support of this plan from key stakeholders reflecting the diversity of the county. Civic and faith-based groups, businesses, housing and service providers, consumers and their advocates will all be asked to endorse the plan. Elected officials, localities, and the County will be asked to formally adopt the plan, participate in its implementation, and consider what steps they can take to forward the plan's goals.

The Sponsoring Agencies will also initiate the development of an Advisory Council that includes the participation of community leaders with diverse backgrounds. Together, by 2007, they will create a permanent Governing Board composed of influential community leaders responsible for overseeing the plan's implementation.

The Sponsoring Agencies and Advisory Council will also create a countywide Inter-Agency Council that includes funders and key housing and service providers from the homeless, HIV/AIDS, and mental health systems, as well as the leadership of mainstream housing and service systems. The Inter-Agency Council will support and advise the work of the Governing Board, develop detailed implementation plans, and incorporate the strategies of this plan into a revised service delivery system. The Inter-Agency Council will solicit consumer input on programs and priorities through a Consumer Advisory process.

During the next fifteen years, these three groups will work together to implement the plan's recommendations in order to ensure these outcomes by 2020:

- More than 35,000 individuals and families in Alameda County who have experienced homelessness or are extremely low-income and living with serious and persistent mental illness and/or HIV/AIDS in inappropriate or precarious housing situations will achieve long-term, appropriate housing situations.
- People experiencing a crisis or in need of basic medical, behavioral health and/or social services are able to access user-friendly and up-to-date information and obtain assessment services through any provider of such services in the county.
- People throughout Alameda County, including elected officials, community leaders, and the general public demonstrate, through their charitable contributions, volunteer service, funding decisions, and state and federal advocacy, an accurate understanding of how to prevent homelessness and a solid commitment to remedy the complex social and health issues faced by extremely low-income people living with HIV/AIDS, serious and persistent mental illness, chemical dependency, and other disabling conditions.

Introduction

In Alameda County, an estimated 16,000 people experience homelessness over the course of a year. Many homeless youth and adults are living with mental illness, substance use issues, HIV/AIDS, and/or other disabilities. More than one in four homeless individuals countywide is a child younger than the age of 18.

Homelessness is a symptom of a wide range of challenges and characteristics in people who happen to share the problem of lacking a permanent residence. The high cost of housing in Alameda County both increases homelessness here, and is itself a barrier to preventing and ending homelessness. According to the National Low Income Housing Coalition, Alameda County is one of the ten least affordable counties in the nation.

Both homelessness and HIV/AIDS affect people of color disproportionately. In particular, African Americans constitute a higher proportion of people living with HIV/AIDS and people who are homeless than of the general population of Alameda County. Nationally, people of color have been shown to have less access to health care and worse health outcomes than Caucasians, due to factors such as poverty and racism.

Homelessness is detrimental to physical and mental health, and leaves people vulnerable to violence and exploitation. Homelessness also deprives the community of the full participation of adults and children in school, at home, at work, and in the community. However, a number of local and national programs have demonstrated successful interventions to assist people in achieving and maintaining stable housing and improving their quality of life.

A substantial body of research documents that the costs to tax payers of providing intensive and crisis services such as emergency rooms, medical and mental health hospitals, jails and prisons to chronically homeless, seriously disabled people primarily because they do not have stable housing are substantially higher than providing modest housing linked to appropriate support services.

This plan addresses the housing needs of persons who are homeless today, and those who are among the most likely to be homeless tomorrow. The sponsors and stakeholders who developed this plan recognize that people who are chronically homeless on our streets form the most visible and seemingly intractable part of the homeless population. This plan outlines reorienting Alameda County's housing and service systems to reduce and end chronic homelessness over the coming decade. In addition, by creating safe, decent, and affordable housing options for extremely low-income people living with serious and persistent mental illness and/or HIV/AIDS who are inappropriately or precariously housed, Alameda County can prevent future homelessness.

Without an effort of this magnitude to change Alameda County's housing and service delivery systems and to address the underlying causes of homelessness—not just react to its victims—the chronically homeless on the streets today will be replaced by those who become homeless tomorrow.

How this plan got started

The groundbreaking approach of this plan—combining three systems and sponsored by nine agencies—has not been undertaken by any other community in the nation, despite widespread acknowledgement of the importance of systems integration.

Prior to this plan, the Alameda Countywide Homeless Continuum of Care Council had completed homeless plans that also addressed HIV/AIDS and mental illness with a homelessness focus. The Alameda County Housing and Community Development Department (HCD) had combined the use of both local formula funds through the U.S. Department of Housing and Urban Development's Housing Opportunities for Persons with AIDS (HOPWA) program and national HOPWA technical assistance resources to create a multi-year HIV/AIDS housing plan in 1996 that was updated in 1998. The Office of AIDS Administration's annual Ryan White Title I planning activities have been tracking housing and service issues over the years. Alameda County Behavioral Health Care Services (BHCS) had examined housing issues of its clients internally and identified the need to undertake a community plan in partnership with housing and homelessness agencies.

In 2004, all of these agencies and the Alameda County Social Services Agency, together with the cities of Oakland and Berkeley, initiated the *Alameda Countywide Homeless and Special Needs Housing Plan*, each contributing funds to support this unique effort. The collaboration creatively leveraged knowledge, funding, passion, and expertise to address countywide multidimensional issues.

The plan's sponsors came together to develop this plan because they shared:

- A recognition that many people who are homeless and/or have disabilities have difficulty finding and keeping housing in Alameda County, both due to the high-cost of market-rate housing and the relatively limited amount of housing affordable to those who rely on disability incomes.
- A recognition that the homeless, mental health, and HIV/AIDS systems serve people with many similar needs, and in many cases, the same individuals.
- A recognition that many people, including those with HIV/AIDS or a mental illness, exit other systems, such as foster care, criminal justice, and hospitalization, into homelessness.
- A desire to build on successful interdisciplinary programs in Alameda County and elsewhere that have proven to stably house and increase the quality of life for many people, including those with long histories of homelessness and multiple disabilities.
- A desire to bridge the historical division between housing and service systems, and to seek innovative ways of combining resources in order to more effectively serve populations in need.
- A desire to maintain and increase resources that are dedicated to serving people who are homeless or are living with serious and persistent mental illness and/or HIV/AIDS, and a desire to increase political and popular support for these and related issues.

For more information about the people who participated in developing this plan and the planning process, see *Companion Materials, 1. Planning Participants* and *2. Overview of the Planning Process*. For notes from the consumer focus groups, please see *Companion Materials, 11. Consumer Focus Groups*.

A multi-dimensional problem requires multi-faceted solutions

As the Sponsoring Agencies and community stakeholders who developed this plan, we recognize that safe, decent, and affordable housing benefits the entire community, not only the residents of such housing. Ending homelessness and greatly decreasing the risk for homelessness in Alameda County, among people living with serious and persistent mental illness and/or HIV/AIDS, is a regional problem requiring regional solutions. These households face multi-dimensional challenges, so what is needed are multi-faceted solutions that integrate county health, housing, criminal justice, and human service delivery systems to a degree not yet realized.

With this plan, many jurisdictions, agencies, service delivery systems, funding sources, and sectors of our community are both pulling together in new, creative ways and building on past successes to prevent and end homelessness in Alameda County. For example, by utilizing multi-agency teams of public and private nonprofit organizations that deliver integrated services to residents, the Alameda Health, Housing and Integrated Services Network (HHISN) has demonstrated the effectiveness of affordable, long-term supportive housing in reducing systems-level costs, while improving client outcomes for homeless individuals living with multiple diagnoses.

Similarly, Alameda County's strong HIV/AIDS housing and services programs, funded primarily by the Housing Opportunities for Persons with AIDS (HOPWA) program and Title I of the Ryan White CARE Act, will be enhanced through greater collaboration with homeless services and behavioral health care programs. These expanded partnerships will ultimately assist more people living with HIV/AIDS to achieve and maintain housing stability, increase access to care and services, and help prevent homelessness.

As schools, faith-based and civic groups, and a broad array of community members learn more about issues affecting people with special needs in the county, new initiatives and ideas will emerge. Everyone can play a role in ending homelessness in Alameda County.

Ending homelessness starts with preventing it

Homelessness, highly unstable housing, and health crises harm the physical, mental, and/or economic health of individuals and families and should be prevented for these reasons alone. From a systems perspective, housing and service crisis responses are often more costly than prevention approaches. The National Alliance to End Homelessness refers to prevention as "closing the front door" on homelessness. While some emergency interventions will always be needed to respond to truly unforeseeable events, many of the circumstances that force people into homelessness are, in fact, foreseeable.

Many of those who are homeless were discharged from institutions, such as jails, prisons, or hospitals, or they have aged out of the foster care system. For example, one in five homeless adults in Alameda County was in foster care or a group home when younger than 18. There are high personal and financial costs associated with discharging people into homelessness rather than directly into appropriate housing. As the Sponsoring Agencies and stakeholders who developed this plan, we recognize that it is critical that housing and service systems throughout the county work well together to address complexities of timing, availability of options, and admission criteria in order to develop alternatives to discharging people into homelessness.

In addition to discharge planning, homelessness prevention strategies include benefits advocacy, to ensure people receive benefits such as SSI for which they are eligible, short-term rental assistance for emergencies, and employment training and job placement.

Ending homelessness requires connecting housing and services

In Alameda County, a formerly homeless woman with a disability described housing without services, or services without housing as “trying to make a cake without the eggs.” With access to housing assistance and linked services, she is now living stably in her own home for the first time in her adult life. For many people, particularly those with disabilities, neither housing assistance nor services alone is effective, but together they can have remarkable results. Housing and services, whether preventative, or provided over the short- or long-term, must be physically accessible and convenient to public transportation, so that additional barriers are not created.

Ending homelessness requires learning from successful innovations

We are committed to improving the effectiveness and efficiency of existing delivery systems and implementing new approaches. Realizing this vision requires maintaining the housing and services Alameda County has now. Many aspects of the existing housing and service delivery systems have value and can be strengthened through closer coordination to maximize positive outcomes for the low-income, multiply challenged populations they serve.

At the same time, we are encouraged and energized by the movement nationally toward developing new, integrated approaches that have been proven to increase housing stability, decrease risk of homelessness, and increase access to services for people who are homeless, living with HIV/AIDS, have a mental illness and/or other disabilities. These approaches bring together multiple systems, combine services and housing in new ways, and emphasize the importance of permanent housing options that are affordable to households with extremely low incomes.

Alameda County community-based organizations and the government agencies that fund them have developed effective, innovative, and nationally recognized approaches to serving people who are homeless, living with HIV/AIDS, and/or mental illness, including 2,300 units of permanent supportive housing now dedicated to the plan’s three target populations. Examples include the HOPWA-funded Project Independence Program; the Health, Housing, and Integrated Service Network (HHISN); and Berkeley Mental Health’s AB 2034 program serving homeless, mentally ill adults.

Our vision

We envision a system that partners with consumers, families and advocates; provides appropriate services in a timely fashion to all who need them; and ensures that individuals and families are safely, supportively, and permanently housed. We envision a future in which there are sufficient resources, political will, and community support to effect the changes necessary to make this vision a reality.

~

"The moral test of a society is how that society treats those who are in the dawn of life—the children; those who are in the twilight of life—the elderly; and those who are in the shadow of life—the sick, the needy, and the handicapped."

Hubert Humphrey,
former Vice-President of the
United States

We're in it for the long haul

~

As the sponsors and stakeholders who developed this plan, we recognize that as we complete this document, federal and state resources for housing and services have been decreasing, local governments are experiencing serious budget problems, and our local economy is still struggling to recover. However, homelessness, HIV/AIDS, and mental illness will not go away on their own. We cannot afford to wait until the "right" time to start working together to address these issues. Now, more than ever, we need to make sure that we are making the most effective use of resources.

We know that the goals of ending chronic homelessness within ten years and reducing housing crises for extremely low-income people living with serious and persistent mental illness and/or HIV/AIDS are ambitious. We know that these goals cannot be accomplished overnight, or even in the first years of this plan. Change will come slowly, as we expand existing relationships, create new relationships, identify new resources, and implement new approaches. As new strategies are implemented, we will see progress towards our goals of ending homelessness in Alameda County and supporting people living with HIV/AIDS or mental illness to stay stably housed and able to participate in their families and in our community to the greatest extent possible.

~

"It takes as much energy to wish as it does to plan."

Eleanor Roosevelt

~

Guiding principles

- Housing and service needs must be addressed as a **region-wide social and economic issue**, and must engage **broad participation** from both traditional and new partners in implementing solutions.
- A primary goal of the system should be to **prevent homelessness** and other foreseeable life crises, and to avoid or reduce further negative impacts when crises do occur.
- **Permanent housing that is affordable and accompanied by adequate supportive services** is essential to the effort to eliminate chronic homelessness, and requires **project-based rental subsidies** to ensure affordability for those with extremely low or no income.
- The entire system should be **accessible and responsive to all** who are in need of assistance, regardless of how, when, or where they first enter the system; regardless of their age, culture, language, or disability; and regardless of their changing needs. Services should be consumer-centered, building on each consumer's strengths toward their own wellness and recovery goals rather than the needs of the service delivery system.
- To ensure balance and continued success, the system should furnish housing and service providers with the **necessary resources and training** to ensure excellence in service delivery and provide individuals and families with **choices** to determine their own course, while requiring **accountability from all**—consumers, family members, providers, policymakers, and the community at large.
- Initiatives to change the system should include **realistic and measurable outcomes** and the necessary **data collection and reporting** to assess the effectiveness of those changes.

Recommendations

This plan's Sponsoring Agencies and stakeholders developed recommendations in support of five major goals. Each goal is critical to ending homelessness and preventing housing crises for the plan's populations. The five goals are:

- **Prevent homelessness and other housing crises.** The most effective way to end homelessness is to avoid it in the first place. Prevention requires making appropriate services accessible at the time they are needed, which is why this plan envisions a “no wrong door” approach to services. In particular, people leaving institutions including foster care, hospitals, jails and prisons need interventions that prevent their exiting into homelessness.
- **Increase housing opportunities for the plan's target populations.** People who are homeless need affordable and supportive housing. Increasing housing opportunities requires creative use of existing resources, developing new resources, and using effective models of housing and services. A detailed estimate of the housing needed and the cost of providing it appears later in the plan in the chapters entitled *Housing Assistance Needs of People Who Are Homeless and/or Have Special Needs* and *Housing Goals and Cost Estimates*.
- **Deliver flexible services to support stability and independence.** Culturally competent services, particularly services coordination, must accompany housing. Access to clinical services will be important for a segment of the population. Direct service providers in all systems throughout the county must have a degree of knowledge about and access to a range of housing resources and complementary support services.
- **Measure success and report outcomes.** Evaluating outcomes will allow systems and agencies to identify successful programs and target resources toward best practices.
- **Develop long-term leadership and build political will.** The other recommendations can only be achieved by developing a long-term leadership structure that can sustain systems change activities. Implementation of this plan will also require building political and popular support for its vision and activities and sustaining it for the next fifteen years.

The following pages present each goal with its associated objectives and strategies. For initial action steps, please see the accompanying document, *Action Plan (2006–2007)*. Additional steps for each system appear in the following chapters in the plan's *Companion Materials: 3. Next Steps for the Homeless Continuum of Care System; 4. Next Steps for the Behavioral Health Care System; and 5. Next Steps for the HIV/AIDS System*.

Homelessness in Alameda County

A 2004 survey sponsored by the Alameda Countywide Homeless Continuum of Care Council found that 6,215 people, including 1,755 children, met the community's definition of homelessness at a point in time. The homeless population is diverse and experiences issues that span many service delivery systems. This chapter presents an overview of data regarding the homeless population in Alameda County and the supportive housing dedicated to this population. (Please refer to *Companion Materials, 8. Homelessness in Alameda County: Expanded Version* for a more comprehensive overview of information related to this chapter.)

Based on the 2005 update to the 2004 survey, this plan estimates that 1,883 chronically homeless single adults and 10,869 community-defined homeless adults and children in Alameda County, comprising approximately 5,264 households, will need long-term housing assistance. The 2005 process updated certain population totals only, not the more detailed attributes of the population. Therefore, this plan utilizes detailed information from the 2004 survey report in the background sections on homelessness, but uses the updated 2005 counts to project the amount of housing needed. Please see the chapter entitled *Housing Assistance Needs of People Who Are Homeless and/or Have Special Needs* for a detailed estimate of the amount and types of housing needed for the plan's three target populations.

Who is Homeless in Alameda County?

Describing people who are homeless requires first defining who is homeless. There are four definitions of homelessness being used in Alameda County and for which data is available. This plan deals primarily with the broadest definition, community-defined homelessness, and a subset of that population meeting the most specific definition, HUD-defined chronic homelessness. When not specified, this plan uses the community definition of homelessness.

The **community definition of homelessness** is probably very close to how most people in Alameda County understand homelessness. It includes people staying in emergency shelters or transitional housing, living on the street or in a car, and people who will lose their housing within a month and have nowhere to go. The **HUD definition of chronically homeless** includes only single adults with a disability, who have been homeless for a long time or frequently.²⁵ For more detail about all four definitions, please refer to *Companion Materials, 8. Homelessness in Alameda County: Expanded Version*.

The Alameda Countywide Homeless Continuum of Care Council sponsored an extensive count and survey of people utilizing shelter and services in Alameda County, the *Alameda Countywide Shelter and Services Survey: County Report* (ACSSS), which it released in 2004. (See *Companion Materials, 15. Executive Summary from the 2003 Alameda Countywide Shelter and Services Survey*.) This survey found that **6,215 people in Alameda County are homeless at a point in time**, and that 1,604 people in Alameda County meet HUD's definition of chronic homelessness at a point in time. Since people become homeless and then housed again throughout the year, the

²⁵ Specifically, to meet HUD's definition, they must have been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years.

number of people homeless during the course of the year is higher than the number at a single point in time. The Continuum of Care Council estimates that **16,000 people are homeless in Alameda County over the course of a year.**²⁶

Nearly half of the homeless population at the point in time of the survey was in Oakland, while 20 percent were in South and East County, 13 percent in Berkeley, and 17 percent in other Mid- and North County locations. The survey found an unexpectedly large portion of HUD-defined chronically homeless adults at a point in time in Berkeley, at 41 percent of the entire chronically homeless population.²⁷ Generally, the homeless population in Oakland and Berkeley includes more single adults and people with disabilities, while South, East, Mid-, and North County have higher proportions of homeless families with children.

The following information highlights some demographics of the homeless population:

- **Families.** The survey found that 43 percent of the community-defined homeless were in a family with children. At the point in time of the survey, the total included 936 adults with children, and 1,755 children.²⁸
- **Gender.** The homeless population countywide was almost evenly split between men (53 percent) and women (47 percent), although women were more highly represented in areas with more families, and men are more common in areas with more single adults.²⁹
- **Race and ethnicity.** In the community-defined homeless population, Blacks/African Americans, American Indians, and Alaska Natives were over-represented when compared to Alameda County's population as a whole.³⁰
- **Youth and young adults.** At a point in time, there were 364 community-defined homeless people in Alameda County aged 24 or younger, including effectively emancipated youth younger than 18.³¹
- **Seniors.** At a point in time, Alameda County had 2,296 people aged 55 or older, including 1,195 people aged 55 to 64 and 1,101 aged 65 and older. This population is anticipated to grow as the proportion of Americans aged 55 and older grows.³²
- **Duration of homelessness.** At the point in time of the survey, about a quarter of homeless adults had been homeless for less than a year, while 16 percent had been homeless for 10 years or more or had never had their own place to live.
- **Education.** More than 40 percent of homeless adults had completed high school or earned a GED.³³

²⁶ Richard Speigman and Jean Norris, *Alameda Countywide Shelter and Services Survey: County Report*, prepared for the Alameda Countywide Homeless Continuum of Care Council, May 2004, pp. 1-12 to 1-13.

²⁷ *Ibid.*, p. 3-15.

²⁸ Richard Speigman and Jean Norris, *Alameda Countywide Shelter and Services Survey: County Report*, prepared for the Alameda Countywide Homeless Continuum of Care Council, May 2004, p. 3-9.

²⁹ *Ibid.*, p. 4-2.

³⁰ See Table CM-9 on page 8.6 of this plan's *Companion Materials* for detail on race/ethnicity in the community-defined homeless population. For the population of Alameda County as a whole in 2002, population estimates are: American Indian/Alaska Native (<1%); Asian and Pacific Islanders (23%); Black/African American (14%); Hispanic/Latino, any race (20%); White/Caucasian (39%); Other (1%); and Multiracial (4%). Metropolitan Transportation Commission (MTC) and Association of Bay Area Governments (ABAG), "Selected Census 2000 data for the San Francisco Bay Area," Alameda County 2002 ACS Estimates. Source: Census 2000 SF1, SF3, DP1-DP4, American Community Survey 2002 Summary Tables. Available online: www.bayareacensus.ca.gov/counties/AlamedaCounty.htm (Accessed: December 14, 2004).

³¹ Richard Speigman and Jean Norris, *Alameda Countywide Shelter and Services Survey: County Report*, prepared for the Alameda Countywide Homeless Continuum of Care Council, May 2004, p. 2-3.

³² *Ibid.*, p. 2-3.

- **Employment.** The survey also included people who utilize homeless and/or food services but had housing. Homeless respondents were slightly more likely to report having worked in the past 30 days than housed service users (35 versus 31 percent), but homeless people were more likely to have temporary or marginal work, and to work 15 or fewer hours weekly.³⁴
- **Income.** 88 percent of homeless people had an income; the average homeless family income was just \$727 per month.³⁵
- **Health insurance.** Three-quarters of homeless adults reported having “health insurance or access to publicly-supported treatment services” at that point in time. Homeless people averaged one hospitalization every two years, which is more than double that of housed extremely low-income service users.³⁶
- **Medical care.** About one-third of homeless respondents reported an emergency room as the location of their most recent medical care, and 36 percent delayed or did not receive medical care they thought they needed.³⁷
- **Food security.** Almost half of homeless respondents reported having gone hungry in the past 30 days, and 18 percent of adults with children reported that their children go hungry.³⁸
- **Domestic violence.** The survey found that more than 600 people who met the community definition of homelessness had been injured or threatened by a family member within the 12 months prior to the survey.³⁹
- **Veterans.** Almost 1 in 5 homeless adults had served in the United States military (at least 853 people at a point in time); just 17 percent of those reporting military service history also reported a Veterans Administration benefit or pension.⁴⁰

Homelessness in Combination with HIV/AIDS, Mental Illness, and Substance Use

Local and national data indicate that HIV/AIDS, mental illness, and substance use are common among people who are homeless, and that each of these issues affects a person’s experience while homeless and the duration they remain homeless. For example:

- **HIV/AIDS.** According to Dr. Dennis Culhane, a researcher who has worked extensively on homelessness, approximately 3 percent of the adult homeless population nationally is living with HIV/AIDS.⁴¹ Applied to the 4,460 adults homeless at a point in time in Alameda County, this would yield an estimate of 134 people living with HIV/AIDS who are homeless at a point in time.
- **Mental illness.** Data from the *Alameda Countywide Shelter and Services Survey: County Report* (ACSSS) and BHCS indicates that there are close to 1,000 people with a mental illness who are homeless in Alameda County at a point in time.

³³ Ibid, p. 4-7.

³⁴ Ibid, p. 7-1

³⁵ Ibid, p. 7-3.

³⁶ Ibid, p. 10-3.

³⁷ Ibid, pp. 10-6, 10-16.

³⁸ Ibid, p. 6-3.

³⁹ Ibid, p. 9-3.

⁴⁰ Ibid, pp. 4-16, 7-9.

⁴¹ Dr. Dennis Culhane, personal communication with AIDS Housing of Washington staff, October 14, 2004.

- **Substance use.** The ACSSS found that 30 percent (1,736 adults at a point in time) of community-defined homeless adults had alcohol dependence or drug abuse, as did 50 percent (799 adults at a point in time) of the HUD-defined chronically homeless.

Institutionalization: Foster Care, Hospitals, and Jails or Prison

Nationally and locally, there is growing documentation and understanding that many people become homeless upon leaving an institution such as foster care, hospitals, and jail or prison, and that ending homelessness requires ensuring that people do not exit institutions to homelessness. For example, in the ACSSS survey, 12 percent of all respondents (864 people at a point in time) said that they became homeless most recently when they were “released from jail, prison, or a hospital.”⁴² Further detail follows:

- **Foster care.** 1 in 5 homeless adults (20 percent) in Alameda County reported having been in an institution before age 18, including 14 percent who had been in foster care.⁴³ The proportion of community-defined homeless adults younger than age 30 in Alameda County who reported being in an institution before age 18 was even higher, at 37 percent.⁴⁴ The California Department of Social Services estimates that 65 percent of the 219 youth who exit foster care *every year* need housing assistance.⁴⁵
- **Formerly Incarcerated.** More than two-thirds of the community-defined homeless population in Alameda County had been in either jail or prison at some point in the past. This includes 4 percent who had last been released a month to a year prior to the survey, and 16 percent who had been released within the 30 days prior to the survey.⁴⁶
- **Hospitals.** 11 percent of community-defined homeless adults and 16 percent of HUD-defined chronically homeless reported having been hospitalized two or more times in the previous year.⁴⁷ Nine percent of the community-defined homeless and 21 percent of the HUD-defined chronically homeless reported having been in a psychiatric hospital within the past year.⁴⁸

⁴² Ibid, p. 5-3.

⁴³ Ibid, p. 4-9.

⁴⁴ Ibid, p. 8.

⁴⁵ California Department of Social Services, *Report of the Survey of the Housing Needs of Emancipated Foster/Probation Youth*, p. 1. Available online: www.childsworld.ca.gov/res/PDF/RptontheHousingNeeds.pdf (Accessed: March 8, 2005).

⁴⁶ Ibid, p. 4-11.

⁴⁷ Richard Speigman and Jean Norris, *Alameda Countywide Shelter and Services Survey: County Report*, prepared for the Alameda Countywide Homeless Continuum of Care Council, May 2004, p. 10-10.

⁴⁸ Ibid, p. 10-12.

Housing Inventory for Homeless Population

The 2005 Alameda Countywide Continuum of Care application, Exhibit 1 included the following inventory of existing housing resources, presented in **Table 1**. The inventory includes all beds that are available year-round, separated by individuals and families. Some of the beds included in the Continuum of Care inventory are dedicated to serving people who are both homeless and have a mental illness or people who are homeless and are living with HIV/AIDS.

Table 1:
**Continuum of Care Housing Inventory Summary,
Year-Round Beds 2005**

	Family Units	Family Beds	Individual Beds
In operation:			
Emergency Shelter	131	454	538
Transitional Housing	292	1,023	565
Permanent Supportive Housing	252	761	1,232
In development:			
Emergency Shelter	0	0	0
Transitional Housing	0	0	32
Permanent Supportive Housing	48	82	57

Source: Alameda Countywide Homeless Continuum of Care Council, 2005 Continuum of Care application, Exhibit 1.

Homeless Count: 2005 Update

In the last week of January 2005, the Alameda Countywide Homeless Continuum of Care Council performed a full-week count of homeless people who were using a wide range of services, in order to update homeless population counts from the *Alameda Countywide Shelter and Services Survey: County Report (ACSSS)*, which was published in 2004. By combining the 2005 point-in-time count of service users with the 2004 ACSSS data, a research firm determined the numbers of people who were homeless in Alameda County as of January 28, 2005 and who should be counted among this plan's three target populations. The update applied to certain population totals only, not the more detailed attributes of the population. Therefore, this plan utilizes detailed information from the 2004 ACSSS report in the background sections on homelessness, but uses the updated 2005 counts to project the amount of housing needed.

On January 28, 2005, there were 3,010 homeless individuals, and 2,119 homeless adults and children in 684 families, for a total of 5,129 people who were homeless in Alameda County at a point in time. Segments of the total homeless population included:

- 1,506 adults meeting HUD's definition of chronic homelessness
- 719 homeless adults with serious mental illness
- 93 homeless adults living with HIV/AIDS
- 1,746 homeless adults with chronic substance abuse
- 355 homeless youth

NOTE TO READER: Additional information about the homeless system and related issues can be found in the following chapters in this plan:

Local and National Context for Planning, Context for Preventing and Ending Homelessness (p. 38)
Housing Assistance Needs of People Who Are Homeless and/or Have Special Needs (p. 71)

Please also see the following chapters in the *Companion Materials* for this plan:

3. Next Steps for the Homeless Continuum of Care System
8. Homelessness in Alameda County: Expanded Version
11. Consumer Focus Groups
12. Housing and Services Needs: Populations Working Groups
13. Housing Needs and Estimated Costs
15. Executive Summary from the 2003 Alameda Countywide Shelter and Services Survey
17. Glossary of Related Terms