Oakland/Berkeley/Alameda County CoC
HHAP 2020

1. <u>SUMMARY OF HOMELESSNESS IN THE COC, LARGE CITY, OR COUNTY</u>

Alameda County Health Care Services Agency (HCSA) will be acting as the lead applicant for Alameda County HHAP <u>and</u> as the Administrative Entity for the CA-502 Oakland, Berkeley/Alameda County Continuum of Care (CoC). EveryOne Home is the Lead Agency for the CoC. EveryOne Home has provided the summary file of the LSA to HCSA and to the City of Oakland to be submitted as part of the HHAP applications.

2. <u>DEMONSTRATION OF REGIONAL COORDINATION</u>
A. Coordinated Entry System (CES) Information

1. Describe how your CES functions, including:
   a. What entity is responsible for operating your CES?

EveryOne Home is the lead agency for the CA-502 Oakland, Berkeley/Alameda County Continuum of Care (CoC) and the EveryOne Home HUD CoC Committee serves as the federally required CoC board. The HUD CoC Committee is responsible for establishing and operating a centralized or coordinated assessment system with the goal of increasing the efficiency of the local crisis response system and improving fairness and ease of access to resources. The HUD CoC Committee has designated the following entities to be responsible for critical functions of the local coordinated entry process:

- EveryOne Home's System Coordination Committee is the coordinated entry policy oversight entity with responsibility for convening system-wide stakeholders for coordinated planning and improvement of the Housing Crisis Response System; reviewing the performance and operations of the Housing Crisis Response System; adopting and recommending changes to policies, standards, procedures, resources, and tools in order to improve the Housing Crisis Response System; annually submitting to HUD CoC Committee the Housing Crisis Response System Manual and the HUD CE Compliance Review for approval; and establishing and convening subcommittees and working groups to facilitate coordination, effective operations, and on-going improvement.
- EveryOne Home's HUD CoC Committee is in the process of designating a Coordinated Entry Management Entity that would have responsibility for managing the operations of the local coordinated entry, including providing regular reporting on the progress and outcomes of coordinated entry to the System Coordination Committee. The newly established Alameda County Healthcare Services Agency's Office of Care and Coordination has offered to serve in this capacity.
- In January 2020, the EveryOne Home's Results Based Accountability Committee completed the first annual evaluation of the Coordinated Entry process.

   b. What is the process for assessment and identification of housing needs for individuals and families that are experiencing or at risk of experiencing homelessness in your community?
   c. How are people referred to available housing through CES?

Alameda County's Coordinated Entry operates through a network of access points (2-1-1, Housing Resource Centers, Outreach) and administrative coordination (Resource Zones) to identify, assess, prioritize, and match eligible people to housing services and programs. To ensure reliability and transparency, Coordinated Entry uses a standard process and set of tools for everyone who accesses the system, no matter which access point they use.

When individuals and families at-risk of homelessness seek services through an access point, they are briefly triaged using the standard screening and housing problem solving tools. Depending on their needs they are then referred to homelessness prevention services, legal services, and/or financial assistance to support them to stay housed. They are encouraged to call or visit the 2-1-1 website for information and referral to other social, financial, legal, educational, or health services.

When individuals and families who are currently experiencing homelessness seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately. The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for the limited available homeless services and housing programs in Alameda County. Prioritization factors include health and vulnerability, age and family characteristics, housing barriers and homeless history. All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. Ranking of the By-Name List is dynamic, meaning a person's position on the list may change due to their circumstances or the circumstances of others.

After completing a Coordinated Entry assessment, individuals or families experiencing homelessness are connected to a housing resource center for outreach, on-going support, and matching to housing services and programs. Matching is the step of Coordinated Entry by which available housing services or programs are offered to homeless individuals or families with the highest need. The following services or programs are offered based on the individual or family's rank on the By Name List and the eligibility criteria established for the available program: Homeless Services and Housing Programs Matched to by Coordinated Entry:

- Housing Navigation
- Year-Round Shelter
- Rapid Rehousing
- Permanent Supportive Housing
- Transitional Housing
- Tenancy Sustaining Services
- Landlord Liaison Services
- Certain SSI Advocacy, Substance Use Treatment, Veteran, Mental Health, and Behavioral Health Programs

2. **How do you promote the utilization of your CES? Specifically:**
   a. **What outreach do you conduct to ensure all individuals experiencing homelessness, including those with multiple barriers, are aware of the CES assessment and referral process?**
   b. **What is the grievance or appeal process for customers?**
   c. **How do you provide culturally responsive services to people experiencing homelessness?**

The CoC is committed to ensuring all persons at-risk of or currently experiencing homelessness have equal access to the coordinated entry process, as well as the available housing and related support services. The CoC is also committed to ensuring awareness of all rights and responsibilities afforded to a consumer of the coordinated entry process. These efforts include:
- Standard and consistent marketing information is available on the EveryOne Home website and flyers can be printed for distribution. Marketing information is targeted to: homeless and at-risk, single adults, families, youth, veterans and people fleeing domestic violence.
- The utilization of Alameda County's 2-1-1 information and referral line with multiple language and TDD capacity as an initial referral portal.
- Designated access points with drop-in hours have been established throughout the County and outreach workers are deployed to serve people with multiple barriers to access.
- Policies and procedures to reduce barriers and discrimination based on race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, and gender identity have been written and are reviewed on a regular basis.
- Periodic review of aggregate data is conducted to identify potential signs of discrimination or differential treatment of particular groups.

The coordinated entry grievance policy states that any problem or concern that is identified by a client regarding service provided during any part of the Coordinated Entry process should be resolved quickly, supportively, and professionally by the organization that is most directly involved with the client's experience. If a client is dissatisfied with a service, decision, action or situation involving any part of Alameda County's Coordinated Entry process, as outlined and detailed in the Housing Crisis Response System Manual, or if the person wishes to file a complaint against perceived unfair treatment, the following procedure should be followed:
- The client can make a complaint by first following the complaint or grievance procedure of the organization or agency directly providing the service.
- Providers must acknowledge and initiate a response to the complaint according to the organization's established procedure.
- Providers, funding agencies, and EveryOne Home must collect and share aggregate data on the subject matter and resolution status of all Coordinated Entry grievances for the purpose of evaluation and quality improvement.

3. **What, if any, are the current challenges preventing successful CES operation in your jurisdiction, and how do you plan to address these challenges?**

Oakland/Berkeley/Alameda County CoC
HHAP 2020

In January 2020, the first annual evaluation of the coordinated entry process in Alameda County was completed by the EveryOne Home Results Based Accountability Committee. The evaluation illuminated where the coordinated entry system is working well and where it warrants improvement, as well as enhancements to be developed.

Areas of coordinated entry that are working well and should be expanded upon:
- Participant Focus Groups emphasized that staff are respectful, helpful, and trustworthy in the services they provide to people experiencing homelessness.
- Providers Process Evaluation highlighted the need to continue extensive investments in problem solving, flexible funds for homelessness and prevention, housing navigation, and tenancy sustaining resources.
- Prioritization Analysis showed that the prioritization framework is working well to identify the most vulnerable households across household compositions, veterans, transition aged youth, seniors, race, and ethnicity.
- Coordinated Entry System Self-Assessment showed many areas of growth and improvement in the past year, including increased language access, walk in hours and direct telephone access to housing resource centers, and more unified policies for rapid re-housing programs.

Improving coordinated entry involves:
- Cultivating trustworthy and knowledgeable front-line staff who can accompany a homeless household through the process is a significant need identified in the Participant Focus Groups. This involves developing consistent messaging to be used across all providers, as well as enhancing training opportunities, expanding HMIS access and adoption, setting realistic caseloads and retaining staff to do this critical work.
- Assisting all people who are experiencing homelessness, not just the highest need households, was a primary theme from the Providers Process Evaluation of Coordinated Entry, including increasing staff capacity both in terms of training and caseload to support problem solving conversations. The Providers Process Evaluation of Coordinated Entry also raised the need to provide participants with inventory-based, real time information about their prioritization score, likelihood of being matched and referred to resources, as well as the crisis resources available at the time.
- Maintaining a by name list that is up to date with active households and ensuring that PSH and RRH resources are being matched and referred through a consistent coordinated entry process were two of the most important challenges raised in the Prioritization Analysis.
- Improving coordination with the domestic violence services system; developing HMIS to track inventory, matching and referrals; integrating prevention resources are key areas that the Coordinated Entry System Self-Assessment identified for improvement.

What needs to be developed:
- More deeply affordable housing. This was the resounding message communicated by the Participant Focus Groups. Without adequate permanent housing resources, coordinated entry does not make sense and cannot end homelessness.

- A coordinated entry management entity to address operational needs such as:
  - Improving coordination and consistent communication within the homeless crisis response system and to participants as detailed in the Providers Process Evaluation of Coordinated Entry and Participant Focus Groups.
  - Developing grievance policies and procedures, notifying coordinated entry participants of their ability to file a nondiscrimination complaint, creating an ombudsman role as was discussed in the CE Self-Assessment and the Participant Focus Groups.
  - Standardizing access, assessment, matching processes as discussed in the CE Self-Assessment and Providers Process Evaluation of Coordinated Entry.
  - Homelessness prevention resources that are closely targeted to the people most likely to become homelessness was a priority from the CE Self-Assessment.

The CoC is addressing these challenges in three primary ways:
1. Improving CE operations by designating the Alameda County Healthcare Services Agency's Office of Homeless Care and Coordination as the Coordinated Entry Management Entity on behalf of the CoC and measuring outcomes through regular Coordinated Entry monitoring and reporting to System Coordination Committee
2. Improving CE data collection in HMIS by contracting with Bitfocus to restructure the CE workflow in HMIS and implement HMIS changes to meet the HUD CE data standards
3. Undertaking a CE 2.0 redesign and implementation process, focusing on simplifying the CE structure for improved efficiency and access, funding and implementing an enhanced housing problem solving (diversion) practice, streamlining and phasing the assessment process, and clearly identifying the inventory of housing resources available through Coordinated Entry.
4. With support from HUD Technical Assistance team from Abt Associates and Corporation for Supportive Housing, the CoC is leading a countywide system modeling effort to design and implement an optimal Housing Crisis Response system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs. Community stakeholders will use the optimal model developed through the system planning process to guide strategic funding decisions for existing and new federal, state, and local resources and to inform Coordinated Entry.

For Large City and County applicants:
1. How do you coordinate with your CoC's CES?
2. What, if any, are your jurisdiction's current challenges related to CES, and how do you plan to address these challenges?
3. How do you promote the utilization of your CES?
a. Specifically, what outreach do you conduct to ensure all individuals experiencing homelessness in your jurisdiction, including those with multiple barriers, are aware of the CES assessment and referral process?

For County:

1. **How do you coordinate with your CoC's CES?**

The increasing number of people who are homeless in Alameda County reflects the devastating impact of the housing crisis on the lives and health of our low-income residents. Widening income inequality coupled with historical patterns of racial and economic segregation and discrimination have contributed to an economic, political, and social emergency that effects all residents.

As a public agency responsible for protecting the public's physical and mental health, we recognize that decisions made today will shape the future of the Bay area and the health of millions of people. Addressing the housing crisis is critical in avoiding a preventable public health crisis. In order to provide a central coordinating body for the County agencies' responses to homelessness, HCSA recently formed the Office of Homeless Care and Coordination. The new office is working closely with the CoC to align the efforts of county agencies, cities, service providers, and people with lived experience of homelessness toward ending homelessness, and to ensure an effective Housing Crisis Response System and Coordinated Entry process.

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When individuals and families at-risk of homelessness seek services through an access point, they are briefly triaged using the standard screening and housing problem solving tools. Depending on their needs they are then referred to homelessness prevention services, legal services, and/or financial assistance to support them to stay housed. They are encouraged to call or visit the 2-1-1 website for information and referral to other social, financial, legal, educational, or health services.

When individuals and families who are currently experiencing homelessness seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately. The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for the limited available homeless services and housing programs in Alameda County. Prioritization factors include health and vulnerability, age and family characteristics, housing barriers and homeless history. All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. Ranking of the By-Name List is dynamic, meaning a person's position on the list may change due to their circumstances or the circumstances of others.

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6

available housing services or programs are offered to homeless individuals or families with the highest need. The following services or programs are offered based on the individual or family's rank on the By Name List and the eligibility criteria established for the available program: Homeless Services and Housing Programs Matched to by Coordinated Entry:

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HCSA acts as a primary funder and contract manager for coordinated entry services and housing resources in the Alameda County Housing Crisis Response System including:
- Housing Resource Centers and Access Points
- 2-1-1 Information and Referral
- Housing Problem Solving
- Assessment
- Housing Navigation
- Shelter
- Permanent Supportive Housing
- Tenancy Sustaining Services
- Landlord Liaison Services
- Legal Services
- Certain SSI Advocacy, Substance Use Treatment, Mental Health, and Behavioral Health Programs
- Systemwide training

HCSA holds seats and leadership positions on multiple CoC committees that impact the overall Housing Crisis Response System and Coordinated Entry including:
- EveryOne Home Leadership Board
- HUD CoC Committee
- System Coordination Committee
- HMIS Oversight Committee
- Results Based Accountability Committee

2. **What, if any, are your jurisdiction's current challenges related to CES, and how do you plan to address these challenges?**

In January 2020, the first annual evaluation of the coordinated entry process in Alameda County was completed by the EveryOne Home Results Based Accountability Committee. The evaluation illuminated where the coordinated entry system is working well and where it warrants improvement, as well as enhancements to be developed.

Areas of coordinated entry that are working well and should be expanded upon:
- Participant Focus Groups emphasized that staff are respectful, helpful, and trustworthy in the services they provide to people experiencing homelessness.
- Providers Process Evaluation highlighted the need to continue extensive investments in problem solving, flexible funds for homelessness and prevention, housing navigation, and tenancy sustaining resources.
- Prioritization Analysis showed that the prioritization framework is working well to identify the most vulnerable households across household compositions, veterans, transition aged youth, seniors, race, and ethnicity.
- Coordinated Entry System Self-Assessment showed many areas of growth and improvement in the past year, including increased language access, walk in hours and direct telephone access to housing resource centers, and more unified policies for rapid re-housing programs.

Improving coordinated entry involves:
- Cultivating trustworthy and knowledgeable front-line staff who can accompany a homeless household through the process is a significant need identified in the Participant Focus Groups. This involves developing consistent messaging to be used across all providers, as well as enhancing training opportunities, expanding HMIS access and adoption, setting realistic caseloads and retaining staff to do this critical work.
- Assisting all people who are experiencing homelessness, not just the highest need households, was a primary theme from the Providers Process Evaluation of Coordinated Entry, including increasing staff capacity both in terms of training and caseload to support problem solving conversations. The Providers Process Evaluation of Coordinated Entry also raised the need to provide participants with inventory-based, real time information about their prioritization score, likelihood of being matched and referred to resources, as well as the crisis resources available at the time.
- Maintaining a by name list that is up to date with active households and ensuring that PSH and RRH resources are being matched and referred through a consistent coordinated entry process were two of the most important challenges raised in the Prioritization Analysis.
- Improving coordination with the domestic violence services system; developing HMIS to track inventory, matching and referrals; integrating prevention resources are key areas that the Coordinated Entry System Self-Assessment identified for improvement.

What needs to be developed:
- More deeply affordable housing. This was the resounding message communicated by the Participant Focus Groups. Without adequate permanent housing resources, coordinated entry does not make sense and cannot end homelessness.

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  - Improving coordination and consistent communication within the homeless crisis response system and to participants as detailed in the Providers Process Evaluation of Coordinated Entry and Participant Focus Groups.
  - Developing grievance policies and procedures, notifying coordinated entry participants of their ability to file a nondiscrimination complaint, creating an ombudsman role as was discussed in the CE Self-Assessment and the Participant Focus Groups.
  - Standardizing access, assessment, matching processes as discussed in the CE Self-Assessment and Providers Process Evaluation of Coordinated Entry.
  - Homelessness prevention resources that are closely targeted to the people most likely to become homelessness was a priority from the CE Self-Assessment.

HCSA and the Office of Homeless Care and Coordination are working with the CoC to address these challenges in the following ways:

1. Improving CE operations by designating the Alameda County Healthcare Services Agency's Office of Homeless Care and Coordination as the Coordinated Entry Management Entity on behalf of the CoC and measuring outcomes through regular Coordinated Entry monitoring and reporting to System Coordination Committee
2. Improving CE data collection in HMIS by contracting with Bitfocus to restructure the CE workflow in HMIS and implement HMIS changes to meet the HUD CE data standards
3. Undertaking a CE 2.0 redesign and implementation process, focusing on simplifying the CE structure for improved efficiency and access, funding and implementing an enhanced housing problem solving (diversion) practice, streamlining and phasing the assessment process, and clearly identifying the inventory of housing resources available through Coordinated Entry.
4. With support from HUD Technical Assistance team from Abt Associates and Corporation for Supportive Housing, the CoC is leading a countywide system modeling effort to design and implement an optimal Housing Crisis Response system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs. Community stakeholders will use the optimal model developed through the system planning process to guide strategic funding decisions for existing and new federal, state, and local resources and to inform Coordinated Entry.

In addition, HCSA, through our Whole Person Care Waiver program, has made a significant investment in a new Alameda County Community Health Record (CHR). Launched in 2019 the CHR is a groundbreaking innovation to improve care for Alameda County residents who face the most difficult combination of physical health, mental health, housing, and social challenges.

The CHR is an electronic record application that summarizes curated information from different organizations involved in consumer care. Qualified care coordinators and physicians are able to access curated consumer information from multiple providers to coordinate care across organizations and have the ability to leverage consumer information to deliver the right care, at

the right time, in the right place. Information from multiple providers including: physical health (inpatient, emergency departments, outpatient, primary care), mental health, housing resource centers, and social services can be used to coordinate care across organizations. The Social Health Information Exchange (SHIE) is the engine that powers the CHR and it can integrate with other core systems, including the electronic health record, case management, and claims. One key element of the project is its ability to store copies of key documents that can establish identification and eligibility for programs and services. This progress will relieve much of the frustration currently felt by providers and homeless clients about the number of times they restart lost and incomplete paperwork and assessments.

Key components of the SHIE include:
- Legal Framework – a universal data sharing agreement that governs sensitive datasets inside and outside federal, state and local regulations
- Secure Data Transport – a standardized protocol and secure channels for data sharing
- Consent Management – identifying what can be shared, with whom it can be shared and when it has expired or has been rescinded as directed by the consumer Person
- Identity Management – Enterprise Master Person Index (EMPI) to stitch together multiple incomplete records for a consumer into a single "golden record"
- Record locator services – to support "query-through" functionality
- User authentication and authorization – to support privacy through access control
- Data Warehousing – a centralized data repository storing medical, mental health, substance use, housing, social care, crisis response and legal data Reports and Self-service
- Analytics – county-wide utilization and outcome monitoring for population health management.

Responding to the need for more coordination:
To advance our collaboration, HCSA has created a new Office of Homeless Care and Coordination. Leveraging HCSA's strengths in contracting and service delivery and established infrastructure, HCSA's Office of Homeless Care and Coordination will improve efficiency and coordination within HCSA and with external partners and serves as a point of contact across the county. With the goal of building a robust, integrated, and coordinated system of homelessness and housing services, the new office will work across two key objectives:

1. **Planning and Coordination**, which includes:
   - Coordinating a planning and implementation process to incorporate Systems Modeling with existing strategic plans;
   - Facilitating increased partnership with cities;
   - Representing the County in the Continuum of Care and Coordinated Entry;
   - Supporting countywide collaboration in areas of governance — including facilitation of the Department Head Round Table and Operations Council, policy development, and data sharing; and
   - Working on sustainability and integration of homeless services.

2. **Implementation of Proposed Service Expansions** to include:
   - the expansion of coordinated countywide street outreach, building on existing outreach efforts to provide low-barrier access to physical and behavioral health services, and linkages to housing and services through Coordinated Entry;
   - Improving client experience and flow with increased interim housing options; and
   - Improving encampment health response, to be aligned and coordinated with existing county/city outreach and sanitation services.

3. **How do you promote the utilization of your CES?**
   a. Specifically, what outreach do you conduct to ensure all individuals experiencing homelessness in your jurisdiction, including those with multiple barriers, are aware of the CES assessment and referral process?

Alameda County is committed to ensuring all persons at-risk of or currently experiencing homelessness have equal access to the coordinated entry process, as well as the available housing and related support services. The County is also committed to ensuring awareness of all rights and responsibilities afforded to a consumer of the coordinated entry process. These efforts include:
   - Standard and consistent marketing information is available on the EveryOne Home website and flyers can be printed for distribution. Marketing information is targeted to: homeless and at-risk, single adults, families, youth, veterans and people fleeing domestic violence.
   - The utilization of Alameda County's 2-1-1 information and referral line with multiple language and TDD capacity as an initial referral portal.
   - Designated access points with drop-in hours have been established throughout the County and outreach workers are deployed to serve people with multiple barriers to access.
   - Policies and procedures to reduce barriers and discrimination based on race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, and gender identity have been written and are reviewed on a regular basis.
     Periodic review of aggregate data is conducted to identify potential signs of discrimination or differential treatment of particular groups.

B. Prioritization Criteria

1. What are the criteria used to prioritize assistance for people experiencing homelessness in your jurisdiction?
2. How is CES, pursuant to 24 CFR 578.8(a)(8) used for this process?

The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for the limited available homeless services and housing programs in Alameda County.

As mentioned above, when individuals and families who are currently experiencing homelessness (literally homeless) seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately. The factors considered in prioritization of literally homeless households for services and housing programs are:

Prioritization Factors	
Household Characteristics	• Children aged 5 or under • Larger households • Pregnant household member • Youth head of household aged 18-24
Homeless History	• Unsheltered • In emergency shelter • Episodes of homelessness • Length of time homeless
Housing Barriers	• Time since last held a lease • History of eviction • History of incarceration/law enforcement involvement • Income
Vulnerability	• Emergency service utilization • Functional impairment/disability • Life-threatening illnesses or acute medical conditions • Unsafe or risky survival strategies • Households whose members have run away from home • Chronic homelessness

All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. This list is intended to be an up-to-date list of people who are literally homeless that allows the Housing Crisis Response System to know each person by name and facilitate decisions around how best to refer them to housing resources. Households at-risk of homelessness are not included on, nor prioritized for services, using the Countywide By Name List.

While the Coordinated Entry Assessment must be used as the basis of prioritization on the By Name List, the information gathered might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions address one or more of the prioritization factors. For these reasons, additional information may be provided through case conferencing, 3rd party verification, and other methods of updating assessment information. Only

information relevant to the prioritization factors may be used to for prioritization.

C. Coordination of Regional Needs

EveryOne Home, in addition to being the CoC lead agency, is also a collective impact initiative to end homelessness in Alameda County. EveryOne Home has over 75 organizational members and 300 individual members including representatives from county agencies, city agencies, service providers, advocates, and people with lived experience.

EveryOne Home was founded in 2007 to facilitate the implementation of Alameda County, California's plan to end homelessness, known as the *EveryOne Home Plan*. In 2018, EveryOne Home updated that plan now known as the *Strategic Plan Update: Ending Homelessness in Alameda County* (http://everyonehome.org/about/the-plan/). The update outlines strategies and actions to reduce homelessness so that in five years no person without a permanent home would need to sleep outside; and focuses on 1) preventing homelessness; 2) ensuring safer and more dignified conditions for those experiencing homelessness; and 3) increasing permanent homes.

Building on the analysis of the 2018 Strategic Update, EveryOne Home embarked on an ambitious community process of system modeling in 2019 in partnership with Alameda County and the City of Oakland. This process, which has been used effectively in Washington DC, Los Angeles, and Indianapolis, is leading to a model of Alameda County's optimal homeless crisis response system with specific crisis and housing inventory recommendations. The process was facilitated by Abt Associates, a technical assistance team provided by HUD. The system modeling process is co-chaired by Colleen Chawla, Director of Alameda County Healthcare Services Agency and City of Oakland Mayor Libby Schaaf, CoC Committee Chair, Doug Biggs. The effort is supported by a Leadership Committee of countywide elected officials and department representatives. A diverse set of stakeholders are coordinating closely to design and implement an optimal system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs; and community stakeholders have committed to use the optimal model developed through the system planning process to guide strategic funding decisions for existing and new federal, state, and local resources. Nearing its initial completion, this work will result in a robust model for reducing homelessness through the provision of responsive pathways out of homelessness that are tailored to the county's populations and are planned proportionally to the county's homeless count and current resources, with specific modeling to address racial inequities in homelessness in Alameda County.

For HHAP funds, the CoC, County and City of Oakland, agreed to use the assumptions and analysis of the 2018 Strategic Update, the initial recommendations of the system modeling, and the 2019 PIT count to determine regional share of need, and to coordinate across all funding sources to support a coordinated investment in the local housing crisis response system.

Share of Need:
Alameda County uses several factors to determine roles in addressing the needs of people who are homeless. For allocations of state and federal dollars, the county attempts to distribute funding by region, according to the number of people who are homeless in each

area. Additionally, the partners within the county look to assign fitting roles. For example, the cities control the majority of the land, so may be expected to participate extensively in site identification. The County has responsibility to offer physical and mental health outreach and access, access to substance abuse services, mental health crisis response, assistance with public benefits, support services for the severely mentally ill, and coordination among those listed services. Emergency housing, transitional, and long-term housing solutions for unsheltered individuals are funded by a variety of mechanisms, including federal, State, city, and County funds. Coordination among service providers to match needs to available resources is a joint responsibility.

D. Creating Sustainable, Long Term Housing Solutions

As mentioned above, in 2018, EveryOne Home published the *Strategic Plan Update: Ending Homelessness in Alameda County* (http://everyonehome.org/about/the-plan/). The update outlines strategies and actions to reduce homelessness so that in five years no person without a permanent home would need to sleep outside; and focuses on 1) preventing homelessness; 2) ensuring safer and more dignified conditions for those experiencing homelessness; and 3) increasing permanent homes.

The 2018 Strategic Update also sounded the alarm on the escalating crisis of homelessness in Alameda County. The analysis stated clearly that for every 2 people becoming homeless, only 1 person returned to housing, and warned that without dramatic action, the numbers would continue to swell. Most significantly, it was a call to action, putting an estimated $228 million per year increase to the price tag to end unsheltered homelessness, and laying plain the need for a dedicated revenue measure to fund homeless housing and services. This call to action is being underscored by the system modeling effort that is nearing its initial completion. Preliminary results of the modeling are demonstrating that the greatest unmet need for all populations is dedicated affordable housing for extremely low-income households provided through shallow or deep subsidy.

EveryOne Home partners with countywide stakeholders on all efforts to increase affordable housing including:

Measure A1 Affordable Housing General Obligation Bond - Measure A1 Affordable Housing General Obligation Bond was approved by over 70% of voters in November 2016 and will provide up to $580 million for the creation and protection of affordable housing options for low-income, vulnerable populations. Measure A1 provides significant new opportunities to assist renters, new homeowners, and residents at risk of losing their homes. As of September 2018, $81 million in Measure A1 commitment had leveraged over $735 million to support 19 development projects and almost 1,100 new affordable housing units in Alameda County. Approximately 40% of the units will be for extremely low-income households that earn less than 30% of the Area Median Income. Despite significant infusions of locally-raised capital, as well as a successful track record of obtaining State and federal funding, providing sufficient housing for extremely low-income residents is difficult in this high-cost housing market. In response to this need, Alameda County has emphasized priority for developments that include units dedicated to homeless households

and units for extremely low-income households in the latest Measure A1 Requests for Proposals. Over the next three years specifically, we anticipate 1,600 affordable housing units will open and provide homes to low-income households through the support of County funds, including Measure A1, "Boomerang," and Mental Health Services Act funding. The new affordable housing will include units for extremely low-income households and dedicated units for homeless households.

New Revenue Measure – EveryOne Home's 2018 Strategic Update called for a dedicated local revenue source for housing and homelessness. EveryOne Home is now working together with the County to draft a revenue measure framework for a new tax to be placed on the November 2020 ballot. The measure would raise up to $160 million per year and would be allocated based on system modeling and would be largely spent on dedicated affordable housing strategies for extremely low-income households.

Housing Authorities – The CoC has worked with local housing authorities to provide priority to persons experiencing homelessness for openings in their general list. For example, last year HACA saw 23% of those they moved into housing had been experiencing homelessness. In addition, both Oakland Housing Authority and the Housing Authority of the County of Alameda provide 25-50 tenant based vouchers annually for persons in PSH who no longer need the intensive services but still need rental assistance.

3. RESOURCES ADDRESSING HOMELESSNESS

A. Existing Programs and Resources
CURRENT ANNUAL INVESTMENTS

Annually Alameda County and the CoC invest over $100 million to provide a broad array of services and supports for people experiencing, or at risk of experiencing, homelessness. Many programs provide services in multiple areas. For ease of display, the bullet points below categorizes the county's investments into one of five categories in alignment with county roles and authority. However, funding appearing in one category may provide homelessness support across several categories. HUD CoC Program funds are integrated into these investment categories.

Alameda County and CoC Combined Annual Homelessness Investments   **$100.6M**

- ➢ Prevent Homelessness: $5.7
- ➢ Outreach to Unsheltered Individuals/Families: $4.3M
- ➢ Provide Health and Supportive Services: $14.2M
- ➢ Provide Shelter and Housing: $64.1M
- ➢ Create a Coordinated System: $12.3M

Funding Source	Amount
County General Fund (includes $12.5M Boomerang)	$22.8M

U.S. Department of Housing and Urban Development	$37.7M
Mental Health Services Act	$11.9M
Whole Person Care	$8.5M
CalWORKs	$4.1M
Health Resources and Services Administration	$3.9M
2011 Realignment	$3.9M
AB 109	$3.5M
Housing Opportunities for Persons with AIDS	$1.4M
Substance Abuse and Mental Health Services	$1.1M
Other Funding	$1.8M
TOTAL	**$100.6M**

NEW INVESTMENT DETAIL

The CoC's 2019 funding request to HUD includes $1.97 million in expansions for permanent supportive housing and $.9 million in rapid rehousing for domestic violence survivors. Those awards are still pending.

Alameda County's new one-time investments of $90.2 million over the next three years fall within the five categories of County impact and comprise 20 separate initiatives.

Prevent Homelessness – The County and its partners provide a number of homeless prevention programs that focus on keeping individuals and families in their homes and connecting County residents to services that help to ensure they do not become homeless.

1. Housing and Emergency Lodging Program (HELP)	
New Investment	$3 million
Funding Source	County General Fund
Estimated Impact	1,000 individuals will receive crisis-based housing assistance
2. Housing and Disability Advocacy Program	
New Investment	$2 million
Funding Source	California Department of Social Services
Estimated Impact	70 individuals will receive SSI advocacy and housing supports
3. California Emergency Solutions and Housing (CESH) Flexible Housing Pool	
New Investment	$0.7 million
Funding Source	CESH Program
Estimated Impact	50 households obtain or maintain permanent housing through flexible funds and support

Outreach to Unsheltered People -The County and its partners have a number of programs to connect individuals who are experiencing unsheltered homelessness with

housing and support services, including encampment response and Housing Resource Centers.

4. Affordable Housing and Homeless Responses	
New Investment	$7.5 million
Funding Source	County General Fund ("Boomerang")
Estimated Impact	To de determined
5. Countywide Coordinated Outreach	
New Investment	$1.3 million
Funding Source	Whole Person Care
Estimated Impact	Outreach to 1,000 clients per year
6. Homeless Multidisciplinary Personnel Teams	
New Investment	$0.3 million
Funding Source	Whole Person Care
Estimated Impact	Coordinate care for 1,500 unsheltered individuals
7. Homeless Mentally Ill Outreach and Treatment Program	
New Investment	$2.2 million
Funding Source	State General Fund
Estimated Impact	600 clients receive outreach services

Provide Health and Supportive Services - The County provides a variety of health, mental health, dental, substance use disorder, case management, housing navigation, and other supportive services that serve individuals and families experiencing homelessness. These services are critical in getting homeless individuals and families the support they need while being connected with housing.

8. Homeless Emergency Aid Program (HEAP)	
New Investment	$16.2 million
Funding Source	State General Fund
Estimated Impact	To be determined
9. Alameda Point Collaborative – Medical Respite and Assisted Living	
New Investment	$3 million
Funding Source	Mental Health Services Act
Estimated Impact	Medical respite and assisted living capacity created for 250 homeless seniors
10. East Oakland Crisis Residential Program	
New Investment	$6 million
Funding Source	Mental Health Services Act
Estimated Impact	16 new transitional beds for people experiencing psychiatric crisis
11. Mental Health and Substance Use Disorder Services for Probationers	
New Investment	$1 million
Funding Source	AB 109
Estimated Impact	140-160 clients will receive mental health and substance use disorder services

Provide Shelter and Housing -The County and its partners provide an array of emergency and permanent housing programs to provide homeless individuals and families with shelter and housing.

12. Homelessness Capital Projects Fund	
New Investment	$10 million
Funding Source	County General Fund ("Boomerang")
Estimated Impact	360-400 previously unsheltered residents placed in new interim and permanent housing
13. Supportive Housing Investment Fund	
New Investment	$10 million
Funding Source	Mental Health Services Act
Estimated Impact	50 individuals or families provided permanent supportive housing and 3-5 sites preserved as deeply affordable housing
14. Flexible Housing Subsidy Pool	
New Investment	$5 million
Funding Source	County General Fund
Estimated	300-500 people housed
15. Residential Multi-Service Center Housing for Re-entry Population	
New Investment	$6 million
Funding Source	AB 109
Estimated	30 beds/month and wraparound services for re-entry clients
16. Additional Dedicated Transitional Housing	
New Investment	$2.7 million
Funding Source	AB 109
Estimated	35 beds/month for re-entry clients
17. Probation-Involved Transition-Age Youth Initiative	
New Investment	$2 million
Funding Source	Title IV-E and Youthful Offender Block Grant
Estimated	60-80 youth will receive shelter/housing and housing stabilization services
18. CalWORKs Building Bridges Housing Subsidy	
New Investment	$3 million
Funding Source	Oakland Housing Authority
Estimated	50 CalWORKs families/month will receive rental subsidies

Create a Coordinated System -There are a number of investments the county is making to better coordinate the resources described above, and to make sure investments to end homelessness are effective. In addition, the County works with many stakeholders in its mission to end homelessness. Coordinated system investments include the countywide Homeless Management Information System and the new homeless Housing Resource Centers, along with other efforts. The County has many programs and services to prevent homelessness, connect people who are experiencing homelessness to shelter and housing opportunities, and provide support services

across multiple agencies and departments.

19. Shared Health Information Exchange and Community Health Record	
New Investment	$8 million
Funding Source	Whole Person Care
Estimated Impact	10,000 homeless individuals' care will be improved by integrating data systems across sectors
20. Coordinated Entry System Improvements	
New Investment	$0.3 million
Funding Source	California Emergency Solutions and Housing (CESH) Program
Estimated Impact	Improvements to the Alameda County Coordinated Entry System

Gaps: As identified through a system wide analysis conducted under the Alameda County Strategic Plan Update process the homeless safety net is reaching and serving, to some degree, the majority of the people experiencing homelessness in Alameda County. However, twice as many people are becoming homeless as are moving into permanent housing. If the number of people becoming homeless is double the number moving to a permanent home, homelessness will continue to grow no matter how much emergency shelter is created. If, as an integrated system of care, we want to move people off the streets and into homes, the bulk of our focus and system's resources must go to reducing inflows—*prevention*—and increasing exits—*permanent homes.* Both must occur to successfully reduce the number of people experiencing homelessness. Preventing first time homelessness and providing adequate resources for people to obtain permanent homes are the biggest gaps in our current response to homelessness. These deficiencies cannot be remedied without public policies and investments to stabilize the rental market and increase housing stock and rental subsidies.

B. HHAP Funding Plans

1. CoC HHAP funds will be used as follows:
   a. 5% for planning and system capacity, specifically in part to develop a plan for reducing TAY homelessness. Funds will also support our ability to continue using system modeling to track need and update resource allocations over the next five years.
   b. $815,964 for youth services. Nine percent of CoC funds will address youth homelessness, including a new navigation center for transition-aged youth in Central or Southern Alameda County and peer navigation and employment services as prioritized by the Youth Action Board.
   c. $2,000,000 for rental assistance and Rapid Rehousing. The *2018 Strategic Plan Update* and the System Modeling have identified the need to support very extremely low income people to obtain and retain permanent housing. This resource will be allocated county-wide, and can be used to assist with move-in costs as well as on-going subsidies.
   d. $2,500,000 for operating subsidies and reserves. The CoC will support the

expanded shelter capacity funded with expiring HEAP funds where necessary and will apply unused funds to support permanent housing if available.

e. The need for prevention/diversion resources targeted to those most likely to become homeless was identified as a priority in the *2018 Strategic Update*, and the System Modeling has re-enforced the need to address the dramatic increase in inflows to homelessness. The CoC will use $3,000,000 of its allocation to stand up county-wide housing problem solving services that can prevent homelessness by investing in training a workforce skilled in housing problem solving, and providing flexible funds to assist, both one-time and for longer periods to keep individuals and families from experiencing homelessness. These resources will be targeted to those most likely to become homeless and create a consistent approach to this vital component to our system across the entire geography of the CoC.

2. The Continuum of Care and Alameda County have both explicitly aligned our homeless and housing system of care with the principles of Housing First as defined in the Welfare and Institutions Code § 8255(b) for over five years. All CoC, ESG, MHSA, and NPLH funded programs, as well as all County funded shelters, must certify that they are Housing First as detailed in § 8255(b). CoC funded projects are required to have their eligibility policies, tenant leases, and program rules on file with EveryOne Home in order to be included in the funding packages. If HHAP projects do not already have such information on file, they will need to provide it in order to execute a contract. EveryOne Home conducts monitoring visits and provides TA on behalf of the CoC to support grantees to understand and implement housing first at all levels of service provision from street outreach to PSH.

4. **PARTNERS ADDRESSING HOMELESSNESS**

<u>Collaborative Identification</u>: This list provided below, while not exhaustive, provides an accurate representation of the breadth and depth of CoC and county collaborative partners who we have, and will continue to work with on identified HHAP projects. This list includes organizations that the CoC or county currently funds/contracts with to provide services and/or elicits input about how to shape the implementation of a multitude of state and local programs that serve our homeless population including but not limited to: HUD CoC, ESG, HHAP, Whole Person Care, MHSA, AB109, Prop 47, HEAP, The Health Program of Alameda County (HealthPAC), and county general funds.

PARTNER	Local Government	Outreach, Engagement & Benefits Enrollment	Health & Supportive Services	Housing & Property Related Services	CoC Grantee or Participant
Abode Services		x	x	x	x
Alameda Alliance for Health		x			
Alameda County		x	x		x

Alameda County Housing & Community Development	x				x
Alameda County, Information Technology Department	x				
Alameda County, Probation Department	x				x
Alameda Point			x	x	x
Anthem Blue Cross			x		
Asian Health Services			x		x
Aspire Consulting		x	x		x
Axis Community Health			x		
Bay Area		x	x	x	x
Bay Area Legal		x	x	x	x
Berkeley					x
Berkeley Food		x	x	x	x
Berkeley Youth			x	x	X
Bi-Bett				x	
Bonita House		x	x		X
BOSS		x	x		X
Brilliant Corners		x	x	x	
Building		x	x	x	X
Burlington				x	
Catholic Charities		x	x	x	X
Catholic Charities of the East Bay)				x	
Centerpoint		x	x		X
City of Alameda	x				X
City of Albany	x				X
City of Berkeley	x				X
City of Dublin	x				X
City of Emeryville	x				X
City of Fremont	x				X
City of Hayward	x				X
City of Livermore	x				X
City of Newark	x				X
City of Oakland	x				X
City of Piedmont	x				

City of	x				X
City of San	x				X
City Of Union City	x				X
Consumer/Comm unity Advisory Board (CCAB)		x	x	x	
Corporation for		x	x	x	
Covenant House		x	x	x	X
Cura		x	x		
East Bay Agency		x	x		X
East Bay		x	x	x	X
East Oakland		x	x	x	X
Eden I & R, Inc.		x		x	X
Felton Institute		x	x		
Fred Finch Youth			x		X
Gina McCrae-				x	
Horizon			x		X
Horizon	x				
Housing				x	X
Housing			x	x	X
Juana Care				x	
Kaiser Permanente			x		X
Katharine Gale			x	x	X
La Clínica de La Raza			x		X
La Familia			x	x	X
Leaders in			x		
Legal Assistance		x	x	x	X
LifeLong Medical		x	x	x	X
Love Never Fails			x		
Mercy Housing			x		X
Native American Health Center		x	x		
Open Heart			x		
Operation Dignity		x	x	x	X
Options Recovery		x	x	x	X
Resource		x	x	x	X
Resources for			x	x	
Root & Rebound			x		
Roots Community Health Center		x	x		X
Satellite			x	x	X
Second Chance					X

St. Mary's Center		x	x	x	X
Stacey Murphy		x	x	x	
Sutter Health Alta Bates Summit Medical Center			x		
Swords to		x	x	x	X
Telecare		x	x	x	
The Multicultural		x	x		
Tiburcio Vásquez		x	x		X
Tri-City Health		x	x	x	X
Women's		x	x	x	X

All of these entities have participated in planning efforts and/or provision of direct services that have influenced our HHAP application.

Further, to enhance the proposed HHAP funding plan, HCSA, in collaboration with EveryOne Home worked with Alameda County General Services Agency to release a **Request for Information (RFI)** to gather information from local jurisdictions, service providers, and other groups on potential projects under HHAP that could be deployed quickly to serve people experiencing homelessness in Alameda County.

This RFI was publicized at a regularly scheduled CoC meeting and on the GSA and EveryOne Home website and sent out to all the partners listed above as well as the full CoC membership and any potential vendor that has registered with GSA.

Specific to the HHAP NOFA, information solicited through the RFI included:

1. Project Type

   - Rental Assistance/Rapid Rehousing;
   - Operating Subsidies and Reserves;
   - Landlord Incentives;
   - Outreach and Coordination;
   - Systems Support to Create Regional Partnerships;
   - Delivery of Permanent Housing;
   - Prevention and Shelter Diversion to Permanent Housing;
   - New Navigation Centers and Emergency Shelters; and
   - Innovative Solutions.

2. Project Description

3. Project Region
   - North County
   - Central County

- South County
- East County
- County-wide

4. If the project primarily focuses on serving youth

5. Year funding for the project would be requested:
   - July 1, 2020-June 30, 2021
   - July 1, 2021-June 30, 2022
   - July 1, 2022-June 30, 2023
   - July 1, 2023-June 30, 2024
   - July 1, 2024-June 30, 2025

6. Estimated number of unduplicated clients to be served each year?

The information gathered through this RFI was then used to inform the development and scope of HCSA's and EveryOne Home's application for HHAP Funds.

Pathways of HHAP Partnership:

HCSA will employ three possible pathways to collaborate with partners on HHAP Projects:

1. Alameda County Housing Solutions for Health Vendor Pool (Vendor Pool): The Alameda County Housing Solutions for Health Vendor Pool was recently established in the county to expedite innovative, healing-centered solutions to the region's housing crisis, without the delays typically associated with county procurement. HCSA will leverage the Vendor Pool as one of the avenues we use to fund our network of organizations that provide culturally responsive services under HHAP.

   In spring 2019, the Alameda County Board of Supervisors approved round 1 total funding to Alameda HCSA for up to $30,000,000 for contracts resulting from the Vendor Pool over a three -year period, 2019-2022. The Vendor Pool implements a rolling monthly Request for Qualification
   process, which brings together a selection of qualified vendors with creative and effective solutions to partner with the county to help people experiencing homelessness improve their health and obtain permanent homes. The Vendor Pool is intended to improve the County's ability to respond more effectively to the current housing emergency, to emerging opportunities to maximize utilization of time-limited funding, as well as to encourage vendors new to County contracting procedures to engage in the solution. All HCSA departments and programs are eligible to access the pool, allotting their program-specific funding to contract (within established individual funding stream parameters) with participating agencies. The scope of services for the Vendor Pool is broad to reflect the county's philosophy of providing an all-inclusive ("whatever it takes") approach to meeting the complex needs of the target

population --people who are currently experiencing homelessness; living unstably; and/or were formerly homeless and have transitioned into short-term or long-term housing.

2. Capacity Building and Innovations (CBIM) Microgrants: The purpose of the CBIM is to empower new small, emerging and/or existing provider organizations to: 1) join the county's homeless network of providers; 2) build their capacity to provide new and innovative services; and/or 3) initiate cross-organization collaborative service models to more effectively meet the needs of our homeless population. The microgrants will range from $5,000 to $100,000 and will be made available to support the following:

- Cross Agency Collaborative Service Provision
- Community Partnerships
- Diversity, Equity and Inclusion
- Adoption of New and Promising Practices
- Asset-Building Activities
- Trauma Informed Care Practices
- Culturally Specific Programming
- Special Populations

3. HHAP Specific Request for Proposals: To be eligible for the Housing Solutions for Health Vendor Pool, vendors must demonstrate at least three years of experience serving the target population for each of the core service categories for which they are applying. Should the County be interested in using HHAP funds to support a project for which we do not have appropriate/qualified vendors that have at least three years of experience, the county will release other procurements to contract with them.

Barriers to Partnership- Historically, the county procurement process has unintentionally created a barrier to partnership. The inherent complexity of the process, combined with the length of time it takes from launch to completion, makes it difficult to respond to emerging critical needs in our homeless system of care in a timely fashion. The creation of the Vendor Pool has been very effective in addressing this barrier. In addition, capacity has become an increasing barrier to partnership. While we have an incredibly robust and diverse group of partners, we struggle to meet the rapidly increasing need for housing and services in our county. One of the ways we will address this issue is through the CBIM that will be funded by the HHAP.

5. SOLUTIONS TO ADDRESS HOMELESSNESS

Our 2018 Strategic Plan Update sets the following targets for the next five years (2019 – 2023).

➢ Reduce the number of people becoming homeless for the first time by 500 people annually for five years until under 500 people become homeless for the first time in 2023.

> ➤ Increase the number of people exiting the system by 500 people every year for five years until 4,000 people move out of homelessness in 2023.

If the system prevents homelessness and increases the number of people gaining a home at these rates, no person experiencing homelessness would need to go without a shelter bed by January 2024.

Strategic Update Benchmarks by Year and Sub-Population	
Benchmarks	**By When**
A. No more than 2,500 people become newly homeless	December 2019
B. 2,000 people move into permanent homes	December 2019
C. End unsheltered homelessness for families	December 2019
D. End chronic homelessness for veterans	March 2020
E. No more than 2,000 people become newly homeless	December 2020
F. 2,500 people move into permanent homes	December 2020
G. End chronic homelessness for seniors	December 2020
H. No more than 1,500 people become newly homeless	December 2021
I. 3,000 people move into permanent homes	December 2021
J. Number of currently homeless vets is below 90	December 2021
K. No more than 1,000 people become newly homeless	December 2022
L. 3,500 people move into permanent homes	December 2022
M. Homeless people with serious mental illness drops from 2,700 annually to 1,350.	December 2022
N. No more than 500 people become newly homeless	December 2023
O. 4,000 people move into permanent homes	December 2023
P. Chronically homeless people drop to 850	December 2023
Q. The number of people in families with children is under 200	December 2023

Our proposed HHAP plan will directly impact these goals by:

1. Expanding capacity: HHAP funding will go towards areas identified through the Strategic Plan Update that need the greatest investment and expansion: Homelessness Prevention, Street Outreach, and Expanded and Targeted Permanent Homes Creation and retention.
2. Increasing investment: The HHAP local dedicated funding stream will create opportunities not only for deeply affordable housing, but also for services co-located in that housing, and for shelters that lower barriers to exiting homelessness and pair beds with specific housing strategies.
3. Projected Outcomes:
   a. 4,500 individuals will be served
   b. 30% of individuals serve will be successfully placed in permanent housing
   c. 30 new TAY shelter beds will serve over 100 youth ages 18-24 per year
   d. Youth employment services and peer navigation will serve up to 50 youth per

month
e. More than 125 youth will receive assistance with prevention, problem solving, and family reunification.
f. More than 300 households will receive rental assistance.
g. Operating Subsidies will support at least 100 Navigation center beds, serving up to 400 people per year with shelter and housing-focused services.
h. More than 4,000 people will receive outreach, street medicine, housing navigation, or housing retention services.

HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP)
ANNUAL BUDGET TEMPLATE

APPLICANT INFORMATION

CoC / Large City / County Name:	County Alameda	Receiving Redirected Funds? Y/N	Yes
Administrative Entity Name:	Alameda County Health Care Services Agency	Total Redirected Funding	$ 9,449,958.07

HHAP FUNDING EXPENDITURE PLAN*

ELIGIBLE USE CATEGORY	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Rental Assistance and Rapid Rehousing	$ 500,000.00	$ 500,000.00	$ 500,000.00	$ 500,000.00	$ -	$ 2,000,000.00
Operating Subsidies and Reserves	$ -	$ 2,000,000.00	$ 1,500,000.00	$ -	$ -	$ 3,500,000.00
Landlord Incentives	$ -	$ -	$ -	$ -	$ -	$ -
Outreach and Coordination (including employment)	$ 1,354,144.00	$ 2,925,000.00	$ 1,825,000.00	$ -	$ -	$ 6,104,144.00
Systems Support to Create Regional Partnerships	$ -	$ -	$ -	$ -	$ -	$ -
Delivery of Permanent Housing	$ -	$ -	$ -	$ -	$ -	$ -
Prevention and Shelter Diversion to Permanent Housing	$ 815,964.00	$ 825,000.00	$ 825,000.00	$ 750,000.00	$ -	$ 3,215,964.00
New Navigation Centers and Emergency Shelters	$ -	$ 600,000.00	$ 600,000.00	$ -	$ -	$ 1,200,000.00
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	$ 455,116.70	$ 455,116.70	$ -	$ -	$ -	$ 910,233.40
Administrative (up to 7%)	$ 424,775.55	$ 424,775.55	$ 424,775.55	$ -	$ -	$ 1,274,326.65

TOTAL FUNDING ALLOCATION

$ 18,204,668.05

	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Youth Set-Aside (at least 8%)	$ 95,108.78	$ 750,000.00	$ 750,000.00	$ -	$ -	$ 1,595,108.78

*Narrative should reflect details of HHAP funding plan

COMMENTS:

FINAL

1. SUMMARY OF HOMELESSNESS IN THE COC, LARGE CITY, OR COUNTY

Alameda County Health Care Services Agency (HCSA) will be acting as the lead applicant for Alameda County HHAP and as the Administrative Entity for the CA-502 Oakland, Berkeley/Alameda County Continuum of Care (CoC). EveryOne Home is the Lead Agency for the CoC. EveryOne Home has provided the summary file of the LSA to HCSA and to the City of Oakland to be submitted as part of the HHAP applications.

2. DEMONSTRATION OF REGIONAL COORDINATION
A. Coordinated Entry System (CES) Information
Coordination:
The increasing number of people who are homeless in Alameda County reflects the devastating impact of the housing crisis on the lives and health of our low-income residents. Widening income inequality coupled with historical patterns of racial and economic segregation and discrimination have contributed to an economic, political, and social emergency that effects all residents.

As a public agency responsible for protecting the public's physical and mental health, we recognize that decisions made today will shape the future of the Bay area and the health of Millions of people. Addressing the housing crisis is critical in avoiding a preventable public health crisis.

To provide a central coordinating body for County's response to homelessness, HCSA recently formed the Office of Homeless Care and Coordination. The new office will provide service coordination and policy support for the work of HCSA, other county agencies, cities, service providers, people with lived experience of homelessness, and the CoC.

HCSA acts as a lead entity for Coordinated Entry in Alameda County, contracting for assessment, navigation, and landlord liaison services, in addition to providing the tools for prioritization and referral to shelter and housing assistance. Alameda County's Coordinated Entry operates through a network of access points (2-1-1, Housing Resource Centers, Outreach) and administrative coordination (Resource Zones) to identify, assess, prioritize, and match eligible people to housing services and programs. To ensure reliability and transparency, Coordinated Entry uses a standard process and set of tools for everyone who accesses the system, no matter which access point they use. When individuals and families at-risk of homelessness seek services through an access point, they are briefly triaged using the standard screening and housing problem solving tools. Depending on their needs they are then referred to homelessness prevention services, legal services, and/or financial assistance to support them to stay housed. They are encouraged to call or visit the 2-1-1 website for information and referral to other social, financial, legal, educational, or health services. When individuals and families who are currently experiencing homelessness seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately. The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize

literally homeless households for the limited available homeless services and housing programs in Alameda County. Prioritization factors include health and vulnerability, age and family characteristics, housing barriers and homeless history. All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. Ranking of the By-Name List is dynamic, meaning a person's position on the list may change due to their circumstances or the circumstances of others.

After completing a Coordinated Entry assessment, individuals or families experiencing homelessness are connected to a housing resource center for outreach, on-going support, and matching to housing services and programs. Matching is the step of Coordinated Entry by which available housing services or programs are offered to homeless individuals or families with the highest need. The following services or programs are offered based on the individual or family's rank on the By Name List and the eligibility criteria established for the available program: Homeless Services and Housing Programs Matched to by Coordinated Entry:

- Housing Navigation
- Year-Round Shelter
- Rapid Rehousing
- Permanent Supportive Housing
- Transitional Housing
- Tenancy Sustaining Services
- Landlord Liaison Services
- Certain SSI Advocacy, Substance Use Treatment, Veteran, Mental Health, and Behavioral Health Programs

Alameda County is committed to ensuring all persons at-risk of or currently experiencing homelessness have equal access to the coordinated entry process, as well as the available housing and related support services. We are also committed to ensuring awareness of all rights and responsibilities afforded to a consumer of the coordinated entry process. These efforts include:

- Standard and consistent marketing information is available on the EveryOne Home website and flyers can be printed for distribution. Marketing information is targeted to: homeless and at-risk, single adults, families, youth, veterans and people fleeing domestic violence.
- The utilization of Alameda County's 2-1-1 information and referral line with multiple language and TDD capacity as an initial referral portal.
- Designated access points with drop-in hours have been established throughout the County and outreach workers are deployed to serve people with multiple barriers to access.
- Policies and procedures to reduce barriers and discrimination based on race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, and gender identity have been written and are reviewed on a regular basis.
- Periodic review of aggregate data is conducted to identify potential signs of discrimination or differential treatment of particular groups.

As a primary partner in the implementation of the CES, HCSA provides myriad supports to ensure system efficacy:

- Oversight of the CES Housing Resource Center Contracts;
- Oversight of the HMIS and CES prioritization process
- Funding and Contracting with direct services providers, including the City of Oakland, to provide assessment and connection to resource centers; and
- Funding housing navigation services countywide.

Utilizations Promotion and Outreach: Alameda County is committed to ensuring all persons experiencing homelessness remain aware of the assessment and referral process to access available housing and related support services. These efforts include the utilization of Alameda County's 2-1-1 information and referral line with multiple language and TDD capacity as an initial referral portal. Outreach workers throughout the county have received training on the coordinated entry assessment tool and process. Designated access points with drop-in hours have been established throughout the County. Policies and procedures to reduce barriers and discrimination based on race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, and gender identity have been written and are reviewed on a regular basis through a System Coordination Committee. Periodic review of aggregate data is conducted to identify potential signs of discrimination or differential treatment of particular groups. Alameda County's Coordinated Entry operates through a network of access points (2-1-1, Housing Resource Centers, Outreach) and administrative coordination (Resource Zones) to identify, assess, prioritize, and match eligible people to housing services and programs.

Challenges: While Alameda County has had much recent success in rolling out our CES, we still face some significant challenges regarding system implementation. These challenges generally fall into three categories: 1) data sharing; 2) coordination and HMIS capcity.

In regard to data sharing, HCSA, through our Whole Person Care Waiver program, has made a significant investment in a new Alameda County Community Health Record (CHR). Launched in 2019 the CHR is a groundbreaking innovation to improve care for Alameda County residents who face the most difficult combination of physical health, mental health, housing, and social challenges.

The CHR is an electronic record application that summarizes curated information from different organizations involved in consumer care. Qualified care coordinators and physicians are able to access curated consumer information from multiple providers to coordinate care across organizations and have the ability to leverage consumer information to deliver the right care, at the right time, in the right place. Information from multiple providers including: physical health (inpatient, emergency departments, outpatient, primary care), mental health, housing resource centers, and social services can be used to coordinate care across organizations. The Social Health Information Exchange (SHIE) is the engine that powers the CHR and it can integrate with other core systems, including the electronic health record, case management, and claims. One key element of the project is its ability to store copies of key documents that can establish identification and eligibility for programs and services. This progress will relieve much of the frustration currently felt by providers and homeless clients about the number of times they

restart lost and incomplete paperwork and assessments.

Key components of the SHIE include:
- Legal Framework – a universal data sharing agreement that governs sensitive datasets inside and outside federal, state and local regulations
- Secure Data Transport – a standardized protocol and secure channels for data sharing
- Consent Management – identifying what can be shared, with whom it can be shared and when it has expired or has been rescinded as directed by the consumer Person
- Identity Management – Enterprise Master Person Index (EMPI) to stitch together multiple incomplete records for a consumer into a single "golden record"
- Record locator services – to support "query-through" functionality
- User authentication and authorization – to support privacy through access control
- Data Warehousing – a centralized data repository storing medical, mental health, substance use, housing, social care, crisis response and legal data Reports and Self-service
- Analytics – county-wide utilization and outcome monitoring for population health management.

Regarding HMIS capacity Alameda County and the CoC are working to Improve coordinated Entry(CE) data collection in HMIS by contracting with Bitfocus to restructure the CE workflow in HMIS and implement HMIS changes to meet the HUD CE data standards.

Responding to the need for more coordination:
To advance our collaboration, HCSA has created a new Office of Homeless Care and Coordination. Leveraging HCSA's strengths in contracting and service delivery and established infrastructure, HCSA's Office of Homeless Care and Coordination will improve efficiency and coordination within HCSA and with external partners and serves as a point of contact across the county. With the goal of building a robust, integrated, and coordinated system of homelessness and housing services, the new office will work across two key objectives:

1. **Planning and Coordination**, which includes:
   - Coordinating a planning and implementation process to incorporate Systems Modeling with existing strategic plans;
   - Facilitating increased partnership with cities;
   - Representing the County in the Continuum of Care and Coordinated Entry;
   - Supporting countywide collaboration in areas of governance — including facilitation of the Department Head Round Table and Operations Council, policy development, and data sharing; and
   - Working on sustainability and integration of homeless services.

2. **Implementation of Proposed Service Expansions** to include:
   - the expansion of coordinated countywide street outreach, building on existing outreach efforts to provide low-barrier access to physical and behavioral health services, and linkages to housing and services through Coordinated Entry;

- Improving client experience and flow with increased interim housing options; and
- Improving encampment health response, to be aligned and coordinated with existing county/city outreach and sanitation services.

B. Prioritization Criteria

The Coordinated Entry assessment is the standard and comprehensive assessment tool used to assess and prioritize literally homeless households for the limited available homeless services and housing programs in Alameda County. Alameda County uses different prioritization processes for people who are literally homeless and those who are at-risk of homelessness.

Individuals and families at-risk of homelessness seek services through an access point, they are briefly triaged using the standard screening and housing problem solving tools. Depending on their needs they are then referred to homelessness prevention services, legal services, and/or financial assistance to support them to stay housed. They are encouraged to call or visit the 2-1-1 website for information and referral to other social, financial, legal, educational, or health services.

As mentioned above, when individuals and families who are currently experiencing homelessness (literally homeless) seek services through Coordinated Entry access points, they are briefly triaged using the standard screening and housing problem solving tools. They are then either referred to a housing resource center or outreach location to complete the Coordinated Entry assessment or offered the assessment immediately. The factors considered in prioritization of literally homeless households for services and housing programs are:

Prioritization Factors	
Household Characteristics	- Children aged 5 or under - Larger households - Pregnant household member - Youth head of household aged 18-24
Homeless History	- Unsheltered - In emergency shelter - Episodes of homelessness - Length of time homeless
Housing Barriers	- Time since last held a lease - History of eviction - History of incarceration/law enforcement involvement - Income
Vulnerability	- Emergency service utilization - Functional impairment/disability - Life-threatening illnesses or acute medical conditions - Unsafe or risky survival strategies - Households whose members have run away from home - Chronic homelessness

All literally homeless households who have been assessed are added to the Countywide By-Name List and ranked in order of priority using a standard scoring method. This list is intended to be an up-to-date list of people who are literally homeless that allows the Housing Crisis Response System to know each person by name and facilitate decisions around how best to refer them to housing resources. Households at-risk of homelessness are not included on, nor prioritized for services, using the Countywide By Name List.

While the Coordinated Entry Assessment must be used as the basis of prioritization on the By Name List, the information gathered might not produce the entire body of information necessary to determine a household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions address one or more of the prioritization factors. For these reasons, additional information may be provided through case conferencing, 3rd party verification, and other methods of updating assessment information outlined in this manual. Only information relevant to the prioritization factors may be used to for prioritization.

C. Coordination of Regional Needs

Coordination to identify regional need:
County coordination efforts with Everyone Home and our cities to identify regional needs is built into the CoC governance infrastructure and informed by the Alameda County Housing Pipeline Planning Committee as well as core planning efforts outlined in the Alameda County 2018 Strategic Plan Update (http://everyonehome.org/about/the-plan/) and the Alameda County Homelessness Action Plan 2018-2021 (https://homelessness.acgov.org/action-plans).

In 2019, Alameda County embarked on a System Modeling project with Abt Consulting and the Corporation for Supportive Housing, supported by HUD technical assistance. Nearing its initial completion, this work will result in a robust model for reducing homelessness through the provision of responsive pathways out of homelessness that are tailored to the county's populations and are planned proportionally to the county's homeless count.

Simultaneously, the county partners convened a working group to develop a model that explicitly addresses racial equity.

That working group has been meeting nearly weekly over the past two months to integrate this additional dimension into the systems modeling process.

Share of Need:
Alameda County uses several factors to determine roles in addressing the needs of people who are homeless. For allocations of state and federal dollars, the county attempts to distribute funding by region, according to the number of people who are homeless in each area. Additionally, the partners within the county look to assign fitting roles. For example, the cities control the majority of the land, so may be expected to participate extensively in site identification. The County has responsibility to offer physical and mental health outreach

and access, access to substance abuse services, mental health crisis response, assistance with public benefits, support services for the severely mentally ill, and coordination among those listed services. Emergency housing, transitional, and long-term housing solutions for unsheltered individuals are funded by a variety of mechanisms, including federal, State, city, and County funds. Coordination among service providers to match needs to available resources is a joint responsibility.

D. Creating Sustainable, Long Term Housing Solutions

Alameda County/HCSA is involved a wide and diverse menu of efforts to create sustainable, long-term housing solutions for people experiencing homelessness across our region. Some of these activities include:

Measure A1 Affordable Housing General Obligation Bond - HCSA played a primary role in spearheading the Measure A1 Affordable Housing General Obligation Bond which was approved by over 70% of voters in November 2016 and will provide up to $580 million for the creation and protection of affordable housing options for low-income, vulnerable populations. Measure A1 provides significant new opportunities to assist renters, new homeowners, and residents at risk of losing their homes. As of September 2018, $81 million in Measure A1 commitment had leveraged over $735 million to support 19 development projects and almost 1,100 new affordable housing units in Alameda County. Approximately 40% of the units will be for extremely low-income households that earn less than 30% of the Area Median Income. Despite significant infusions of locally-raised capital, as well as a successful track record of obtaining State and federal funding, providing sufficient housing for extremely low-income residents is difficult in this high-cost housing market. In response to this need, Alameda County has emphasized priority for developments that include units dedicated to homeless households and units for extremely low-income households in the latest Measure A1 Requests for Proposals. Over the next three years specifically, we anticipate 1,600 affordable housing units will open and provide homes to low-income households through the support of County funds, including Measure A1, "Boomerang," and Mental Health Services Act funding. The new affordable housing will include units for extremely low-income households and dedicated units for homeless households.

Health, Housing, and Integrated Service (HHIS) Bundles -Part of Alameda County's Whole Person Care Program, called AC Care Connect, HHIS Bundles provide the services and supports that assist vulnerable people in the transition from homelessness to housing, as well as the help they need to keep their housing. This includes: Engaging highly vulnerable homeless people who have been prioritized through the coordinated entry system in order to help them get the documents they need to qualify for housing and consider potential housing opportunities. Services may include identifying the consumer's housing needs and preferences, accessing supports to address barriers to housing, and making a housing offer to them when a housing unit or subsidy becomes available. Plus – HHIS Bundles deliver the service component of permanent supportive housing (PSH):

- In site-based PSH, these services help to ensure that vacant units are filled by highly vulnerable people experiencing homelessness, including "housing navigation" services that

- help people during the housing application and move-in process, engaging them in "tenancy sustaining" supportive services to help with housing stability and recovery, and facilitating linkages to health-care and other resources / opportunities in community settings.
- In scattered site PSH "housing navigation" services also include helping highly vulnerable people with the process of establishing eligibility for tenant-based rent subsidies, searching for a rental housing unit where they can use their subsidy, and "tenancy sustaining" services include problem-solving with private landlords (in addition to the services offered in site-based PSH).

For some people experiencing homelessness, including people who are staying in nursing homes who want to live in community settings but don't have other housing options, HHIS Bundles provide the services people need to establish a housing plan, identify, search, and apply for appropriate housing options, and get the support they need to keep their housing. This may include:

- Providing housing navigation and tenancy sustaining services for persons who get time-limited help to pay rent through a rapid re-housing program
- Help with applying for other affordable housing or housing subsidies (outside of the homeless system)
- Finding low-cost, unsubsidized housing in other ways, including shared housing arrangements.

The Flexible Housing Subsidy Pool- The Flexible Housing Subsidy Pool, also implemented through AC Care Connect provides time-limited rental support to enable people to obtain or retain stable housing. Flexible Housing Subsidy Pool builds on an existing MHSA-funded partnership between the Housing Authority of the County of Alameda (HACA) and the Behavioral Health Care Services Department. HACA takes referrals from AC Care Connect and is responsible for the day-to-day responsibilities of managing the program, including working with clients and landlords, inspections, verification of contracts, review of rental agreements, timely payment to landlords, and liaisons with AC Care Connect on program implementation and problem solving.

Social Health Information Exchange/ Community Health Record- As mentioned above, through AC Care Connect, the County has constructed a Social Health Information Exchange/ Community Health Record that stitches together multiple, incomplete, disconnected, and siloed Electronic Health Records to give health care providers across different systems a more complete, whole person view with one central access point.

New Revenue Measure – HCSA and EveryOne Home have worked together to draft a revenue measure framework for a new tax to be placed on the November 2020 ballot. The measure would raise up to $160 million per year and would be allocated to implement the System Modeling resources, with an emphasis on the creation of new subsidies to increase affordability for extremely low-income people who are homeless, and to provide operating subsidies for new supportive housing projects.

3. RESOURCES ADDRESSING HOMELESSNESS

A. Existing Programs and Resources
CURRENT ANNUAL INVESTMENTS
Annually Alameda County and the CoC invest over $100 million to provide a broad array of services and supports for people experiencing, or at risk of experiencing, homelessness. Many programs provide services in multiple areas. For ease of display, the bullet points below categorizes the county's investments into one of five categories in alignment with county roles and authority. However, funding appearing in one category may provide homelessness support across several categories. HUD CoC Program funds are integrated into these investment categories.

Alameda County and CoC Combined Annual Homelessness Investments   **$100.6M**

➢ Prevent Homelessness: $5.7
➢ Outreach to Unsheltered Individuals/Families: $4.3M
➢ Provide Health and Supportive Services: $14.2M
➢ Provide Shelter and Housing: $64.1M
➢ Create a Coordinated System: $12.3M

Funding Source	Amount
County General Fund (includes $12.5M Boomerang)	$22.8M
U.S. Department of Housing and Urban Development	$37.7M
Mental Health Services Act	$11.9M
Whole Person Care	$8.5M
CalWORKs	$4.1M
Health Resources and Services Administration	$3.9M
2011 Realignment	$3.9M
AB 109	$3.5M
Housing Opportunities for Persons with AIDS	$1.4M
Substance Abuse and Mental Health Services	$1.1M
Other Funding	$1.8M
TOTAL	**$100.6M**

NEW INVESTMENT DETAIL
The CoC's 2019 funding request to HUD includes $1.97 million in expansions for permanent supportive housing and $.9 million in rapid rehousing for domestic violence survivors. Those awards are still pending.

Alameda County's new one-time investments of $90.2 million over the next three years

fall within the five categories of County impact and comprise 20 separate initiatives.

Prevent Homelessness – The County and its partners provide a number of homeless prevention programs that focus on keeping individuals and families in their homes and connecting County residents to services that help to ensure they do not become homeless.

1. Housing and Emergency Lodging Program (HELP)	
New Investment	$3 million
Funding Source	County General Fund
Estimated Impact	1,000 individuals will receive crisis-based housing assistance
2. Housing and Disability Advocacy Program	
New Investment	$2 million
Funding Source	California Department of Social Services
Estimated Impact	70 individuals will receive SSI advocacy and housing supports
3. California Emergency Solutions and Housing (CESH) Flexible Housing Pool	
New Investment	$0.7 million
Funding Source	CESH Program
Estimated Impact	50 households obtain or maintain permanent housing through flexible funds and support

Outreach to Unsheltered People -The County and its partners have a number of programs to connect individuals who are experiencing unsheltered homelessness with housing and support services, including encampment response and Housing Resource Centers.

4. Affordable Housing and Homeless Responses	
New Investment	$7.5 million
Funding Source	County General Fund ("Boomerang")
Estimated Impact	To de determined
5. Countywide Coordinated Outreach	
New Investment	$1.3 million
Funding Source	Whole Person Care
Estimated Impact	Outreach to 1,000 clients per year
6. Homeless Multidisciplinary Personnel Teams	
New Investment	$0.3 million
Funding Source	Whole Person Care
Estimated Impact	Coordinate care for 1,500 unsheltered individuals
7. Homeless Mentally Ill Outreach and Treatment Program	
New Investment	$2.2 million
Funding Source	State General Fund
Estimated Impact	600 clients receive outreach services

Provide Health and Supportive Services - The County provides a variety of health, mental health, dental, substance use disorder, case management, housing navigation, and other supportive services that serve individuals and families experiencing homelessness. These services are critical in getting homeless individuals and families the support they need while being connected with housing.

8. Homeless Emergency Aid Program (HEAP)	
New Investment	$16.2 million
Funding Source	State General Fund
Estimated Impact	To be determined
9. Alameda Point Collaborative – Medical Respite and Assisted Living	
New Investment	$3 million
Funding Source	Mental Health Services Act
Estimated Impact	Medical respite and assisted living capacity created for 250 homeless seniors
10. East Oakland Crisis Residential Program	
New Investment	$6 million
Funding Source	Mental Health Services Act
Estimated Impact	16 new transitional beds for people experiencing psychiatric crisis
11. Mental Health and Substance Use Disorder Services for Probationers	
New Investment	$1 million
Funding Source	AB 109
Estimated Impact	140-160 clients will receive mental health and substance use disorder services

Provide Shelter and Housing -The County and its partners provide an array of emergency and permanent housing programs to provide homeless individuals and families with shelter and housing.

12. Homelessness Capital Projects Fund	
New Investment	$10 million
Funding Source	County General Fund ("Boomerang")
Estimated Impact	360-400 previously unsheltered residents placed in new interim and permanent housing
13. Supportive Housing Investment Fund	
New Investment	$10 million
Funding Source	Mental Health Services Act
Estimated Impact	50 individuals or families provided permanent supportive housing and 3-5 sites preserved as deeply affordable housing
14. Flexible Housing Subsidy Pool	
New Investment	$5 million
Funding Source	County General Fund
Estimated	300-500 people housed
15. Residential Multi-Service Center Housing for Re-entry Population	
New Investment	$6 million

Funding Source	AB 109
Estimated	30 beds/month and wraparound services for re-entry clients

16. Additional Dedicated Transitional Housing	
New Investment	$2.7 million
Funding Source	AB 109
Estimated	35 beds/month for re-entry clients

17. Probation-Involved Transition-Age Youth Initiative	
New Investment	$2 million
Funding Source	Title IV-E and Youthful Offender Block Grant
Estimated	60-80 youth will receive shelter/housing and housing stabilization services

18. CalWORKs Building Bridges Housing Subsidy	
New Investment	$3 million
Funding Source	Oakland Housing Authority
Estimated	50 CalWORKs families/month will receive rental subsidies

Create a Coordinated System -There are a number of investments the county is making to better coordinate the resources described above, and to make sure investments to end homelessness are effective. In addition, the County works with many stakeholders in its mission to end homelessness. Coordinated system investments include the countywide Homeless Management Information System and the new homeless Housing Resource Centers, along with other efforts. The County has many programs and services to prevent homelessness, connect people who are experiencing homelessness to shelter and housing opportunities, and provide support services across multiple agencies and departments.

19. Shared Health Information Exchange and Community Health Record	
New Investment	$8 million
Funding Source	Whole Person Care
Estimated Impact	10,000 homeless individuals' care will be improved by integrating data systems across sectors

20. Coordinated Entry System Improvements	
New Investment	$0.3 million
Funding Source	California Emergency Solutions and Housing (CESH) Program
Estimated Impact	Improvements to the Alameda County Coordinated Entry System

Gaps: As identified through a system wide analysis conducted under the Alameda County Strategic Plan Update process the homeless safety net is reaching and serving, to some degree, the majority of the people experiencing homelessness in Alameda County. However, twice as many people are becoming homeless as are moving into permanent housing. If the number of people becoming homeless is double the number moving to a permanent home, homelessness will continue to grow no matter how much emergency shelter is created. If, as an integrated system of care, we want to move people off the streets and into homes, the bulk of our focus and system's resources must go to reducing inflows—*prevention*—and increasing exits—*permanent homes*. Both must occur to successfully reduce the number of people experiencing

homelessness. Preventing first time homelessness and providing adequate resources for people to obtain permanent homes are the biggest gaps in our current response to homelessness. These deficiencies cannot be remedied without public policies and investments to stabilize the rental market and increase housing stock and rental subsidies.

B. HHAP Funding Plans

1. Explain, in detail, how your jurisdiction plans to use the full amount of HHAP funds (including the youth set-aside) and how it will complement existing funds to close the identified gaps in housing and homeless services for the homeless population in your jurisdiction.

1. Alameda County HHAP funds will be used as follows:
   a. 5% for planning and system capacity, specifically in part to refine and strengthen the County's Coordinated Entry Management Entity, and to implement recommendations from a recent assessment of Coordinated Entry systems in place. Further, the county will support furthering research on root causes of the disproportionate numbers of black and native people experiencing homelessness in our jurisdictions, and collaborate on planning to address factors contributing to disparate outcomes.
   b. Nearly 9% of funds will support youth.
      i. $600,000 for a new navigation center for transition-aged youth in Southern Alameda County. This center will provide at least 30 beds and offer services designed to encourage housing independence for young people.
      ii. $179188 for Peer Navigation and employment services as prioritized by Alameda County's Youth Action Board.
   c. $1,000,000 for operating subsidies and reserves. The county will support the expanded navigation center capacity funded with expiring HEAP funds where necessary and will apply unused funds to support permanent housing if available. Navigation Centers in Alameda County offer 24/7 access, accommodate people with their partners, and offer more intensive services to people experiencing homelessness. The county and CoC will work together to identify areas of support for ongoing and new Navigation Center operations.
   d. $5,925,000 will support Outreach and Coordination.
      i. The county will support street medicine, outreach, and other direct services to unsheltered people throughout the county. Alameda County has a mix of urban, suburban, and rural zones, requiring specialized strategies and resources in each.
      ii. The county will also fund housing navigators to assist people who are sheltered or unsheltered and are assessed as highly vulnerable to access appropriate housing.
      iii. The county will provide tenancy sustaining support services to people placed in permanent housing.

2. The Continuum of Care and Alameda County have both explicitly aligned our homeless and

housing system of care with the principles of Housing First as defined in the Welfare and Institutions Code § 8255(b) for over five years. All CoC, ESG, MHSA, and NPLH funded programs, as well as all County funded shelters, must certify that they are Housing First as detailed in § 8255(b).

4. PARTNERS ADDRESSING HOMELESSNESS

Collaborative Identification: This list provided below, while not exhaustive, provides an accurate representation of the breadth and depth of county collaborative partners who we have, and will continue to work with on identified HHAP projects. This list includes organizations that the county currently funds/contracts with to provide services and/or elicits input about how to shape the implementation of a multitude of state and local programs that serve our homeless population including but not limited to: Whole Person Care, MHSA, AB109, Prop 47, HEAP, The Health Program of Alameda County (HealthPAC), and county general funds.

PARTNER	Local Government	Outreach, Engagement & Benefits Enrollment	Health & Supportive Services	Housing & Property Related Services
Abode Services		x	x	x
Alameda Alliance for Health		x		
Alameda County Homeless Action		x	x	
Alameda County Housing & Community Development	x			
Alameda County, Information Technology Department	x			
Alameda County, Probation Department	x			
Alameda Point Collaborative			x	x
Anthem Blue Cross			x	
Asian Health Services			x	
Aspire Consulting LLC		x	x	
Axis Community Health			x	
Bay Area Community Services		x	x	x
Bay Area Legal Aid		x	x	x
Berkeley Community Health				
Berkeley Food and Housing		x	x	x
Berkeley Youth Alternatives			x	x
Bi-Bett				x
Bonita House		x	x	
BOSS		x	x	
Brilliant Corners		x	x	x
Building Opportunities for Self-		x	x	x
Burlington Associates in				x

Catholic Charities of the Diocese		x	x	x
Catholic Charities of the East Bay)				x
Centerpoint		x	x	
City of Alameda	x			
City of Albany	x			
City of Berkeley	x			
City of Dublin	x			
City of Emeryville	x			
City of Fremont	x			
City of Hayward	x			
City of Livermore	x			
City of Newark	x			
City of Oakland	x			
City of Piedmont	x			
City of Pleasanton	x			
City of San Leandro	x			
City Of Union City	x			
Consumer/Community Advisory Board (CCAB)		x	x	x
Corporation for Supportive		x	x	x
Covenant House California		x	x	x
Cura		x	x	
East Bay Agency for Children		x	x	
East Bay Innovations		x	x	x
East Oakland Community Project		x	x	x
Eden I & R, Inc.		x		x
Felton Institute		x	x	
Fred Finch Youth Center			x	
Gina McCrae-Moore				x
Horizon			x	
Horizon	x			
Housing Authority of the County				x
Housing Consortium of the East			x	x
Juana Care Facility				x
Kaiser Permanente			x	
Katharine Gale			x	x
La Clínica de La Raza			x	
La Familia Counseling Service			x	x
Leaders in Community			x	
Legal Assistance for Seniors		x	x	x
LifeLong Medical Care		x	x	x
Love Never Fails			x	
Mercy Housing California			x	
Native American Health Center		x	x	
Open Heart Kitchen of Livermore,			x	

Operation Dignity		x	x	x
Options Recovery Services		x	x	x
Resource Development Associates		x	x	x
Resources for Community			x	x
Root & Rebound			x	
Roots Community Health Center		x	x	
Satellite Affordable Housing			x	x
Second Chance				
St. Mary's Center		x	x	x
Stacey Murphy		x	x	x
Sutter Health Alta Bates Summit Medical Center			x	
Swords to Plowshares Veterans		x	x	x
Telecare Corporation		x	x	x
The Multicultural Institute		x	x	
Tiburcio Vásquez Health Center,		x	x	
Tri-City Health Center		x	x	x
Women's Daytime Drop-In Center		x	x	x

All of these entities have participated in planning efforts and/or provision of direct services that have influenced our HHAP application.

Further, to enhance the proposed HHAP funding plan, HCSA, in collaboration with EveryOne Home worked with Alameda County General Services Agency to release a **Request for Information (RFI)** to gather information from local jurisdictions, service providers, and other groups on potential projects under HHAP that could be deployed quickly to serve people experiencing homelessness in Alameda County.

This RFI was publicized at a regularly scheduled CoC meeting and on the GSA and EveryOne Home website and sent out to all the partners listed above as well as the full CoC membership and any potential vendor that has registered with GSA.

Specific to the HHAP NOFA, information solicited through the RFI included:

1. Project Type

   - Rental Assistance/Rapid Rehousing;
   - Operating Subsidies and Reserves;
   - Landlord Incentives;
   - Outreach and Coordination;
   - Systems Support to Create Regional Partnerships;
   - Delivery of Permanent Housing;
   - Prevention and Shelter Diversion to Permanent Housing;
   - New Navigation Centers and Emergency Shelters; and

- Innovative Solutions.

2. <u>Project Description</u>

3. <u>Project Region</u>
   - North County
   - Central County
   - South County
   - East County
   - County-wide

4. <u>If the project primarily focus on serving youth</u>

5. <u>Year funding for the project would be requested:</u>
   - July 1, 2020-June 30, 2021
   - July 1, 2021-June 30, 2022
   - July 1, 2022-June 30, 2023
   - July 1, 2023-June 30, 2024
   - July 1, 2024-June 30, 2025

6. <u>Estimated number of unduplicated clients to be served each year?</u>

The information gathered through this RFI was then used to inform the development and scope of HCSA's and EveryOne Home's application for HHAP Funds.

<u>Pathways of HHAP Partnership:</u>

HCSA will employ three possible pathways to collaborate with partners on HHAP Projects:

1. <u>Alameda County Housing Solutions for Health Vendor Pool (Vendor Pool)</u>: The Alameda County Housing Solutions for Health Vendor Pool was recently established in the county to expedite innovative, healing-centered solutions to the region's housing crisis, without the delays typically associated with county procurement. HCSA will leverage the Vendor Pool as one of the avenues we use to fund our network of organizations that provide culturally responsive services under HHAP.

   In spring 2019, the Alameda County Board of Supervisors approved round 1 total funding to Alameda HCSA for up to $30,000,000 for contracts resulting from the Vendor Pool over a three -year period, 2019-2022. The Vendor Pool implements a rolling monthly Request for Qualification
   process, which brings together a selection of qualified vendors with creative and effective solutions to partner with the county to help people experiencing homelessness improve their health and obtain permanent homes. The Vendor Pool is intended to improve the County's ability to respond more effectively to the current housing emergency, to emerging

opportunities to maximize utilization of time-limited funding, as well as to encourage vendors new to County contracting procedures to engage in the solution. All HCSA departments and programs are eligible to access the pool, allotting their program-specific funding to contract (within established individual funding stream parameters) with participating agencies. The scope of services for the Vendor Pool is broad to reflect the county's philosophy of providing an all-inclusive ("whatever it takes") approach to meeting the complex needs of the target population --people who are currently experiencing homelessness; living unstably; and/or were formerly homeless and have transitioned into short-term or long-term housing.

2. Capacity Building and Innovations (CBIM) Microgrants: The purpose of the CBIM is to empower new small, emerging and/or existing provider organizations to: 1) join the county's homeless network of providers; 2) build their capacity to provide new and innovative services; and/or 3) initiate cross-organization collaborative service models to more effectively meet the needs of our homeless population. The microgrants will range from $5,000 to $100,000 and will be made available to support the following:

   - Cross Agency Collaborative Service Provision
   - Community Partnerships
   - Diversity, Equity and Inclusion
   - Adoption of New and Promising Practices
   - Asset-Building Activities
   - Trauma Informed Care Practices
   - Culturally Specific Programming
   - Special Populations

3. HHAP Specific Request for Proposals: To be eligible for the Housing Solutions for Health Vendor Pool, vendors must demonstrate at least three years of experience serving the target population for each of the core service categories for which they are applying. Should the County be interested in using HHAP funds to support a project for which we do not have appropriate/qualified vendors that have at least three years of experience, the county will release other procurements to contract with them.

Barriers to Partnership- Historically, the county procurement process has unintentionally created a barrier to partnership. The inherent complexity of the process, combined with the length of time it takes from launch to completion, makes it difficult to respond to emerging critical needs in our homeless system of care in a timely fashion. The creation of the Vendor Pool has been very effective in addressing this barrier. In addition, capacity has become an increasing barrier to partnership. While we have an incredibly robust and diverse group of partners, we struggle to meet the rapidly increasing need for housing and services in our county. One of the ways we will address this issue is through the CBIM that will be funded by the HHAP.

5. SOLUTIONS TO ADDRESS HOMELESSNESs
The EveryOne Home 2018 Strategic Plan Update sets the following targets for the next five

years (2019 – 2023).

- ➢ Reduce the number of people becoming homeless for the first time by 500 people annually for five years until under 500 people become homeless for the first time in 2023.
- ➢ Increase the number of people exiting the system by 500 people every year for five years until 4,000 people move out of homelessness in 2023.

If the system prevents homelessness and increases the number of people gaining a home at these rates, no person experiencing homelessness would need to go without a shelter bed by January 2024.

Strategic Update Benchmarks by Year and Sub-Population	
Benchmarks	**By When**
A. No more than 2,500 people become newly homeless	December 2019
B. 2,000 people move into permanent homes	December 2019
C. End unsheltered homelessness for families	December 2019
D. End chronic homelessness for veterans	March 2020
E. No more than 2,000 people become newly homeless	December 2020
F. 2,500 people move into permanent homes	December 2020
G. End chronic homelessness for seniors	December 2020
H. No more than 1,500 people become newly homeless	December 2021
I. 3,000 people move into permanent homes	December 2021
J. Number of currently homeless vets is below 90	December 2021
K. No more than 1,000 people become newly homeless	December 2022
L. 3,500 people move into permanent homes	December 2022
M. Homeless people with serious mental illness drops from 2,700 annually to 1,350.	December 2022
N. No more than 500 people become newly homeless	December 2023
O. 4,000 people move into permanent homes	December 2023
P. Chronically homeless people drop to 850	December 2023
Q. The number of people in families with children is under 200	December 2023

Our proposed HHAP plan will directly impact these goals by:

1. Expanding capacity: HHAP funding will go towards areas identified through the Strategic Plan Update that need the greatest investment and expansion: Homelessness Prevention, Street Outreach, and Expanded and Targeted Permanent Homes Creation and retention.
2. Increasing investment: The HHAP local dedicated funding stream will create opportunities not only for deeply affordable housing, but also for services co-located in that housing, and for shelters that lower barriers to exiting homelessness and pair beds with specific housing strategies.
3. Projected Outcomes:

    a. 4,500 individuals will be served
    b. 30% of individuals serve will be successfully placed in permanent housing
    c. 30 new TAY shelter beds will serve over 100 youth ages 18-24 per year
    d. Youth employment services and peer navigation will serve up to 50 youth per month
    e. More than 125 youth will receive assistance with prevention, problem solving, and family reunification.
    f. More than 300 households will receive rental assistance.
    g. Operating Subsidies will support at least 100 Navigation center beds, serving up to 400 people per year with shelter and housing-focused services.
    h. More than 4,000 people will receive outreach, street medicine, housing navigation, or housing retention services.

Office of The Mayor
Honorable Libby Schaaf
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City Hall
One City Hall Plaza
Oakland, California 94612

February 7, 2020

Governor Gavin Newsom
California State Capitol
1303 10th St, Suite 1173
Sacramento, CA 95814

State of California
Business, Consumer Services and Housing Agency
c/o California Homeless Coordinating and Financing Council
915 Capitol Mall, Suite 350-A Sacramento, CA 95814

Dear Governor Newsom and Members of the Council:

I am writing to express the city of Oakland's support for Alameda County Health Care Services' (HCSA) and the county's continuum of care back bone organization, EveryOne Home's (EOH), applications for Housing, Homeless, Assistance, and Prevention (HHAP) funding to immediately address homelessness in Alameda County submitted jointly by Alameda County Health Care services and Everyone Home, the county's continuum of care back bone organization

According to the most recent Point-In-Time Homeless Count and Survey conducted by EOH in January 2019, the County experienced a 43 percent increase in homelessness between 2017 and 2019. The crisis is showing no signs of slowing. In fact, EOH's Results Based Accountability Committee reported for the last quarter of 2019 that for every 3 people becoming homeless in Alameda County, only 1 person returns to housing.

EOH, with technical assistance from Abt Associates, is currently facilitating a community process for housing crisis response system modeling. Co-Chaired by Mayor Libby Schaaf, Director of HCSA, Colleen Chawla, and CoC Committee Chair, Doug Biggs, the process brings together the cities, county, and other stakeholders to design and implement an optimal system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs. Stakeholders have agreed to use the model developed through the system planning process to guide strategic funding decisions for existing and new federal, state, and local resources.

EOH, Alameda County Healthcare Services Agency, and the City of Oakland have also conducted exploratory conversations centered on using HHAP funding for joint projects to address homelessness in Oakland and across the County. Such projects might utilize a portion of each CoC/County/City HHAP allocation, as well as leverage other funds. For example, the youth set aside funding is one area where the CoC/County/City have discussed collaboratively planning and

funding projects. EOH, HCSA, and the City of Oakland Human Services Department have committed to meeting quarterly to plan, implement, and evaluate each jurisdiction's HHAP projects and to ensure that spending is strategic and coordinated.

City of Oakland is pleased to provide this letter of support for HCSA's and EOH's applications for HHAP funding to provide immediate emergency assistance to people experiencing homelessness within their jurisdiction.

Libby Schaaf
Mayor
City of Oakland

February 15, 2020

Governor Gavin Newsom
California State Capitol
1303 10th St, Suite 1173
Sacramento, CA 95814

State of California
Business, Consumer Services and Housing Agency
c/o California Homeless Coordinating and Financing Council
915 Capitol Mall, Suite 350-A Sacramento, CA 95814

Dear Governor Newsom and Members of the Council:

As the Executive Director of EveryOne Home (EOH), Alameda County's Continuum of Care (CoC) and The Director of Alameda County Health Care Services Agency (HCSA), we are writing this joint letter to express our agencies' support of both our jurisdictions' applications for Housing, Homeless, Assistance, and Prevention (HHAP) funding to immediately address homelessness across Alameda County.

As the Continuum of Care and collective impact backbone organization in Alameda County, EveryOne Home supports interjurisdictional collaboration and regional partnerships as a strategy necessary to end homelessness across the County. In 2018, EveryOne Home released a _Strategic Update to the Plan to End Homelessness in Alameda County_ that identified the troubling rate of increase in homelessness and called on policymakers to, above all, prevent homelessness before it starts and expand affordable housing for extremely low-income households. The plan also called for critical interventions that ensure the safety and dignity of people living without housing, and urgently reduce homelessness in our most impacted and vulnerable communities. Communities are working diligently to respond to this crisis, but like many jurisdictions in the nation wrestling with this issue, resources remain scarce and individual jurisdictions are limited in their ability to implement and expand key interventions to scale. HHAP provides an opportunity for the Continuum of Care, County, and City of Oakland to leverage funding and strengthen the housing crisis response system across the county.

EveryOne Home, with technical assistance from Abt Associates, is currently facilitating a community process for housing crisis response system modeling. Co-Chaired by Oakland Mayor Libby Schaaf, Director of the Alameda County Healthcare Services Agency, Colleen Chawla, and CoC Committee Chair, Doug Biggs, the process brings together the cities, county, and other stakeholders to design and implement an optimal system that will both address the crisis needs of people experiencing homelessness as well as their permanent housing needs. Stakeholders

have agreed to use the model developed through the system planning process to guide strategic funding decisions for existing and new federal, state, and local resources.

In the spirit of collaboration, HCSA will act as the administrative entity for both applications. In addition, HCSA and EOH will work collaboratively to provide detailed plans for quarterly meetings between the overlapping jurisdictions to jointly plan and evaluate HHAP spending and projects.

Specific to HHAP, EOH and HCSA met multiple times to discuss our collaborative funding plan. Through these meetings both entities agreed that our combined funding amount would be allocated throughout the county by region (North, Central, South, East and County-wide), with the amount for each region determined by the percentage of homeless living in each areas as determined by our 2019 PIT count. Further, HCSA, in collaboration with EveryOne Home worked with Alameda County General Services Agency to release a Request for Information (RFI) to gather information from local jurisdictions, service providers, and other groups on potential projects under HHAP that could be deployed quickly to serve people experiencing homelessness in Alameda County. This RFI was publicized at a regularly scheduled CoC meeting and on the GSA and EOH website and sent out to over 6,000 potential partners. Specific to the HHAP NOFA, information solicited through the RFI included: project type, funding amount and year funds would be requested: region of the county the project would serve; and If the project primarily focuses on serving youth. The information gathered through this RFI was then used to inform the development and scope of HCSA's and EOH's applications for HHAP Funds.

HCSA and EOH are pleased to provide this joint letter of support for our applications for HHAP funding to provide immediate emergency assistance to people experiencing homelessness within our jurisdiction.

Respectfully submitted,

Elaine de Coligny   Colleen Chawla
Executive Director   *Agency Director*
EveryOne Home   Alameda County Healthcare Services Agency
County of Alameda   Administrative Entity for CoC HHAP funds