



# California Interagency Council on Homelessness

## Homeless Housing, Assistance and Prevention Round 4 Application

### Application Information

**Application Due Date: 11/29/2022**

This Cognito platform is the submission portal for the Cal ICH HHAP-4 Application. You will be required to upload a full copy of the HHAP-4 Data Tables Template and enter information into the portal from specific parts of the HHAP-4 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-4 resources prior to beginning this application:

- [Homeless Housing, Assistance, and Prevention Program Statute](#)
- [HHAP-4 Local Homelessness Action Plan & Application Template](#) and
- [HHAP-4 Data Tables](#)

### Application Submission for HHAP-4 Funding

Using the [HHAP-4 Local Homelessness Action Plan & Application Template](#) as a guide, applicants must provide the following information in the applicable form section (see below) to submit a complete application for HHAP-4 funding:

1. **Part I: Landscape Analysis of Needs, Demographics, And Funding:** the information required in this section will be provided in Tables 1, 2, and 3 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section.
2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in Tables 4 and 5 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.
3. **Part III: Narrative Responses:** the information required in this section will be provided by entering the responses to the narrative questions within the *Narrative Responses* section of this application form. Applicants are **NOT** required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this

Cognito form will be considered the official responses to the required narrative questions.

4. **Part IV: HHAP-4 Funding Plans and Strategic Intent Narrative:** the information required in this section will be provided in Tables 6 and 7 (as applicable), of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Funding Plan Strategic Intent* section of this application form.
5. **Evidence of meeting the requirement to agendize the application at a meeting of the governing board** will be provided as a file upload in the *Document Upload* section.

## **How to Navigate this Form**

This application form is divided into **seven sections**. The actions you must take within each section are described below.

- **Applicant Information:** In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.
- **Document Upload:** In this section, upload (1) the completed HHAP-4 Data Tables as an Excel file, (2) evidence of meeting the requirement to agendize the application at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.
- **Part I. Landscape Analysis:** In this section, answer the questions confirming that Tables 1, 2, and 3 have been completed and included in the HHAP-4 Data Tables file uploaded in the previous section.
- **Part II. Outcome Goals and Strategies:** In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-4 Data Tables.
- **Part III. Narrative:** In this section, enter your responses from Part III of the HHAP-4 Local Homelessness Action Plan & Application Template.
- **Part IV. HHAP-4 Funding Plan Strategic Intent Narrative:** In this section, enter your responses from Tables 6 and 7 of the completed HHAP-4 Data Tables file, and answer the narrative questions.
- **Certification:** In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

**I have reviewed the HHAP-4 statute, FAQs, and application template documents**

Yes

**I am a representative from an eligible CoC, Large City, and/or County**

Yes

## Applicant Information

List the eligible applicant(s) submitting this application for HHAP-4 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

### Eligible Applicant(s) and Individual or Joint Designation

Joint

This application represents the joint application for HHAP-4 funding on behalf of the following eligible applicant jurisdictions:

## Joint Applicants Selection

### Eligible Jurisdiction 1

#### Eligible Applicant Name

Alameda County

### Eligible Jurisdiction 2

#### Eligible Applicant Name

CA-502 Oakland, Berkeley/Alameda County CoC

*Click + Add Eligible Jurisdiction above to add additional joint applicants as needed.*

## Administrative Entity Information

Funds awarded based on this application will be administered by the following Administrative Entity:

### Administrative Entity

Alameda County Health Care Services Agency

### Contact Person

Kerry Abbott

### Title

Director, Homeless Care and Coordination

### Contact Person Phone Number

(510) 914-1832

### Contact Person Email

Kerry.Abbott@acgov.org

### \*Agreement to Participate in HDIS and HMIS

By submitting this application, we agree to participate in a statewide Homeless Data Integration System, and to enter individuals served by this funding into the local Homeless Management Information System, in accordance with local protocols.

## Document Upload

Upload the completed [HHAP-4 Data Tables](#) (in .xlsx format), evidence of meeting the requirement to agendaize the application at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

### **HHAP-4 Data Tables**

data\_tables\_r4\_Alameda County\_rev.xlsx

### **Governing Body Meeting Agenda or Minutes**

Board of Supervisors Regular Meeting Agenda 11-08-22.pdf

### **Optional Supporting Documents**

Board Letter\_Regular Meeting 11-08-22\_Item 9.pdf

## **Part I. Landscape Analysis of Needs, Demographics, and Funding**

**Table 1 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

**Table 2 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

**Table 3 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

## Part II. Outcome Goals and Strategies for Achieving Those Goals

Copy and paste your responses to Tables 4 and 5 from the [HHAP-4 Data Tables](#) into the form below. All outcome goals are for the period between July 1, 2022 and June 30, 2025.

### Table 4: Outcome Goals

#### Name of CoC

CA-502 Oakland, Berkeley/Alameda County CoC

### 1a. Reducing the number of persons experiencing homelessness.

#### Goal Statement

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [16,000] total people accessing services who are experiencing homelessness annually, representing [6,154] [more] people and a [63%] [increase] from the baseline.

#### Goal Narrative

HDIS baseline data shows the number of people served in our system to be much lower than local HMIS data, which shows 21,511 persons served in FY 21-22, our most recent annual measurement period. We are still trying to understand this significant discrepancy. One potential reason could be that Coordinated Entry data in HDIS appears quite low, and more CE entries should appear in future HDIS data pulls. Therefore, while 16,000 is an increase from HDIS baseline, it is a reduction from what we believe to be the true number of those currently served by our homeless response system. If we reference our HMIS data which reflects our local understanding of the severity of the problem (and also aligns with annual projections of people experiencing homelessness based on a one-morning snapshot provided by the 2022 PIT Count), then we are proposing to decrease the number of persons experiencing homelessness from 21,511 (true baseline) to 16,000, a decrease of 5,511 persons or 26%. This goal is also predicated on the notion that the discrepancies between HDIS and HMIS data will eventually resolve itself so that future HDIS data pulls are comparable to our local situation. While we aim to lower this number overall, the 16,000 also reflects that we hope to have everyone experiencing homelessness in our community accessing and receiving services from our homeless response system and included in HMIS. The balancing of reducing homelessness while ensuring greater coverage of who is known to our system is included in this goal. In HHAP-3 goal setting for 2024, we anticipated a similar reduction from over 19,000 people in our local HMIS baseline to 17,000, an 11% reduction using local numbers (although it appeared as an 87% increase from HDIS data that we couldn't substantiate). Similarly, our goal appears as an increase from HDIS data, but is set using our homeless system numbers that we're able to substantiate. Goals set for 2025 are more ambitious, proposing a 26% instead of 11% decrease in our local situation. This decrease is in the context of continually increasing PIT Count numbers, that saw an overall 73% increase in homelessness from 2017 to 2022. While there are new housing opportunities for people experiencing homelessness in the pipeline, a reduction in homelessness cannot be realized without significant prevention efforts to stop the inflow of people becoming homeless, which hovers at a rate of 2.5 to 3 for every one person exiting homelessness. Prevention strategies have been articulated in the Home Together Plan but lack funding to implement.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people accessing services who are experiencing homelessness
9,846	6,154	63%	16,000

#### Decrease/Increase in # of People

Increase

## Optional Comments

### **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

Black and African American people experiencing homelessness represent the largest population of people in our homeless system. This population has consistently been over-represented compared to their representation in the general population. Current HDIS data shows 54% of those served by our homeless system are Black or African American, compared to approximately 11% of Alameda County residents. This percentage has gradually increased over time. It is imperative that we take steps to address the disproportionate impact, and increase people served (and housed) to reduce this over-representation so it aligns more closely with the general population. Baseline for CY 2021 shows 5,318 Black or African Americans served by our homeless system. Our goal is to serve 9,400 Black or African American persons in 2025, which would be a decrease of 6% relative to our 2024 goal, but would represent 59% of all persons served, which is commensurate with our HHAP-3 goal to serve this population at a rate that is greater than the general and homeless system population. We strive to increase this population served to reflect greater access to resources and housing exits.

**Describe the trackable data goal(s) related to this Outcome Goal:**

People who are Black or African American as a % of total persons served by our homeless response system. Our target is to increase this percentage represented in homeless system programs and services to reach 59% of the total population served by 2025 (or 9,400 Black or African American individuals served), to ensure there is over-representation in services received and exits to housing.

### **1b. Reducing the number of persons experiencing homelessness on a daily basis**

#### **Goal Statement**

By the end of the performance period, data for the [Alameda County CoC] will show [6,300] total people experiencing unsheltered homelessness daily, representing [835] [fewer] people and a [12%] [reduction] from the baseline.

#### **Goal Narrative**

Since our 2017 PIT Count, our CoC has experienced an 85% increase in unsheltered homelessness (3,863 unsheltered in 2017; 6,312 in 2019; and 7,135 in 2022). However, if we remove the 2017 number of unsheltered and focus on the more recent counts from 2019 and 2022, then we see a 13% increase in the unsheltered population, which changes our 2025 projections to 8,232 people predicted to be unsheltered at that time. While the absolute numbers of unsheltered homeless continue to increase and are projected to keep increasing in the 2024 PIT Count based on current trend lines, the % of unsheltered to sheltered has decreased from 79% unsheltered in 2019 to 73% in the 2022 PIT Count. We believe this number/percentage would likely be higher if it weren't for the many Roomkey units that were still available during the 2022 PIT. With the loss of Roomkey units and the current trajectory, we'd expect continued increases in the unsheltered population. However, our Home Together Plan calls for significant and temporary investment in shelter to help slow down this increase, and to provide temporary housing while more permanent housing makes its way through the pipeline. Without significant funding, however, we cannot realize our goal of adding 1,625 units of shelter to our inventory by 2023 as called for in the Plan

(which would bring our total to 3,410 shelter units). Without ongoing funding, it is difficult to expand and sustain inventory, knowing that future operating and leasing costs do not have a funding source. Our biggest source of recurring funding is through HUD, and much of our HUD CoC package supports ongoing rental assistance for people already in permanent housing. However, our Home Together Plan calls for a number of activities that support efforts to increase the production of low-barrier shelter and interim housing, including lowering programmatic barriers to crisis services, ensuring that existing shelter inventory can be maximally utilized, and increasing medical and mental health respite by 300 beds and including resources for rehousing exits.

For these reasons, we anticipate being able to reverse this trend, and start to change direction in 2024 and beyond. This includes adjusting our previous HHAP-3 goal from 8,100 unsheltered to a new goal of 7,000 by 2024, representing our first decrease in the next PIT Count. Our goal(s) represents stabilization so that, while unsheltered homelessness is predicted to temporarily increase, the addition of new shelter and interim housing can slow down this trajectory and reverse direction by 2025 as more shelter and housing is brought online. Our 2025 goal to have no more than 6,300 people unsheltered represents a 12% decrease from baseline, and a 10% reduction from our HHAP-3 adjusted goal of 7,000. We are proposing a significant reduction from the 2025 projection of 8,232 unsheltered to 6,300. This also represents a 22% decrease from our original HHAP-3 goal of 8,100. We continue to partner with cities to use each round of HHAP funding to bring on more units of interim housing, although it can take a few years to see projects finalized and sustainability of these projects when one-time funding ends remains a top concern.

<b>Baseline Data</b>	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Daily Estimate of # of people experiencing unsheltered homelessness</b>
7,135	835	12%	6,300

**Decrease/Increase in # of People**  
Decrease

**Optional Comments**

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

Our latest PIT Count (2022) shows that unaccompanied youth households (ages 18-24) that are unsheltered comprise 9.3% of our CoC's total unsheltered population, which is higher than the percentage this population represents within our total homeless system (8%). This overrepresentation of youth in unsheltered homelessness is also consistent with data from our prior 2019 PIT Count which shows youth represented as 9% of the unsheltered population. We have seen this number reduced in the past (between 2017 and 2019) and believe that with targeted interventions including expanded access to Coordinated Entry through youth access points (a focus of YHDP), as well as interim housing for youth, we can once again impact this number. We are proposing a 20% decrease relative to our 2024 goal, with strategies informed by our youth coordinated community plan developed under YHDP.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Our goal is to bring the # of unaccompanied youth who are unsheltered down by 2.3% to 7% of the unsheltered population in 2025, or no more than 441 (of the 6,300 goal set for total unsheltered homelessness) unaccompanied youth experiencing unsheltered homelessness. This decrease would be two full percentage points lower than the current percentage of the total homeless population that



unaccompanied youth represent (9% or 666 unaccompanied youth).

## 2. Reducing the number of persons who become newly homeless.

## 2. Reducing the number of persons who become newly homeless.

### Goal Statement

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [6,000] total people become newly homeless each year, representing [1,372] [more] people and a [30%] [increase] from the baseline.

### Goal Narrative

Our community doesn't currently anticipate an influx in prevention resources, and like many others, are challenged with how to build out an effective and resourced prevention arm connected to our homeless response system. We foresee that due to the lifting of eviction moratoria when the local health emergency ends, and the wind down of one-time COVID resource-funded rental assistance (e.g. Emergency Rental Assistance Program (ERAP), which received over 11,000 applications in the County, not including the large cities of Oakland and Fremont that received their own applications. Of the 8,556 households that were approved for funding through the County, about 2/3 of these households are below 30% AMI, increasing their risk for falling into homelessness once supports are lifted) we anticipate seeing future increases in first-time homelessness, although likely not immediately, as evictions and loss of housing are just one step in a chain of events that contribute to eventual homelessness. HDIS data shows first-time homelessness increased by 17% between 2020 and 2021 (3967 to 4628), surpassing our 2021 target of where we'd need to be to meet our HHAP-3 2024 goal (4475 in 2021). At our current rate of increase, we would expect to see approx. 7,667 people become homeless for the first time in 2025. Homeless system modeling and projections in our Home Together 2026 Plan also project an increase in first-time homelessness in 2022 and 2023, with eventual stabilizing in 2024 and slight decreases thereafter (contingent on our Plan being sufficiently resourced with new funding over a five-year period, resulting in an additional 24,000 new units and subsidies). For these reasons, we propose to slow this upward trajectory of the rate of first time homelessness. This goal would result in 6,000 people becoming homeless for the first time in 2025 instead of 7,667, a decrease of 22%, and a stabilizing of our 2024 estimate. We hope to achieve this through identification of new prevention funding, building on existing partnerships with other mainstream/institutional settings exiting people to the homeless system (e.g. criminal justice system, hospitals, etc.) and leveraging data from multiple systems to help identify those most likely to become homeless through key screening indicators.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people who become newly homeless each year
4,628	1,372	30%	6,000

**Decrease/Increase in # of People**  
Increase

### Optional Comments

## Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

The number of Black or African American people who became homeless for the first time in CY 2020 was 1,951 or 49% of the total number of people experiencing homelessness for the first time, well above the representation of Black or African American people in the general population (11%). The number of Black or African American people who became homeless for the first time in CY 2021 was 2,451 or 53%, an even greater disparity compared to the representation of Black or African American people in the general population. We are proposing to reduce first time homelessness for Black or African American people through housing problem solving and flexible financial assistance resources targeted to achieve greater race equity. Instead of continued growth in this subpopulation, we are proposing to slow the growth rate so that no more than 2,750 of those becoming homeless for the first time in 2025 are Black or African American. This would be a redirection in 2025 from the currently projected 51% of first-time homeless or 3,920 people, who are Black or African American. We are proposing a reduction from the projected 51% to no more than 46%, a decrease of 5% of the first-time homeless population.

**Describe the trackable data goal(s) related to this Outcome Goal:**

The number of Black or African American people experiencing first-time homelessness will be no greater than 2,750, or 46% by 2025.

### **3. Increasing the number of people exiting homelessness into permanent housing.**

### **3. Increasing the number of people exiting homelessness into permanent housing.**

**Goal Statement**

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [2,250] total people exiting homelessness into permanent housing annually, representing [240] [more] people and a [12%] [increase] from the baseline.

**Goal Narrative**

We saw an 11% increase in housing exits between 2020 and 2021 (1,813 to 2,010 exits), due to new housing resources coming online. However, most of our future housing inventory will show up in HMIS as PSH enrollments with ongoing services (and therefore not system exits), meaning that people who are housed with these resources will be enrolled in PSH ongoing and will not impact this measure since they aren't considered an exit from the system. As we increase tenancy sustaining service slots through CalAIM, we anticipate that everyone housed through Coordinated Entry will be enrolled in these services ongoing (which is the goal) to support housing retention and homelessness prevention, but will continue to be active/enrolled in our system. For this reason, while we anticipate the number of overall housing exits to continue increasing, there is concern that much of this growth will not be captured by this measure. Although it is not entirely clear the population that is exiting to housing outside of the system without ongoing supports, since we don't have our arms around people once they have exited, our projection tool shows us that this type of housing exit continues to steadily increase. We therefore project a 12% increase in system exits to housing from our 2021 baseline (an additional 240 exits), and a 15% increase from our 2024 projected goal of 1,950 system exits to housing. Based on updated baseline data, we believe we can surpass our HHAP-3 2024 goal with further steady increases. While we are optimistic about bringing more housing online, the impact of increased housing exits will continue to be offset by the inflow into our system which averages at a rate of 2.5-3 people becoming homeless for every 1 person who exits. Without permanent funding to work on prevention, increasing total housing exits alone will not move our system to functional zero.

Current projections in our Home Together Plan include 1,447 units of PSH coming online over the next two fiscal years (through June 2024), but as noted, our projected goal does not include all the people who will move from homelessness to permanent housing due to our understanding of the limitations with the methodology for this measure. Our Home Together Plan also articulates that with significant additional funding and resources, we could increase exits from our system to more than 6,000 households annually by 2024. The Plan calls for the addition of over 24,000 new housing opportunities (both units and subsidies) by 2026, if funding can be identified. These projects to increase inventory would include expansions in rapid rehousing and supportive housing, as well as significant investments in newer program models for our community such as dedicated affordable housing and shallow subsidies that provides housing that allows people independence and autonomy with economic supports, a strategy recommended to be more effective in reducing racial disparities in our community.

We have seen success with focused smaller-scale programs that serve families in rapid rehousing (e.g. CalWORKS HSP), or OPRI (Oakland PATH Rehousing Initiative) that provides sponsor-based rental assistance and supportive services to people living on the street or in emergency shelters, and people exiting foster care or the criminal justice system. The OPRI partnership includes City of Oakland, the Oakland Housing Authority, Alameda County, and multiple non-profit agencies. Bringing programs like this to scale through increased subsidy and service slots would greatly impact our system.

In addition, there are a number of efforts over the past year that have launched to increase exits from our homeless response system to permanent housing: 1) funding housing navigation and housing stability services through CalAIM so that people can more easily access available housing and receive supports to stay housed; 2) procuring funds for operating subsidies that will add financial support to dedicated affordable units through a new local operating subsidy pool; and 3) local jurisdictions (cities) within the County are dedicating funding towards new supportive housing and rapid rehousing programs, are setting aside dedicated affordable units for homeless households, and have launched shallow subsidy programs.

<b>Baseline Data</b>	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Annual Estimate of # of people exiting homelessness into permanent housing</b>
2,010	240	12%	2,250

**Decrease/Increase in # of People**  
Increase

**Optional Comments**

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

With our 2020 baseline data, we did not see significant disparities in exits to housing when compared with representation in our overall homeless system, so in alignment with our Home Together 2026 Community Plan to center race equity and reduce racial disparities, and in the absence of any one single racial group more disproportionately impacted than others (according to State HDIS data), we set an intention to reach larger percentages of all BIPOC served by the system and exiting to permanent housing, so that exits to housing align with BIPOC representation in the overall homeless system. With the 2021 baseline data, we continue to see racial groups mostly represented in alignment with their overall representation in the homeless system. However, there are some areas for improvement, including American Indian or Alaska Natives who comprise 3.4% of our homeless population but only represent 2.7% of housing exits from our system. Other racial groups are within a one percentile difference between their representation in the homeless system and system exits to housing. Also, because we know that Black or African American

people in particular are hugely overrepresented in the homeless system (54% compared to 11% of the general County population) we will continue to focus on access to housing problem solving and flexible financial assistance at the front door of our homeless system (access points/housing resource centers) so that there is greater access and opportunities for BIPOC populations to exit to housing without having to enter the homeless system and experience long waits for system resources.

**Describe the trackable data goal(s) related to this Outcome Goal:**

To achieve equity in this measure for all BIPOC populations experiencing homelessness, by 2025 over 3% of housing exits will be American Indian or Alaska Native; and we will maintain or improve representation in successful exits for people who are Asian at 3%; Black or African American at 54%; 2% Native Hawaiian or other Pacific Islander; and 7% for people of multiple races.

## **4. Reducing the length of time persons remain homeless.**

## **4. Reducing the length of time persons remain homeless.**

### **Goal Statement**

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [152] days as the average length of time that persons are enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs annually, representing [16] [fewer] people and a [10%] [reduction] from the baseline.

### **Goal Narrative**

The State's HDIS baseline data for this measure is significantly lower than what local HMIS data demonstrates (HMIS data shows that 229 days was the average length of time people remained homeless in Alameda County in CY 2021). Therefore, maintaining the average length of time that people in Alameda County remain homeless at 152 days (our CY 2020 baseline) between 2021 and 2025 is far below what local data shows, and as such is a significant decrease/reduction for this measure. The projection tool used to support goal setting for 2024 and 2025 shows that we're currently projected to reach 164 days as the average length of time someone remains homeless by 2025, only a modest reduction from current baseline. We believe we can take this goal further but cannot see moving the needle beyond what we already established in HHAP-3 which is a maintenance of effort for this data point which we haven't been able to substantiate locally. For further comparison, our HMIS data for this sytem performance measure across Fiscal Year 2021-2022 shows 226 days as the average length of time, similar to what we pulled locally for CY 2021.

We know that housing in the pipeline doesn't come online all at once, and that so long as the inflow into homelessness continues at the current rate (which seems likely given all that happens upstream on someone's way to becoming homeless), there will not be enough housing to exit people from the system swiftly without a significant long-term investment in new housing. Given this constraint, there will continue to be issues with flow through the system. PIT Count data also shows a large number of our homeless population is impacted with health and mental health disabilities (49% report psychiatric or emotional conditions; 34% report chronic health conditions; and 33% report physical disabilities), which impacts the time people are waiting for appropriate resources, as we need more housing with enhanced services for older adults, and persons who are medically fraile and/or with behavioral health impairments. New models in our system show great promise is providing these more intensive on-sight services so that people can stay housed in the community but require funding to be brought to scale. We also have very little turnover in PSH (which currently makes up the majority of our homeless housing) which is a strength of the system and speaks to our commitment to ensure ongoing services available to everyone for as long as needed, but also means that without new housing brought to scale, there is very little flow with existing inventory. We also see that lengths of stay in some types of interim housing have increased which can be a benefit, as the consumers in those programs are given the supports they need while housing plans are developed and implemented. With the continued move to reduce shelter barriers, people are willing to stay longer

while working on their long-term housing plans.

<b>Baseline Data</b>	<b>Change in # of Days</b>	<b>Change as % of Baseline</b>	<b>Target Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs</b>
168	16	10%	152

**Decrease/Increase in # of Days**

Decrease

**Optional Comments**

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

Updated HDIS baseline data shows the average length of time families with minor children remain homeless continues to be much higher than for households without children (236 days vs. 146 days). This number for families continues to increase based on past data. Our projected performance indicates that if nothing changes, we are on pace to reach an average of 251 days that families with minor children stay homeless by year 2025. While this data could be attributable to families spending more time in programs such as interim housing/transitional housing/etc., our goal is to bring this number down to less than 200 days by 2025, a 15% decrease in length of time from current baseline, and a 20% reduction from our projected performance in 2025 (251 days vs. 200 days) reversing the current trend of increases.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Reduce the average length of time that families with children remain homeless. Target goal is less than 200 days that families remain homeless by 2025. This is an 15% decrease from the 2021 HDIS baseline (236 days).

### **5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

### **5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

**Goal Statement**

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [7%] of people return to homelessness within 2 years after having exited homelessness to permanent housing, representing [0] [fewer or more] people and a [0%] [reduction or increase] from the baseline.

### Goal Narrative

This measure has remained relatively stable over the years (usually always at or under 10%, but not much variation from there) and would require a longer timeframe (beyond 2025) to achieve significant reductions. This goal represents a focus on increasing the number of people experiencing homelessness who exit to housing, while managing ongoing housing retention with some expected levels of attrition. We don't anticipate major levers impacting this relatively stable data point, and would go so far as to postulate that the 7% seen in the State's CY 2021 data may be more of an outlier that will regress to the mean over time. While it's great to see a decrease from HDIS CY 2020 numbers, we wouldn't expect to continue seeing reductions as there is some level of margin/tolerance in any system. DHCS is setting its performance measures for HHIP at no more than 15% returns to homelessness for their population of formerly homeless managed care members who exit to housing, and between this threshold and those set locally in response to tracking this data with HUD over a longer period of time, we have no reason to believe it would be possible to further suppress returns below 7%. As a community, we have dedicated a lot of funding to ensuring that most people exiting to homeless housing through our system have ongoing tenancy sustaining/housing stability services for as long as needed, and we attribute bringing those services to scale through Medi-Cal funding as part of CalAIM, as a key strategy to stay at or below 10% locally with returns to homelessness. However, continued authorizations of these services to cover a long period of time once housed is at the discretion of the Managed Care Plans, and it's not yet clear how the policies they may set around future approval of these services could impact whether some people in housing lose those supports and consequently lose their housing as well. We are continuing to advocate locally for long-term coverage through CalAIM, as well as at the State level to make tenancy sustaining services a covered Medi-Cal benefit, which would promote housing retention for a large group of people.

<b>Baseline Data</b>	<b>Change in % of People</b>	<b>Change as % of Baseline</b>	<b>Target % of people who return to homelessness within 2 years after having exited homelessness to permanent housing</b>
7%	0%	0%	7%

**Decrease/Increase in # of People**  
Decrease

### Optional Comments

The Decrease/Increase fields above would not allow for a neutral/no change option which is what we're proposing when it comes to maintaining our returns to homelessness at no more than 7%.

## Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

Returns to homelessness for transition age youth (ages 18-24) is currently at 11%, much higher than the system average of 7%. Our goal is to decrease unaccompanied youth returns to homelessness, so they're more in line with the rate of returns to homelessness in the overall homeless system. Unaccompanied youth ages 18-24 comprise approximately 6.6% of our homeless system according to CY 2021 data. There should be adequate supports in place to ensure housing retention for this group in line with the rest of our homeless system, so that their returns look similar to the overall system (which we target to be at 10% or lower), if not stronger. This calls for reducing returns by 1% each year to get to 7% in 2025. We believe that decreasing returns to homelessness for transition age youth from 11% to 7% can be accomplished with continued partnership between our County, Continuum of Care, and Youth Action Board, and with the infusion of new YHDP funds deployed to activities called for in the Youth Coordinated Community Plan.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Reduce the percentage of transition age youth who return to homelessness after exiting homelessness to permanent housing from 11% to 7%.

## 6. Increasing successful placements from street outreach.

## 6. Increasing successful placements from street outreach.

**Goal Statement**

By the end of the performance period, HDIS data for the [Alameda CoC] will show [50] total people served in street outreach projects exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations annually, representing [6] [more] people and a [14%] [increase] from the baseline.

**Goal Narrative**

State HDIS data shows that successful placements from street outreach have increased by 214% since 2018 through 2021 (14 to 44 placements), with the biggest increase during that period realized between 2020 to 2021. We believe we can continue increasing this goal (as we projected in HHAP-3) as we expect expansion of outreach teams using HMIS in our CoC beginning FY 2022/2023. In addition, there are an increased number of street health outreach teams participating in housing problem solving and front door services as part of our Coordinated Entry, which will also positively impact this measure. Using HHIP funds from DHCS, we are also partnering with our managed care plans to support data collection and expansion of people served by street health outreach teams, which should support an increase in successful placements over the next few years. However, we're striving to ensure we keep this goal realistic, as successful placements depend on availability of both interim and permanent housing, and the system is therefore reliant on an increase in shelter options that can be accessible by street outreach, which will require new funding investments to realize (as discussed in Goal 1b). As street outreach is often the first encounter/touchpoint to the homeless response system, there are still many people encountered by outreach teams who are not yet ready to consent to data entry in HMIS which has also artificially limited the number of people receiving services through this access point.

Baseline Data	Change in # of People	Change as % of Baseline	Target Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
44	6	14%	50

**Decrease/Increase in # of People**

Increase

**Optional Comments**

## Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

There is insufficient population data from HDIS on those included in this measure from 2018 - 2021 (n=44) to draw meaningful conclusions about disproportionately impacted populations with such a small sample size. HDIS only provided data for a couple subpopulations but suppressed most because of the small

number of people reported in those categories. Where there was population data, it did not reveal noticeable inequities (e.g. Black or African Americans represent 54% of our homeless system and made up 61% of successful placements from outreach; people with significant mental illness represent 30% of our system and made up 50% of successful placements). However, as prioritized in our Home Together Plan, we have an intention to ensure that the population served by street outreach teams with successful exits aligns with BIPOC representation in the overall homeless system. In alignment with our Home Together 2026 Community Plan to center racial equity and reduce racial disparities, we will set goals to reach larger percentages of all BIPOC served by street outreach and exiting to successful placements, so that it aligns with BIPOC representation in the overall homeless system.

**Describe the trackable data goal(s) related to this Outcome Goal:**

To achieve equity in this measure for all BIPOC populations experiencing homelessness, by 2025 at least 3% of all successful placements from street outreach will be American Indian or Alaska Native; at least 3% Asian; at least 54% Black or African American; at least 2% Native Hawaiian or other Pacific Islander; and at least 7% multiple races.

**Table 5: Strategies to Achieve Outcome Goals**

**Strategy 1**

**Type of Strategy**

Increasing investments into, or otherwise scaling up, specific interventions or program types

**Description**

Prevent Homelessness: Focus resources for prevention on people most likely to lose their homes (Home Together Plan, Goal 1, Strategy 2)- Implement and expand shallow subsidies availability for people with fixed or limited income with housing insecurity to relieve rent burden and reduce the risk of becoming homeless.

Track progress on this goal area through system performance measures and corresponding measures of increased racial equity.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

Office of Homeless Care and Coordination (system connection); Alameda County Behavioral Health (Care First, Jails Last); Social Services Agency (workforce development)

**Measurable Targets**

Add 1,740 shallow subsidies for households in our homelessness response system.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.
- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy 2**

**Type of Strategy**



Increasing investments into, or otherwise scaling up, specific interventions or program types

**Description**

Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving (Home Together Plan, Goal 1, Strategy 3) by adding resources to flexible funding pools for Housing Problem Solving, a practice of helping people newly homeless or on the verge of homelessness to identify rapid solutions to their situation with light financial support.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

OHCC as Coordinated Entry Management Entity

**Measurable Targets**

Increase current flexible funding for Housing Problem Solving by 20% from CY 2022 contract amounts (an increase of \$100,000).

Increase the centralized Housing Assistance Fund by 20% from CY 2022 levels (an increase of \$200,000).

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.
- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy 3**

**Type of Strategy**

Strengthening the quality or performance of housing and/or services programs

**Description**

Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving (Home Together Plan, Goal 1, Strategy 3) by offering Housing Problem Solving training and funding to all CE access point providers and outreach staff throughout the system so that providers can quickly assist people when and where they seek help.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

OHCC as Coordinated Entry Management Entity

**Measurable Targets**

Facilitate at least one Housing Problem Solving training per year available to all CE providers.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.

- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 4

### Type of Strategy

Strengthening systemic efforts and processes, such as coordinated entry and assessment processes, landlord engagement efforts, housing navigation strategies, and other systemic improvements

### Description

Connect people to shelter and needed resources: expand access in key neighborhoods and continue improvements to Coordinated Entry (Home Together Plan, Goal 2, Strategy 1). Activities include expanding neighborhood-based access points to the system's housing and shelter resources in places where people are most likely to lose housing or are currently experiencing homelessness; and continue to track and evaluate the impact of updates to CES to ensure impacts are effective and support reductions in racial disparities.

### Timeframe

July 1, 2022 - June 30, 2025

### Entities with Lead Responsibilities

OHCC as CE Management Entity

### Measurable Targets

Launch 2 Coordinated Entry Access Points for survivors of IPV and Youth.

### Performance Measure(s) to Be Impacted (Check all that apply)

- 1. Reducing the number of persons experiencing homelessness.
- 6. Increasing successful placements from street outreach
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 5

### Type of Strategy

Increasing investments into, or otherwise scaling up, specific interventions or program types

### Description

Connect people to shelter and needed resources: Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable households and to reduce unsheltered homelessness (Home Together Plan, Goal 2, Strategy 4). New shelter will be primarily non-congregate and include access to support services; as new housing comes online, transition non-congregate shelters into permanent housing or remove these beds from the system as demand is reduced. Currently, Alameda County has two Homekey projects awarded that will become supportive housing but are currently used as interim housing to align with this strategy.

### Timeframe

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

OHCC, County Housing & Community Development, County Social Services Agency

**Measurable Targets**

Add 1625 temporary additional non-congregate shelter beds to serve vulnerable adults, and families with children.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 6. Increasing successful placements from street outreach
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy 6**

**Type of Strategy**

Expanding and strengthening cross-system partnerships and/or collaborative planning

**Description**

Increase Housing Solutions: add units and subsidies for supportive housing, including new models for frail/older adults (Home Together Plan, Goal 3, Strategy 1). Activities include expanding the supply of supportive housing subsidies and units through prioritization and matching strategies, and new development funding; and creating a new model of supportive housing for older/frail adults with more intensive health service needs.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

County Housing & Community Development, OHCC

**Measurable Targets**

Add 1,285+ new supportive housing subsidies to our homelessness response system.  
Add 520+ new (additional) supportive housing subsidies for older adults.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 4. Reducing the length of time persons remain homeless.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy 7**

**Type of Strategy**

Other equity-focused strategies

**Description**

Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by providing affordable housing without time

limits for approximately 30% of adult only households and 28% of family households in the homeless system (over a five-year period).

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

County HCD, OHCC

**Measurable Targets**

Add 3,320 dedicated affordable housing subsidies available to households in the homelessness response system.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 4. Reducing the length of time persons remain homeless.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy 8**

**Type of Strategy**

Building the capacity of homelessness response system to utilize resources, implement best practices, and/or achieve outcomes

**Description**

Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by adding capacity within the system to support new dedicated affordable units including staff for new local operating subsidy program, additional CE staffing and lighter and variable supportive services. Monitor race and ethnicity for those matched to dedicated affordable housing opportunities in the homeless system to ensure BIPOC populations are represented at or above their prevalence in the homeless system.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

HCD, OHCC

**Measurable Targets**

Launch a Local Operating Subsidy Pool operated by HCD with support from OHCC in 2023. Support 42 housing opportunities through Local Pool by 2025.

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 4. Reducing the length of time persons remain homeless.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 9

### Type of Strategy

Improving data quality, data systems, and/or data analyses to better inform decision-making

### Description

Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving HMIS coverage; and 2) improving data quality and regularly reviewing system and program outcomes data disaggregated by race.

### Timeframe

July 1, 2022 - June 30, 2025

### Entities with Lead Responsibilities

OHCC, County Housing & Community Development

### Measurable Targets

Increase HMIS licensed users by 5% (approx. 32 new users); increase HMIS participating agencies by 5% (approx. 4 new agencies) in 2023.

### Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 10

### Type of Strategy

Improving data quality, data systems, and/or data analyses to better inform decision-making

### Description

Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving the tracking of resources and inventory (e.g. development of a supportive housing pipeline tool) to support evaluation and reporting.

### Timeframe

July 1, 2022 - June 30, 2025

### Entities with Lead Responsibilities

OHCC

### Measurable Targets

Develop tracking tools and provide annual updates on the Home Together Community Plan beginning in FY 2022 - 2023.

### Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

*Click + **Add Strategy** above to add additional strategies as needed.*

## Part III. Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-4 Local Homelessness Action Plan & Application Template](#) into the form below.

### Question 1

**[50220.8(b)(3)(D)]** My jurisdiction (e.g., City, County, CoC) collaborated with other overlapping jurisdictions to develop the strategies and goals related to HHAP-4

**Q1**

Yes

### Question 2

**[50220.8(b)(3)(D)]** My jurisdiction (e.g., City, County, CoC) consulted with each of the following entities to determine how HHAP-4 funds would be used:

**Public agencies (governmental entities)**

Yes

**Private sector partners (philanthropy, local businesses, CBOs, etc.)**

No

**Service providers (direct service providers, outreach, shelter providers, etc.)**

Yes

**Local governing boards**

Yes

**People with lived experience**

Yes

**Other**

No

**a. Please describe your most notable coordination and collaborative processes with these entities.**

Most notably, the City of Oakland and Alameda County continue to strengthen their partnership, particularly as there have been changes in city staff at the leadership level this past year. To that end, we are meeting with new staff from both the Human Services Department and the City Administrator's Office on a weekly and biweekly basis, with several ad-hoc meetings to develop our HHAP-4 goals and approach. Our regular coordination meetings span a range of collaborative areas, including street outreach and encampment response, housing services, Roomkey/Homekey, Coordinated Entry, policy and planning including new initiatives such as CalAIM and HHIP, and housing development/capital projects. Agenda building is collaborative, and this time is held to ensure information sharing, alignment, and identification of next steps with overlapping projects. In regard to HHAP, youth specific conversations have also been held to ensure that use of funds is complementary, especially given that a majority of youth providers are based out of Oakland where we see the greatest percentage of the County's homeless population. Both jurisdictions share a commitment to coordinate the use of funds beyond just HHAP to integrate interim and

permanent housing resources through joint adoption of our coordinated community plan, Home Together 2026, which details out resources and funding needed at both County and city levels.

### Question 3

**[50220.8(b)(3)(B) and 50220.8(b)(3)(E)]** My jurisdiction (e.g., City, County, CoC) is partnering or plans to use any round of HHAP funding to increase partnership with:

**People with lived experience**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

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**Social services (CalFresh, Medi-cal, CalWORKs, SSI, VA Benefits, etc.)**

Yes

**Is this partnership formal or informal?**

Informal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Justice entities**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**



No

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**Workforce system**

Yes

**Is this partnership formal or informal?**

Informal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Services for older adults**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Services for people with disabilities**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

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**Child welfare system**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Education system**

Yes

**Is this partnership formal or informal?**

Informal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Local Homeless Coordinated Entry System**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

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**Other (please specify)**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

**Other response**

Managed Care Plans

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**a. Please describe your most notable partnership with these groups (e.g. MOUs, shared funding, data sharing agreements, service coordination, etc.)**

Data Sharing Agreements, contracts, MOUs, shared funding, and service coordination are all in place with both of our managed care plans regarding their members experiencing homelessness who are eligible for CalAIM housing services. This relationship was initially developed through Whole Person Care partnership, but has been strengthened significantly through CalAIM as it is becoming a key program in our homeless system. We are now working closely on HHIP investments to achieve system-level outcomes. As a result, our managed care plan partners now participate in our CoC committees, and we have several weekly and monthly coordination meetings focused on homelessness, including weekly operational meetings for Housing Community Supports; biweekly planning meetings for HHIP investments; monthly leadership meetings for overall CalAIM strategy; and CalAIM Stakeholder Committee meetings bimonthly to ensure alignment. HHIP has also created stronger data sharing processes as the managed care plans are reliant on county-level data coming from HMIS and our Social Health Information Exchange. MOUs already existed to share this information, but now the data being shared is increasing in scope to meet the performance requirements of HHIP. One additional example of notable partnership is with our local PHAs. Although not specifically called out in the table, the issuance of Emergency Housing Vouchers (EHV) called for partnership and MOUs with 4 housing authorities in our county to issue 875 vouchers. This effort called on use of our COVID-prioritization to refer residents exiting Project Roomkey, all handled by our Coordinated Entry matching and referral team; included targeted set-asides for special populations (TAY and the gender-based violence community); pairing services through County-provided housing navigation and tenancy sustaining services; and landlord liaison services to help support voucher uptake. These partnerships included data sharing to capture matching, referrals, application submissions, vouchers issued and leased up, all with an eye to ensuring race equity throughout the process.

## Question 4

**[50220.8(b)(3)(B) and 50220.8(b)(3)(E)]** My jurisdiction (e.g., City, County, CoC) is strengthening its partnership, strategies, and resources across:

### **Managed care plans and resources (such as the Housing and Homelessness Incentive Program [HHIP])**

Yes

Data Sharing Agreement Established

### **Physical and behavioral health care systems and resources**

Yes

Data Sharing Agreement Established

### **Public health system and resources**

Yes

Other (please explain)

### **Public health system and resources response**

Data Sharing being explored through use of our Social Health Information Exchange instead of 1:1 between each County department.

### **a. Please describe your most notable coordination, planning, and/or sharing of data/information that is occurring within these partnerships.**

While many counties that received Medi-Cal Whole Person Care Funds implemented a version of a Community Health Record (CHR), Alameda County's is one of the most comprehensive systems in the state. Our CHR has more than 600 active users representing 120 health and housing programs and includes records for more than 700,000 individuals. The Social Health Information Exchange (SHIE), the engine that powers the CHR, is unique in the state as it enables integration with other core systems, including the electronic health record, the county Homeless Management Information System (HMIS), the county jail information database, case management, and claims. Using the SHIE, we are able to identify and analyze disparate data among the County population at risk of or experiencing homelessness and use this information to develop and execute services and initiatives to ensure system-wide racial and gender equity. Some functions of this infrastructure we are able to benefit from include: 1) the ability to conduct comprehensive population analysis such as accessing homelessness information alongside healthcare utilization to identify and homeless consumers that need specialty care for outreach and care coordination; 2) the ability to perform patient matching from different sectors of data enabling us to analyze services and care needs to better respond to health disparities; 3) the ability to conduct system-level analysis of services and outcomes to identify successful interventions, and support organizations with capacity development to improve care; 4) the ability to immediately and effectively take action to mitigate risk to the homeless population during pandemic situations; and 5) the ability to identify consumer program eligibility and connect them to services. These functions have all become critical in launching partnership-driven programs between the County Health Care Service Agency and our Managed Care Plan partners for CalAIM and now HHIP, where the sharing of data and information about Health Plan members experiencing homelessness is required.

## Question 5

**[50220.8(b)(3)(F)]** Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:

**[50220.8(b)(3)(F)] Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:**

Disaggregating administrative data for use in decision making processes

Modifying procurement processes

Ensuring those with lived experience have a role in program design, strategy development, and oversight

Developing workgroups and hosting training related to advancing equity

**a. Please describe the most notable specific actions the jurisdiction will take regarding equity for racial/ethnic/gender groups.**

Addressing Racial Disparities: Our HMIS data shows racial disparities in both first-time homelessness and returns to homelessness, with African Americans and Native Americans experiencing homelessness at a rate four times higher than Alameda County's general population. Some of the efforts embedded in our service model that we will continue to implement to address these inequities include supporting evidence-based strategies, contracting with place-based CBOs that are representative of populations experiencing homelessness, incorporating peer specialists, multi-lingual and people with lived experience in service teams and prioritizing the delivery of services in neighborhoods with higher populations of Black and Native American residents. In addition, OHCC funds multiple efforts within our jurisdiction to uplift and enhance the representation of individuals with lived expertise in our CoC's governance structure, including the CoC board, committees and ad hoc working groups. These funds are used to recruit, train and support members with lived expertise to participate fully in CoC governance. The County's recently adopted governance charter calls for one-third of all CoC board seats be dedicated to people with lived expertise. A new program facilitated by our CoC support agency ('Emerging Leaders Program') supports cohorts of people with lived expertise with the needed training and mentorship to fill these seats ongoing and have access to information and decision-making, as well as technology to facilitate engagement.

Through our CoC's recent Youth Homelessness Demonstration Project grant, our Office of Homeless Care and Coordination along with other CoC partners are also collaborating closely with members of our Youth Advisor Board (YAB) that have lived experience of homelessness.

## Question 6

**[50220.8(b)(3)(G)]** My jurisdiction (e.g., City, County, CoC) has specific strategies to prevent exits to homelessness from **institutional settings** in partnership with the following mainstream systems:

**Physical and behavioral health care systems and managed care plan organizations**

Yes, formal partnering

Yes, leveraging funding

**Public health system**

Yes, informal partnering

**Criminal legal system and system for supporting re-entry from incarceration**

Yes, formal partnering

Yes, leveraging funding

**Child welfare system**

Yes, formal partnering

**Affordable housing funders and providers**

Yes, formal partnering

Yes, leveraging funding

**Income support programs**

Yes, formal partnering

**Education system**

Yes, informal partnering

**Workforce and employment systems**

Yes, informal partnering

**Other (please specify)**

No

**a. Please describe the most notable specific actions the jurisdiction will take to prevent exits to homelessness from institutional settings**

To provide people exiting from institutions with the care they needed during the pandemic, Alameda County launched an enhanced care housing program, leveraging funding from our Whole Person Care pilot to provide on-site clinical services at one of our Roomkey-to-Homekey hotels. Once the site was up and running, to ensure continuity of care, the County identified and began to use established benefit programs with sustainable funding streams to address the full spectrum of this population's care needs. The initiative implements a novel sustainable funding approach that integrates existing programs including the Medi-Cal Home and Community Based Alternatives (HCBA) waiver program, Medi-Cal Assisted Living Waiver (ALW) program, and hospice/palliative care services to create a comprehensive set of services that IHF can access in a stable housing environment.

The model of care at our enhanced care site provides integrated wrap-around medical and social services for people who are medically fragile and/or struggle with serious mental illness, building services around these residents and anticipating the inevitable disease progression rather than forcing high-needs individuals through fragmented systems of care that have historically failed to meet their needs. Services provided at current sites include personal care, home health nursing, case management, site-level care coordination and medical directorship that provides onsite care management for unstable and high-needs residents.

OHCC is seeking to expand this model through applying for additional HUD funding.

## Question 7

**[50220.8(b)(3)(H)]** Specific and quantifiable **systems improvements** that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

**(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.**

HCSA is recognized by the State of California as a leader in capacity building and workforce development for service providers. Examples of our innovative workforce development work include:

Alameda County Health Pipeline Partnership (ACHPP) is a consortium of pathway programs and organizations that aims to increase the diversity of the healthcare workforce by providing mentorship, academic enrichment, leadership development, and career exposure to disadvantaged and minority youth. HCSA has served as the facilitator of the consortium since 2007. Our County Safety-net hospital system and HCSA have been longstanding partners in this pipeline consortium. Members comprise fifteen different organizations that provide short-term and long-term opportunities to youth in middle school through college

and graduate students from underserved communities throughout Alameda County.

The Health Coach Program (HCP) - HCP was founded by HCSA in 2014 and is the first healthcare apprenticeship program to be certified by the State in the Northern California region. The purpose of the program is to employ residents with lived experience in healthcare positions that directly benefit populations with poor health outcomes. Since its inception HCP has trained 70 apprentices all of whom have matriculated to institutes of higher learning or acquired health-related positions that provide a living wage with CBO service providers throughout the county.

PEERS provides leadership development, empowerment, job training, and support for people with mental health and/or substance use recovery experience who are interested in joining the behavioral health field as Peer Support Specialists within Alameda County.

Building on this experience, HCSA has recently been awarded a California Health Care Foundation Community Health Worker and Promotor (CHW/P) Workforce Capacity-Building Collaborative Project grant. Under this opportunity, HCSA will convene a diverse cadre of stakeholders with the objective of creating a plan to:

- Enhance the capacity of health and social service systems to provide linguistically and culturally responsive services, thereby improving health outcomes in the region.
- Scale the CHW/P workforce in the County with an emphasis on leveraging new state and federal CHW/P opportunities, including Medi-Cal CHW benefit, CalAIM, and other state and local initiatives.
- Develop financially sustainable, evidence-based models that strengthen the integration of the CHW/P workforce into the County's health and social service safety net.
- Connect CHW/Ps to high-quality jobs with transferable skills, pathways for professional growth, and wages that support them in thriving.

In regard to equitable contracting, HCSA has begun revamping our procurement processes and how we think of contracting, standing up a new Community Coalitions model in a way that encourages partnerships among smaller, grassroots organizations with deep ties to specific communities and other, larger community-based organizations (CBOs).

HCSA laid the groundwork for new community roles by creating an Outreach and Health Education Network through contracts with 19 CBOs over the first two years of the pandemic. Each contract was administered and monitored separately, and a learning community supported sharing of resources and strategies across partner organizations. Based on community listening sessions, HCSA staff redesigned the next procurement for this work to allow for greater community participation and voice. Starting with a \$12.2M investment in Community Resilience (CR) Coalitions reaching towards vaccine equity and community resilience and recovery after the pandemic's losses, Alameda County's model emphasizes investment and trust in the lived experiences of community members and the grassroots wisdom of community-based organizations over traditional procurement and contracting. CR Coalitions are beginning their work by ensuring equitable access to vaccine and will continue with other activities designed to address the social and structural determinants of health at individual, community, and population levels. Over time, Coalitions can link populations to quality care and promote individual and community wellness through health education, linkages to needed resources like financial assistance, and meaningful community engagement.

**(II) Strengthening the data quality of the recipient's Homeless Management Information System.**

Beginning in 2020, all participating agencies are required to identify an "Agency Liaison" for HMIS. The Agency Liaison is responsible for working with the HMIS Lead to identify and correct data quality issues. The Agency Liaisons also attend monthly meetings to review data quality and performance.

Alameda County convenes monthly meetings of Agency Liaisons, provides ongoing trainings to support

agencies to improve and maintain data quality, and runs systemwide reports for review by HMIS Oversight, CoC, and other CoC Committees as requested. The County also presents data quality reports to the CoC's HMIS Oversight Committee on a quarterly basis, and to the CoC Board on a semi-annual basis.

The CoC includes the Alameda County data quality standards as part of the evaluation and scoring criteria for the annual HUD CoC Local Competition for funding. The CoC also collaborates with funders to include data quality standards in program contracts and monitoring, as well as performance incentives and reporting requirements for funding. Our community has also been engaged with HUD Technical Assistance providers (ICF) regarding HMIS data quality over the past few years for support in building out and implementing our Data Quality Plan.

### **(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.**

Homelessness is a countywide problem with an unequal distribution across our 14 cities and unincorporated areas. In response, resources and new investments continue to be deployed across five regions to reflect need and proportion of unhoused residents across the County: North (Berkeley, Emeryville, Albany), Oakland (Oakland and Piedmont), Mid (Alameda, Hayward, San Leandro, Unincorporated Areas), South (Fremont, Newark, Union City), and East (Dublin, Pleasanton, Livermore).

As new funding becomes available, and following the County's previous approach, the 2022 PIT Count will be used to determine regional allocations, and the County, local cities, and the Continuum of Care will collaboratively plan and review programming and projects in each region. Cities can also apply to an Innovation and Acceleration Fund for special investments in capacity-building or acceleration of new projects. The regional approach fosters alignment with methods previously used to administer State funds, including Homeless Emergency Assistance Program (HEAP) and Housing and Homelessness Assistance Program (HHAP). Layered with our community's System Modeling, regional coordination prioritizes localized interventions within the context of a countywide system. Further, Alameda County is a participant in the Bay Area's Regional Action Plan which provides a practical framework, adopted across our 9 counties, with the goal of reducing homelessness by 75% through aligning future federal and state investments.

In addition, the County continues to pool available resources from across County departments that receive funding dedicated toward homelessness, to see critical projects over the finish line. For example, this includes aligning CalAIM Medi-Cal revenue to support the provision of services at new supportive housing sites, including Homekey units; using HHIP funding in partnership with our Managed Care Plans to invest in new housing development by establishing a local operating subsidy pool out of county HCD where HDAP, HHIP, and other funding sources can be committed to competitively-bid housing projects in need of operating funds; and using MHSA to support capital development of housing projects with other local funds committed.

### **(IV) Improving homeless point-in-time counts.**

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

Planning has already begun to continue and build upon these improvements for the next PIT Count. In addition, our Managed Care Plan partners have committed to making one-time HHIP investments in PIT Count data collection and reporting for our 2024 Count.



**(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youth-specific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.**

\* System improvements include collecting client preferences related to what cities within the County they want to live in and what type of housing they are willing to accept (i.e. shared, SRO, studio etc.). Using this data to match people to housing that aligns their self-stated preferences will more quickly connect people to permanent housing resources they want and create a more efficient system for matching by reducing the number of times people are matched and decline because the opportunity does not meet their needs or preferences. This is expected to launch at the end of Q1 of CY 23.

- Alameda County has a robust matching and referral team that ensures housing resources are effectively matched to people based on need using a dynamic housing queue with banded threshold scoring that maps to differing levels of need. For example, a PSH priority list is generated from the highest scores on the housing queue along with other threshold indicators such as chronic homelessness and disability. Other permanent housing resources such as RRH wouldn't require the same level of scoring for vulnerabilities/housing barriers given that its intended to serve a different population of people experiencing homelessness.

- Alameda County currently has one physical access point location that specifically serves transitional age youth that opened this year. This is expected to expand to 2 physical access points by the end of Q2 CY 23. There is also an increase in staff positions for Coordinated Entry specialists, including hiring peer specialists, in order to better serve the TAY population through housing problem solving services and Coordinated Entry assessments and referrals. TAY can access services through these access points regardless of where they live within the County and all services can be provided by phone or virtually depending on the preferences of the client.

- Alameda County's Coordinated Entry System looks at referrals to permanent housing resources disaggregated by race and ethnicity on a regular basis in order to quickly identify equity issues. To date, Alameda County has been serving Black/African American/African people at higher rates than the rates observed in the 2022 PIT Count.

- Alameda County is piloting connecting CalAIM Housing Navigation services to Access Points more directly in 2023. This includes an expansion of housing navigation slots and matching people more quickly and efficiently from the housing queue to a housing navigator connected to an access point in their region that serves the subpopulation that the individual is a part of. In most cases this will be the access point where they received housing problem solving services and a Coordinated Entry assessment. This is being done in order to shorten the amount of time people are waiting to get matched to navigation and to facilitate improved warm hand-offs, which we hope will ultimately lead to people securing housing more quickly.

- A third-party evaluator was hired to analyze the Coordinated Entry Assessment tool and found that there were not significant differences in scoring distribution between TAY without minor children when compared to other adults or between TAY with minor children and other adults with minor children.

- Alameda County will be working with organizations serving domestic violence, intimate partner violence, gender-based violence and trafficking survivors to create access points specifically to serve the unique needs of these households. Tracking will be done in a HMIS-comparable database; however, housing problem solving services will be a key component of their work, along with coordinated entry assessments that can be de-identified for the purposes of matching and referral to permanent housing resources matched through Coordinated Entry.

The Coordinated Entry System began collecting data on individuals' last permanent address (including if

they stayed with family or friends for 30 days or more before becoming literally homeless). This data will be analyzed alongside regional data (like Urban Institute data) in order to look at the effects of adding a scored question to the Coordinated Entry assessment to target households from areas most impacted by economic disparities and displacement, our hypothesis is that this may be another means to further advance racial equity in our Coordinated Entry System.

## Question 8

**\*Responses to these questions are for informational purposes only.**

What **information, guidance, technical assistance, training, and/or alignment of resources and programs** should Cal ICH and other State Agencies prioritize to support jurisdictions in progressing towards their Outcome Goals, Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness, and/or would otherwise help strengthen local partnerships, coordination, planning, and progress toward preventing and ending homelessness?

### **Information, Guidance, and Technical Assistance**

Technical assistance related to goal setting (generally)  
Trainings on topics of equity

### **Alignment of Resources and Programs**

In the space below, please describe what Cal ICH and other State Agencies should prioritize related to alignment of resources and programs, strengthening partnerships and collaborations, or any other ways that State can support communities' progress:

#### **Untitled**

There are too many related but different goal-setting and goal-obtaining processes in place that don't align well (and may differ still from local efforts already established and developed over years and with multiple stakeholders involved). For example, our community adopted a strategic plan to drastically reduce homelessness over a five-year period, which includes setting system performance goals to gauge progress and inform our efforts to achieve race equity. However, Cal ICH requires through HHAP-3 and HHAP-4 that we track progress against system performance measures they selected using baseline data that we are not able to substantiate through our own HMIS, and therefore will look much different than what we are tracking and reporting publicly as part of our coordinated community plan. HHIP through DHCS is using a set of system performance measures to look at progress for managed care plan members and is defining those measures differently than either effort described above. In addition, HUD requires reporting on system performance measures where progress is used to inform NOFO competitiveness but using a universe of data in HMIS that isn't reflected in the State's efforts. This makes planning, tracking, and communicating out to stakeholders tenuous to say the least.

# Part IV. Funding Plan Strategic Intent Narrative

## Question 1

### Eligible Use 1

**Eligible Use Category Intended to be Supported with HHAP-4**

1. Rapid rehousing

**Approximate % of TOTAL HHAP-4 ALLOCATION to be sed on this Eligible Use(%)**

19.40%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

0.00%

### **Activities to be Supported with HHAP-4**

Rental assistance dollars and housing deposits to secure units which is made available centrally across providers in our system, as well as funding to bridge subsidy gaps for people in RRH or RRH/bridge to PSH housing. Funds are also used to cover people rental assistance costs including housing deposits for people enrolled in our Housing Community Supports program through CalAIM but are not enrolled in managed care (and therefore not Medi-Cal billable).

### **How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Our Home Together 2026 Community Plan identifies (and quantifies) the need for flexible rental assistance resources for a variety of individuals and households that may not be able to fully take over the rent within established timeframes for rapid rehousing, and who won't likely be prioritized for an ongoing subsidy through our homeless response system. Using HHAP-4 resources to bridge these rental assistance and housing deposit gaps for this population is critical. Shallow subsidies and flexible financial assistance have also been identified as key strategies for achieving greater race equity in recognition that not everyone needs PSH to end their homelessness, and rental assistance/financial supports is key in addressing the economic factors that contribute to someone's homelessness.

### **How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

ESG-CV funds were used to support our Project Roomkey Housing Transitions program that provided housing exits to PRK guests through rapid rehousing and bridge housing rental assistance. However, as ESG-CV funds are both exhausted and expiring, there are some individuals who continue to require rental assistance support who have not been able to transition to a longer-term subsidy. HHAP-4 funds will be leveraged to fill those critical gaps as needed. Similarly, HHAP-4 funds are made available to complement the CalAIM Housing Community Supports program for people who are moving into housing and need rental assistance support but are not enrolled in managed care Medi-Cal.

### Eligible Use 2

**Eligible Use Category Intended to be Supported with HHAP-4**

3. Street outreach

**Approximate % of TOTAL HHAP-4 ALLOCATION to be sed on this Eligible Use(%)**

13.20%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

1.90%

**Activities to be Supported with HHAP-4**

HHAP-4 funds will continue to be used to support two key programs that serve as front doors to our system: 1- street health outreach teams covering 14 zones across the County (each zone serves approximately 500 unsheltered residents with a staffing ratio of approx. 1:140). Services include outreach and engagement, urgent medical triage, and housing services (including CE assessments, housing problem solving, and connection to available resources); and 2) outreach and coordination services through Coordinated Entry Access Points (formerly called Housing Resource Centers). There are currently 12 CE access points countywide, including one specific to TAY. All access points fund staff that provide light-touch outreach and coordination services for everyone in their assigned region, including outreach and engagement, housing problem solving and CE assessments, connection to other resources, and support locating people when a match to a resource becomes available.

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Investment in street outreach teams and Coordinated Entry access points is critical to ensuring a functioning homeless response system that can identify people experiencing homelessness, engage them in the system, triage immediate needs, and maintain contact while working to resolve their homelessness. These teams are essential to ensuring that there is broad access to all available housing resources across the system and to ensure an available touchpoint to the system for everyone experiencing homelessness.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

The programs supported by these HHAP Street Outreach funds serve as another example of how HHAP funds are being braided with other more stable funding sources to ensure everyone can be served. With Street Health Outreach, our Health Care for the Homeless's HRSA grant along with some MHSA comes together to provide a baseline of funding, but it is not sufficient to cover costs for teams operating in all 14 zones, so HHAP funds are leveraged to cover the remaining teams. With the outreach staff at Coordinated Entry Access Points, we have a HUD CoC CES grant that provides annual funding for approximately 25% of total access point expenses, with HHAP contributing specific funding for the outreach services. Previously, our Whole Person Care pilot funded outreach encounters as part of our Coordinated Entry system, but with the end of WPC, HHAP funds were installed to take over this funding.

**Eligible Use 3**

**Eligible Use Category Intended to be Supported with HHAP-4**

4. Services coordination

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

14.60%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

0.00%

**Activities to be Supported with HHAP-4**

As with prior rounds of HHAP, HHAP-4 funds continue to be built out to support the local match for CalAIM/Medi-Cal funded housing services for people who are not in managed care. Currently, we have approx. 2,000 people receiving housing navigation and tenancy sustaining services in our system, and have plans to scale up these services in 2023 to over 3,000 people/service slots. Service coordination provided includes navigating people to access available housing, including supporting document

readiness, interviews with landlords, identifying appropriate housing opportunities, etc. and tenancy sustaining services which focus on housing support plans to increase housing retention and ensure people are connected to their communities and other provision of services as needed to ensure housing stability.

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Approximately 26% of the population thus far is not billable to Medi-Cal because they are either ineligible, have lost connection, or are in Fee for Service which CalAIM doesn't cover. Alameda County set a local intention, aligned with our values, that everyone should have access and consideration for resources, regardless of their insurance status. As such, that means that we prioritize people for housing navigation and tenancy sustaining services based on our housing queue for Coordinated Entry. Those individuals receive service coordination to help them access and maintain housing, regardless of whether they are in managed care. As such, this requires ongoing identification of funds to support these critical funding gaps for services.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

Similar to the description for how this is a strategic use of funds, HHAP dollars are being leveraged with Medi-Cal to ensure funding coverage for everyone receiving services, and the use of HHAP funding in this area is critical for bringing CalAIM and HHIP programs to scale, while acknowledging that not everyone in our homeless system can maintain steady managed care Medi-Cal enrollment.

**Eligible Use 4**

**Eligible Use Category Intended to be Supported with HHAP-4**

5. Systems support

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

11.90%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

3.20%

**Activities to be Supported with HHAP-4**

System Support funds continue to be used across a variety of activities, including supportive housing pipeline coordination, CoC infrastructure including our Emerging Leaders Program (supporting people with lived expertise to participate in our CoC), CE data reporting, HMIS infrastructure expansion, and infrastructure support for building out our Youth system of care including direct support for the Youth Advisory Board (YAB).

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Our use of HHAP-4 funds on systems support activities is strategic as it is often the only funding source we have that can be used on infrastructure/capacity/and coordination activities (most of our other funding is restricted to various categories of direct service). As identified in our Home Together Plan, one of our four community goals is to 'strengthen coordination, communication and capacity' in order to effectively administer resources and ensure movement through the system to the identified housing pathways. This goal has been historically underfunded within homeless systems, so we continue to prioritize this use of HHAP to ensure adequate infrastructure to support housing people.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of**

**other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

As noted, there is not a lot of other funding available for this purpose, so a majority of these system needs have been built into HHAP for the time being. As with the majority of HHAP-funded activities, these funds are often braided with others (e.g. System Support funds for HMIS are paired with local general fund, and HUD CoC grant funding to expand system admin services with our HMIS vendor, build out HMIS trainings, and expand licensure). Because we don't see year over year increases in some of our stable funding such as general fund or HUD grants, the HHAP dollars are leveraged to continue expanding the system and fill in those funding gaps. We continue to apply for HUD CoC expansion grants to provide long-term funding for these efforts, in which case, if funds were awarded, then HHAP dollars could be repurposed to other areas of the system.

**Eligible Use 5**

**Eligible Use Category Intended to be Supported with HHAP-4**

7. Prevention and diversion

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

14.10%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

0.00%

**Activities to be Supported with HHAP-4**

As with the previous 3 rounds of HHAP, a significant portion of funds are invested in prevention and diversion activities at the front door of the homeless system, including our Coordinated Entry Access points and 2-1-1 Information and Referral. Each round of HHAP has provided complimentary funding for 1 year of access point contracts to provide prevention/diversion activities including housing problem solving, an activity provided to all residents seeking services prior to enrollment in Coordinated Entry, and paired with flexible financial assistance as needed.

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

One of the greatest needs of our system is being able to rapidly resolve someone's homelessness at the front door of the system, or prevent their homelessness through problem solving activities and the administration of one-time flexible financial assistance. Our goal is to build out this practice with more access points to the system so that we don't automatically assess and enroll people in Coordinated Entry where we know housing exits are limited and prioritized for those with the highest needs. If we can provide rapid resolution, then our crisis and housing queues won't be as long and our need for shelter will also decrease.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

As most other funding resources are tied to interim housing/permanent housing/supportive services, HHAP is one of the few sources that supports front-door activities that compliment the federal HUD funding for Coordinated Entry, allowing those funds to support foundational CE requirements, while HHAP allows for expansion of those services to build out the role of access points in our system.

**Eligible Use 6**

**Eligible Use Category Intended to be Supported with HHAP-4**

8. Interim sheltering (new and existing)

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**  
22.40%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**  
5.00%

**Activities to be Supported with HHAP-4**

Previously, we utilized operating subsidies to support interim housing projects in partnership with our 14 city jurisdictions, providing funds in this category to each city based on their proportion of the homeless population using PIT Count data. With the addition of the Interim Sheltering Category in HHAP-3, we shifted the majority of this funding to this category to more adequately match the intended uses and provide flexibility in supporting the variety of interim housing projects in each region. Funds will continue to support many of the same projects supported in earlier rounds, including navigation centers, tiny homes, safe parking sites, and emergency shelter. We continue to meet with our city partners for planning and coordination. There is also a new TAY shelter slated for opening in Spring 2023 (operator: Covenant House) that will continue to receive HHAP youth funds to support this critical project.

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

As discussed in Table 4 Outcome Goals, our Home Together Plan calls for new funding to provide a temporary surge of shelter to address the unsheltered crisis in our community. We believe this surge could be temporary in that once the system has enough permanent housing to exit to, the need for shelter will decrease. Our Home Together Plan calls for an addition of 1,625 shelter units over the next two years to help address the current unsheltered population. While HHAP-4 funds will only sustain for a year the projects the interim housing that has been brought online the past few years through today, these funds are critical to maintain that inventory and allow for expansion in cities that are proposing new projects.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

Other funding will need to be identified to pair with HHAP funds to support new interim housing projects that have come online, including some cities that are braiding HHAP with city general funds. As our federal HUD CoC package has shifted substantially over the years away from funding shelter and transitional housing (in favor of bringing on more PSH and RRH), ongoing stable funding for interim housing is one of our system's biggest gaps. The County's Social Services Agency provides a bed night rate to longstanding shelter programs using County General Fund, and we continue to partner with them in the hopes of expanding the County's local funds to support additional beds and higher bed night rates to make shelter budgets whole.

**Table 7. Demonstrated Need**

**# of available shelter beds**  
3,229

**# of people experiencing unsheltered homelessness in the homeless point-in-time count**

7,135

**Shelter vacancy rate  
(%) in the summer  
months**  
52.00%

**Shelter vacancy rate  
(%) in the winter  
months**  
36.00%

**% of exits from  
emergency shelters to  
permanent housing  
solutions**  
36.00%

**Describe plan to connect residents to permanent housing.**

Shelter vacancy rates continue to be artificially high due to maintaining pre-COVID inventory levels in HMIS/HIC (per discussion with HUD) even though up to 50% of beds in existing congregate shelter sites have been offline since COVID decompression and temporary facility closures began in 2020 (many programs have not yet returned to their full capacity at pre-COVID levels). Inventory/total beds were not reduced in our HIC per community decision, so vacancy rates reflect all of the beds that remain unavailable in congregate settings. Since this may end up being a long-term situation, our CoC will revisit whether to remove those beds from HMIS in the future, so that occupancy rates don't appear artificially low compared to actual available inventory. Also impacting the vacancy rate is the fact that we still have some shelter programs where people coming in are not reflected through the Coordinated Entry crisis queue and aren't recorded in HMIS. We would like to see all shelters enrolled in HMIS and using CE, but there are still a few whose inventory is added manually to the HIC/HMIS bed inventory, but utilization isn't captured there. These are usually privately-funded/faith-based programs that in the absence of County funding don't have the same program requirements.

The goals for use of HHAP funds is to support more non-congregate shelter options that can offset beds no longer in use, as well as increase interim housing in general, beyond existing levels. Shelter residents are connected to our Coordinated Entry system- those interested in crisis resources are put in the crisis queue which is used to fill shelter and other interim housing beds, and those who screen as high priority are assessed further for matching to permanent housing. Most new interim housing programs coming online include flexible funding/exit resources in their program budgets to support housing exits for those who aren't prioritized for a housing subsidy through CE. The community's goal in bringing on more non-congregate shelter, as discussed in our Home Together 2026 Community Plan, is to invest in sites that can eventually be converted to permanent housing (the Roomkey to Homekey model) with an assumption that resources for unsheltered homelessness will eventually decrease over our 5 year plan as we increase exits to permanent housing. Our System Modeling plans for a one-time shelter surge (which, if funded, would add 1,625 shelter units temporarily to our system) to address the current large numbers of unsheltered people, while housing capacity is built up in parallel.

**Eligible Use 7**

**Eligible Use Category Intended to be Supported  
with HHAP-4**

10. Administrative (up to 7%)



**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**  
4.50%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**  
0.00%

**Activities to be Supported with HHAP-4**

Administrative/indirect expenses including contracting, finance, IT, and administrative staff costs for positions that support contracting with HHAP funds.

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Use of funds to cover administrative expenses is required to effectively administer any grant program and funding for any program of this size. We administer approximately 50 contracts each year that include HHAP funding. If we don't adequately support staff capacity and infrastructure to administer funds at this scale, then we risk not being able to utilize the funding within the given timeframes.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

Our use of admin/indirect funds has been fairly consistent across all revenue sources regardless of the origin, as required to administer the associated funding and provide program oversight and contract monitoring and evaluation as well as required grant reporting.

## Question 2

Please describe how the planned investments of HHAP-4 resources and implementation of the activities to be supported will:

**Help drive progress toward achievement of the Outcome Goals and Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness (as identified in Part II above):**

Planned investments of HHAP-4 funds include continued support in a few key areas of our homeless system, most notably Coordinated Entry access points, street health outreach teams, housing support services (housing navigation and tenancy sustaining services), and regional interim housing projects (these represent the majority of funding, although there are other critical activities supported by these funds). Each of these programs contributes significantly to overall system performance and outcome projections during the goal-setting process. Coordinated Entry access points and their associated prevention/diversion/outreach activities directly impact goals such as 1b and 6 (unsheltered homelessness and successful placements from outreach) since resources at the front door of the system can help connect people to shelter, and housing through problem solving and financial assistance, thereby impacting exits to housing (#3), and length of time in the system (#4). Continued support of access points is critical to ensuring flow through the system. Similarly, funding for our street health outreach teams impacts these same goal areas as another essential front door to the system (impacting unsheltered homelessness, successful placements, and housing exits). Our housing services/coordination programs have direct impact in two key goal areas: providing housing navigation supports consumers with housing exits to supportive housing prioritized for those with the most barriers to housing (although these aren't necessarily captured in the methodology for goal 3 since they stay enrolled in a PSH project) and supporting housing retention (and therefore preventing returns to homelessness) for those prioritized for PSH and receiving ongoing tenancy sustaining services. We currently provide housing navigation and tenancy sustaining services to approximately 2,000 people and hope to expand services to over 3,000 in 2023.

**Help address racial inequities and other inequities in the jurisdiction's homelessness response**

**system:**

Our Coordinated Entry system was redesigned the last few years to make key changes in response to system inequities with race, particularly Black or African American people experiencing homelessness (11% in the general population versus 54% in the County's homeless system). As mentioned above, HHAP is a key funding source for our CE access points as well as street health outreach teams. The design and expansion of all access points as well as street health outreach teams and the associated CE workflows/functions they provide are meant to address the overrepresentation of Black or African American people experiencing homelessness in our County by ensuring more neighborhood-based access points, adding and eliminating assessment questions based on how the assessment tool behaved in response to different racial groups, and adding more resources and 'up front' housing problem solving and flexible funding to specifically address economic barriers to homelessness that were identified by our BIPOC populations with lived expertise.

**Be aligned with health and behavioral health care strategies and resources, including resources of local Medi-Cal managed care plans:**

Our HHAP-4 funding plan aligns well with the homeless system investments that our Medi-Cal managed care plans have made through HHIP and CalAIM. For example, HHIP funds are being used to incentivize provider capacity building by funding gaps in provider costs to recruit, hire, train, and onboard staff who can then build up to a full caseload for CalAIM Housing Community Supports. The HHIP funds support capacity-building for CalAIM, while HHAP funds are leveraged to cover services for the portion of our homeless population that are not eligible or enrolled in managed care (currently at 26% in our community although efforts are underway to lower this number as more people become eligible for managed care). There are also some service coordination expenses incurred by providers for housing navigation and tenancy sustaining services that are not covered through CalAIM billing that are supported with HHAP funding (e.g. housing deposits, back rent, utility start-up, etc. totaling above \$5,000; furniture and household items needed for move-in). Similarly, we are working in close partnership with our managed care plans (MOUs that detail our work together under HHIP are currently being finalized) to develop a Medi-Cal billable model for some of the services provided by street health outreach teams, as they are not a covered part of CalAIM ECM or Community Supports. However, not all of their services can be transitioned to a billing structure, and HHAP-4 will fund those portions that cannot.

**Support increased exits to permanent housing among people experiencing homelessness:**

As previously mentioned, Alameda County has a large CalAIM Housing Community Supports program and chose to operate this program with local match funding as well to ensure everyone can be served based on CE priority, not based on who happens to be a managed care plan member. The HHAP funds that support additional housing navigation in our County directly impact the number of people that can access housing opportunities through our system. We have found that if people don't have an assigned navigator working with them, then even if a housing opportunity is made available, the majority of the time they are unable to access it on their own, due to the extensive documentation, paperwork, landlord interviews, etc. that are required to secure a unit. Ensuring services and coordination helps people move through the system much quicker than without that support. We have also seen that a lot of our interim housing programs have stronger exits to housing than for people who are living on the streets, reinforcing the use of HHAP-4 funds to support regional interim housing projects that can 'hold' people and work with them on housing exit plans with greater success. Furthermore, although it's been discussed throughout our application, the use of HHAP funds toward CE access points includes funding the housing problem solving, and flexible financial assistance provided at the front door to our system. We are hopeful that by providing more of this type of intervention, we can more quickly return people to housing who don't require more intensive system resources.

HHAP-4 funds also continue to support system resources for coordinating our supportive housing pipeline and working in close partnership with the City of Oakland specifically on their homeless housing pipeline. Coordination of these projects coming online as well as the site-based services provided by the County will continue to support housing exits and are a key component of our Home Together 2026 Community Plan

(to strengthen this type of collaboration and coordination through mutual tracking of data and outcomes related to housing development).

# Certification

I certify that all information included in this Application is true and accurate to the best of my knowledge.

Yes

Table 1. Landscape Analysis of Needs and Demographics		
	People Experiencing Homelessness	Source and Date Timeframe of Data
<b>Population and Living Situations</b>		
<b>TOTAL # OF PEOPLE EXPERIENCING HOMELESSNESS</b>	21511	APR County FY (CFY) 2021-2022
# of People Who are <b>Sheltered</b> (ES, TH, SH)	2612	2022 PIT Count
# of People Who are <b>Unsheltered</b>	7135	2022 PIT Count
<b>Household Composition</b>		
# of Households <b>without Children</b>	16067	APR CFY 2021-2022
# of Households with <b>At Least 1 Adult &amp; 1 Child</b>	1247	APR CFY 2021-2022
# of Households with <b>Only Children</b>	113	APR CFY 2021-2022
<b>Sub Populations and Other Characteristics</b>		
# of Adults Who are Experiencing <b>Chronic Homelessness</b>	6605	APR CFY 2021-2022
# of Adults Who are Experiencing <b>Significant Mental Illness</b>	8125	APR CFY 2021-2022
# of Adults Who are Experiencing <b>Substance Abuse</b> Disorders	4053	APR CFY 2021-2022
# of Adults Who are <b>Veterans</b>	1237	APR CFY 2021-2022
# of Adults with <b>HIV/AIDS</b>	453	APR CFY 2021-2022
# of Adults Who are <b>Survivors of Domestic Violence</b>	3107	APR CFY 2021-2022
# of <b>Unaccompanied Youth (under 25)</b>	101	APR CFY 2021-2022
# of <b>Parenting Youth (under 25)</b>	147	APR CFY 2021-2022
# of People Who are <b>Children of Parenting Youth</b>	184	APR CFY 2021-2022
<b>Gender Demographics</b>		
# of <b>Women/Girls</b>	9680	APR CFY 2021-2022
# of <b>Men/Boys</b>	11125	APR CFY 2021-2022
# of People Who are <b>Transgender</b>	85	APR CFY 2021-2022
# of People Who are <b>Gender Non-Conforming</b>	57	APR CFY 2021-2022
<b>Ethnicity and Race Demographics</b>		
# of People Who are <b>Hispanic/Latino</b>	3621	APR CFY 2021-2022
# of People Who are <b>Non-Hispanic/Non-Latino</b>	17087	APR CFY 2021-2022
# of People Who are <b>Black or African American</b>	11793	APR CFY 2021-2022
# of People Who are <b>Asian</b>	526	APR CFY 2021-2022
# of People Who are <b>American Indian or Alaska Native</b>	737	APR CFY 2021-2022
# of People Who are <b>Native Hawaiian or Other Pacific Islander</b>	336	APR CFY 2021-2022
# of People Who are <b>White</b>	5529	APR CFY 2021-2022
# of People Who are <b>Multiple Races</b>	1477	APR CFY 2021-2022

*\*If data is not available, please input N/A in the cell and explain why the data is not available below:*

Table 2. Landscape Analysis of People Being Served

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RRH)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH / ES)	Diversion Services and Assistance (DIV)	Homelessness Prevention Services & Assistance (HP)	Outreach and Engagement Services (O/R)	Other: Coordinated Entry	Source(s) and Timeframe of Data
<b>Household Composition</b>									
# of Households <b>without Children</b>	2078	1999	788	4271	3539	319	3770	5384	APR County FY (CFY) 2021-2022
# of Households with <b>At Least 1 Adult &amp; 1 Child</b>	231	377	81	255	364	4	20	504	APR CFY 2021-2022
# of Households with <b>Only Children</b>	2	1	2	84	1	0	18	2	APR CFY 2021-2022
<b>Sub-Populations and Other Characteristics</b>									
# of Adults Who are Experiencing <b>Chronic Homelessness</b>	1531	1071	364	1921	2331	10	2053	3533	APR CFY 2021-2022
# of Adults Who are Experiencing <b>Significant Mental Illness</b>	1774	870	398	1245	2197	43	1827	3354	APR CFY 2021-2022
# of Adults Who are Experiencing <b>Substance Abuse Disorders</b>	905	400	171	717	1237	10	1044	1910	APR CFY 2021-2022
# of Adults Who are <b>Veterans</b>	225	528	97	165	122	144	131	210	APR CFY 2021-2022
# of Adults with <b>HIV/AIDS</b>	166	50	19	56	112	0	60	174	APR CFY 2021-2022
# of Adults Who are <b>Survivors of Domestic Violence</b>	609	377	165	502	1175	26	535	1755	APR CFY 2021-2022
# of <b>Unaccompanied Youth (under 25)</b>	41	100	172	361	237	12	731	419	APR CFY 2021-2022
# of <b>Parenting Youth (under 25)</b>	0	35	35	0	59	0	1	77	APR CFY 2021-2022
# of People Who are <b>Children of Parenting Youth</b>	0	43	44	34	81	0	1	101	APR CFY 2021-2022
<b>Gender Demographics</b>									
# of <b>Women/Girls</b>	1418	1432	384	2056	2121	139	1558	3153	APR CFY 2021-2022
# of <b>Men/Boys</b>	1650	1878	629	3221	2407	195	2200	3627	APR CFY 2021-2022
# of People Who are <b>Transgender</b>	18	10	6	22	11	3	20	24	APR CFY 2021-2022
# of People Who are <b>Gender Non-Conforming</b>	2	5	12	16	14	2	14	28	APR CFY 2021-2022
<b>Ethnicity and Race Demographics</b>									
# of People Who are <b>Hispanic/Latino</b>	459	566	179	947	849	42	670	1200	APR CFY 2021-2022
# of People Who are <b>Non-Hispanic/Non-Latino</b>	2623	2752	837	4252	3558	293	3139	5437	APR CFY 2021-2022
# of People Who are <b>Black or African American</b>	1656	1897	639	2796	2389	236	2092	3753	APR CFY 2021-2022
# of People Who are <b>Asian</b>	79	69	23	152	108	8	81	162	APR CFY 2021-2022
# of People Who are <b>American Indian or Alaska Native</b>	90	90	42	202	138	16	166	218	APR CFY 2021-2022
# of People Who are <b>Native Hawaiian or Other Pacific Islander</b>	45	48	21	106	95	3	70	116	APR CFY 2021-2022
# of People Who are <b>White</b>	915	943	203	1450	1276	61	1130	1783	APR CFY 2021-2022
# of People Who are <b>Multiple Races</b>	298	264	85	331	292	10	247	457	APR CFY 2021-2022

*\*If data is not available, please input N/A in the cell and explain why the data is not available below:*

Table 3. Landscape Analysis of State, Federal and Local Funding

Funding Program <i>(choose from drop-down options)</i>	Fiscal Year <i>(see column header)</i>	Total Amount Invested into Homelessness Interventions	# of Vouchers <i>(if applicable)</i>	Funding Source*	Intervention Types Supported with Funding <i>(select all that apply)</i>	Brief Description of Programming and Services Provided	Populations Served <i>(please use the appropriate population)</i>
Bringing Families Home (BFH) - via CDSS	FY 2021-2022	\$ 887,778.00		State Agency	Rental Assistance/Rapid Rehousing	Funds awarded in FY 21/22 (\$2,663,334) to Alameda County's Social Services Agency through the children's welfare system. Funds estimated to be spent evenly over the 3-year grant term (through FY 23/24).	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, X Other (Families with Minor children)
	FY 2022-2023	\$ 887,778.00			Systems Support Activities		
	FY 2023-2024	\$ 887,778.00					
		\$ -					
CalAIM Community Supports (In Lieu of Services) - via DHCS	FY 2021-2022	\$ 11,255,660.00	n/a	State Agency	Permanent Supportive and Service-Enriched Housing	Primarily PSH - services, with some Housing Navigation. More than half is for tenancy sustaining services to support people more long-term with housing retention once housed. The projected increase in funds each year is to reflect growing capacity to serve more people over time.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, Other (please enter here)
	FY 2022-2023	\$ 11,255,660.00	n/a				
	FY 2023-2024	\$ 14,632,358.00	n/a				
	FY 2024-2025	\$ 19,022,065.00	n/a				
California COVID-19 Rent Relief Program - via HCD	FY 2021-2022	\$ 53,000,000.00		State Agency	Rental Assistance/Rapid Rehousing	Includes amounts allocated to the County, and cities of Fremont and Oakland. Not all funds supported individuals who were likely to become homeless if they lost their housing. These are 1x funds expected to be fully expended within the fiscal year.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, X Other (at risk of homelessness)
		\$ -			Administrative Activities		
		\$ -					
		\$ -					
CalWORKS Housing Support Program (HSP) - via CDSS	FY 2021-2022	\$ 9,129,463.00		State Agency	Rental Assistance/Rapid Rehousing	RRH and Supportive Services for families on CalWORKS - RRH rental assistance (60%) to RRH services (40%). Funds are projected based on renewable/base grant amounts.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, X Other (families with Minor children)
	FY 2022-2023	\$ 9,129,463.00			Systems Support Activities		
	FY 2023-2024	\$ 9,129,463.00			Administrative Activities		
	FY 2024-2025	\$ 9,129,463.00					
Community Care Expansion - via CDSS	FY 2022-2023	\$ 37,239,855.98		State Agency	Permanent Supportive and Service-Enriched Housing	Residential care options for seniors and adults with disabilities. Funds support acquisition, rehab, and construction of adult and senior care facilities, community based residential care facilities, including PSH and recuperative care sites, for a total of 5 projects with estimated project budgets/timelines. The largest projects are BACS (\$19.4M) and APC (\$15.5M) where it's anticipated funds will be used this FY for acquisition.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, X Other (Seniors, Adults w/ disabilities)
	FY 2023-2024	\$ 2,330,894.83			Systems Support Activities		
	FY 2024-2025	\$ 1,661,983.38					
		\$ -					
Community Development Block Grant (CDBG) - via HUD	FY 2021-2022	\$ 337,221.00		Federal Agency	Permanent Supportive and Service-Enriched Housing	Renewable CDBG funds currently used across several different interventions, including facility enhancements, to support people experiencing homelessness, people at risk, seniors, and people who are homeless with HIV/AIDS. Amounts estimated based on current annual allocation.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, X Other (seniors, homeless w/ HIV/AIDS, homeless, low-income)
	FY 2022-2023	\$ 337,221.00			Outreach and Engagement		
	FY 2023-2024	\$ 337,221.00			Systems Support Activities		
	FY 2024-2025	\$ 337,221.00			Interim Housing/ Congregate/ Non-Congregate Shelter		
Community Development Block Grant - CV (CDBG-CV) - via HUD	FY 2021-2022	\$ 10,000,000.00		Federal Agency	Permanent Supportive and Service-Enriched Housing	1x funds used to support both Homekey sites awarded to Alameda County (\$5M each) in FY 21/22 only.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: Unaccompanied Youth, Other (please enter here)
		\$ -					
		\$ -					
		\$ -					
Continuum of Care Program (CoC) - via HUD	FY 2021-2022	\$ 39,150,229.00		Federal Agency	Systems Support Activities	The HUD CoC grants focus primarily on PSH rental assistance (and accompanying services) for formerly homeless households already in housing, with some funding focused on RRH and TH, including some grants with specific subpopulations of focus.	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: X Unaccompanied Youth, X Other (gender-based violence)
	FY 2022-2023	\$ 40,087,543.00			Administrative Activities		
	FY 2023-2024	\$ 40,087,543.00			Permanent Supportive and Service-Enriched Housing		
	FY 2024-2025	\$ 40,087,543.00			Rental Assistance/Rapid Rehousing		
Emergency Housing Vouchers (EHVs) - via HUD	FY 2021-2022	\$ 61,714,285.00	875	Federal Agency	Permanent Supportive and Service-Enriched Housing	Rental assistance subsidies administered through partnering housing authorities for people experiencing homelessness. People exiting Project Roomkey hotels were prioritized for vouchers, along with set-aside subsidies for survivors of gender-based violence and youth. Funds represent estimated value of rental assistance vouchers at average unit/household size, although tenant contributions will vary. Decreasing value represents some attrition whereby voucher will turnover	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply) People Exp Chronic Homelessness: Veterans, Parenting Youth People Exp Severe Mental Illness: People Exp HIV/ AIDS, Children of Parenting Youth People Exp Substance Abuse Disorders: X Unaccompanied Youth, X Other (gender-based violence)
	FY 2022-2023	\$ 57,499,199.33	815				
	FY 2023-2024	\$ 54,727,737.93	776				
	FY 2024-2025	\$ 53,085,905.79	753				
	FY 2021-2022	\$ 11,498,000.00			Rental Assistance/Rapid Rehousing	The bulk of ESG-CV funds were used to support exits from Project Roomkey Safer Ground sites to permanent housing in the community in	<b>ALL PEOPLE EXPERIENCING HOMELESSNESS</b> TARGETED POPULATIONS (please "X" all that apply)

Emergency Solutions Grants - CV (ESG CV) - via HCD	FY 2022-2023	\$ 250,000.00	State Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	In most instances, ESG-CV funds bridge housing to PSH, and the emergency housing vouchers specifically. For those that cannot transition to BHV or other PSH opportunities, the ESG-CV funds will be backfilled with other sources to provide ongoing subsidies. State ESG-CV funds also funded Shelter Operations for Project Roomkey site expenses not reimbursable by other sources.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -		Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Emergency Solutions Grants - CV (ESG CV) - via HUD	FY 2021-2022	\$ 5,419,334.00	Federal Agency	Rental Assistance/Rapid Rehousing	The bulk of ESG-CV funds were used to support exits from Project Roomkey Safer Ground sites to permanent housing in the community. In most instances, ESG-CV funds bridge housing to PSH, and the emergency housing vouchers specifically. For those that cannot transition to BHV or other PSH opportunities, the ESG-CV funds will be backfilled with other sources to provide ongoing subsidies. State ESG-CV funds also funded Shelter Operations for Project Roomkey site expenses not reimbursable by other sources.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 350,000.00		Administrative Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -						People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Emergency Solutions Grants (ESG) - via HUD	FY 2021-2022	\$ 185,092.00	Federal Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	Federal ESG funds are used to support emergency shelter and provide rental assistance via RRH programs that are attached to shelter as potential exit strategies.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 185,092.00		Rental Assistance/Rapid Rehousing				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 185,092.00		Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 185,092.00						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (High risk of complications to COVID population, including seniors)
Emergency Solutions Grants (ESG) - via HCD	FY 2021-2022	\$ 365,315.00	State Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	State ESG funds are used to support emergency shelter and provide rental assistance via RRH programs that are attached to shelter as potential exit strategies.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 365,315.00		Rental Assistance/Rapid Rehousing				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 365,315.00		Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 365,315.00						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Encampment Resolution Funding - via Cal ICH	FY 2021-2022	\$ -	State Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	Round 1 funds awarded to City of Oakland to address the Wood Street encampment on Caltrans property. Funds are meant to support encampment services, operations, and development. The response model includes outreach services, building a new community cabin site (up to 100 beds), and navigation services to help people transition from the cabins (interim housing) to permanent housing in the community. Beds will be brought on in 2 cohorts of 50, spanning calendar year 2023.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 2,365,650.00		Outreach and Engagement				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 2,365,650.00						People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Family Homelessness Challenge Grants - via Cal ICH	FY 2022-2023	\$ 2,001,152.00	State Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	Grant awarded to City of Oakland. Will create 17 units of additional transitional housing for families. Amount was allocated in FY 21/22, but funds intend to be spent in FY 22/23 to the best of our knowledge.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
		\$ -						People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -						People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
		\$ -						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (Families with Minor Children)
FEMA Public Assistance Program Category B - via FEMA	FY 2021-2022	\$ 19,450,474.00	Federal Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	Estimate only based on 1x amount billed (and there are no plans to bill further). Funds are to reimburse activities during FY 21/22. No FEMA funds for Project Roomkey have been received to date, and there may be additional funds discounted. Expenses billed to FEMA include PRK hotel leases, nursing and caregiving costs, security, and transportation. Not included is shelter operator contracts, which are not FEMA reimbursable and have not been billed.	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
		\$ -		Systems Support Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -						People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
HOME Program - via HCD	FY 2021-2022	\$ 550,000.00	State Agency	Rental Assistance/Rapid Rehousing	HOME funds used for tenant-based rental assistance in FY 21/22. Future uses may change. Amounts estimated for future fiscal years based on current annual award amount. Not all funds will support individuals experiencing homelessness (includes at-risk populations, including low and very low income families).	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 550,000.00		Administrative Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 550,000.00						People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 550,000.00						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (at risk of homelessness; low and very low-income households)
HOME Program - via HUD	FY 2021-2022	\$ 3,303,811.00	Federal Agency	Rental Assistance/Rapid Rehousing	HOME Pgm award \$3,303,811; Approximately \$500,000 for TBRA; \$330,000 admin and the rest (\$2,473,811) rental housing development	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 3,303,811.00		Administrative Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 3,303,811.00		Permanent Supportive and Service-Enriched Housing				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 3,303,811.00						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (at risk of homelessness; low and very low-income households)
Home Safe - via CDSS	FY 2021-2022	\$ 598,511.83	State Agency	Systems Support Activities	Provides short-term supports, case management, and housing navigation assistance to prevent homelessness among APS+rental victims in cases of	x	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 1,496,279.58		Rental Assistance/Rapid Rehousing				People Exp Chronic Homelessness	Veterans	Parenting Youth



Attachment C

				State Agency				EXPERIENCING HOMELESSNESS	People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2023-2024	\$ 1,496,279.60		Diversion and Homelessness Prevention		among APS clients, victims in cases of fraud, abuse, or self-neglect, and at risk of housing insecurity. Administered by County Social Services Agency.			People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (APS clients including older adults)
		\$ -									
Homekey (via HCD)	FY 2021-2022	\$ 2,006,686.00		Permanent Supportive and Service-Enriched Housing		\$75,519,074 awarded to jurisdictions w/in AC. Of the County's award, \$2,496,000 used for operating subsidies; \$27,949,000 in capital awards used to purchase sites in FY 2020/2021. Utilizing Homekey R1, 2 to purchase hotels as well as scattered site residential homes to convert to perm. shared housing. Interim Housing is provided in the meantime, with a plan for those residents to stay as the site is converted to housing in the near future.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 417,771.00		Interim Housing/ Congregate/ Non-Congregate Shelter					People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -							People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
		\$ -							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Homeless Housing, Assistance and Prevention Program (HHAP) - via Cal ICH	FY 2021-2022	\$ 26,962,930.80		Administrative Activities	Outreach and Engagement	Funds revised to reflect first three rounds of funding allocated to County/CoC/City of Oakland (\$102.9M total). Funds per fiscal year reflect best estimates of spending (most county contracts supported by HHAP are not on a fiscal year). Due to the one-time nature and end of whole person care and HEAP, most of these funds have continued expanding critical countywide services. They've also been leveraged as part of planned CE access point expansion, with housing problem solving.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 37,614,155.81		Interim Housing/ Congregate/ Non-Congregate Shelter	Systems Support Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 33,897,024.60		Diversion and Homelessness Prevention					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 3,197,508.00		Permanent Supportive and Service-Enriched Housing					People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Housing and Disability Advocacy Program (HDAP) - via CDSS	FY 2021-2022	\$ -		Permanent Supportive and Service-Enriched Housing		HDAP funds include some renewable funds and some competitively awarded (1x). Funds support a flexible housing subsidy pool to secure long-term subsidies and placements for HDAP clients (therefore use of funds is loosely estimated based on housing projects supported); benefits advocacy, housing support and navigation for clients awaiting PSH.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 4,759,823.00		Interim Housing/ Congregate/ Non-Congregate Shelter					People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 8,938,404.00		Outreach and Engagement					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 3,723,290.00		Systems Support Activities					People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Housing and Homelessness Incentives Program - via DHCS	FY 2022-2023	\$ 775,000.00		Systems Support Activities	Outreach and Engagement	One-time investment funding from Alameda County's 2 MCPs to support homeless system strategies tied to achieving HHIP measures. Each MCP has a different timeline for paying out on deliverables, but expected revenue is budgeted for activities between the two fiscal years indicated.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2023-2024	\$ 15,555,000.00		Administrative Activities					People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -		Interim Housing/ Congregate/ Non-Congregate Shelter					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
		\$ -		Permanent Supportive and Service-Enriched Housing					People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Local General Fund	FY 2021-2022	\$ 27,800,000.00		Interim Housing/ Congregate/ Non-Congregate Shelter	Administrative Activities	All budgeted county funds must be spent during the fiscal year for which they are allocated. Therefore, all FY 21/22 funds represented here are for FY 21/22 activities only. Future allocations dependent on the Board of Supervisors will also be for activities/contracts in that fiscal year only. Emergency Shelters (\$7,172,995) + Transitional Housing & Support Services	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ -		Rental Assistance/Rapid Rehousing					People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ -		Outreach and Engagement					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
County of Alameda	FY 2024-2025	\$ -		Systems Support Activities					People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
No Place Like Home (NPLH) - via HCD	FY 2021-2022	\$ 16,333,387.75		Permanent Supportive and Service-Enriched Housing		Represents Rounds 3 and 4 of funding, which support 9 housing projects. Therefore use of funds is loosely estimated as individual project timelines and budgets are still being finalized. Funds will be issued as deferred payment loans to developers working in conjunction with counties to acquire, design, construct, rehabilitate, and preserve PSH.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 16,333,387.75							People Exp Chronic Homelessness	Veterans	Parenting Youth
	FY 2023-2024	\$ 16,333,387.75							People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
	FY 2024-2025	\$ 16,333,387.75							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Project Roomkey and Rehousing - via CDSS	FY 2021-2022	\$ 11,792,317.00		Interim Housing/ Congregate/ Non-Congregate Shelter		PRK funds used to support non-congregate shelter operations for our hotel sites throughout the pandemic, as well as services to help rehouse those hotel guests into permanent housing in the community. Specific set asides have also supported services for those PRK guests who are part of our TAY system as well as those impacted by gender-based violence.		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$ 200,000.00		Diversion and Homelessness Prevention					People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -		Rental Assistance/Rapid Rehousing					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Grant Round 2		\$ -		Systems Support Activities					People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (high vulnerability to COVID)
Providing Access and Transforming Health (PATH) Initiative - via DHCS	FY 2021-2022	\$ 273,692.00		Outreach and Engagement		PATH funds are budgeted for the year in which they are expended, and support chronically homeless adults, with SMI and high needs as defined by Alameda County's CoC. PATH dollars support costs associated with operating a housing navigation team for individuals with SMI that are chronically homeless and high need. The team focuses on high priority individuals with housing case management/housing navigation until		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
		\$ -		Systems Support Activities					X People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -							X People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
		\$ -							People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Local General Fund	FY 2021-2022	\$ 18,342,989.00		Systems Support Activities	Permanent Supportive and Service-Enriched Housing	Amount based off of prior fiscal year funding allocations from all 14 cities in Alameda County. Similar to County General Funds, City General Funds are typically allocated for the year in which they are to be expended and wouldn't expect to rollover.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
		\$ -		Administrative Activities	Diversion and Homelessness Prevention				People Exp Chronic Homelessness	Veterans	Parenting Youth
		\$ -		Interim Housing/ Congregate/ Non-Congregate Shelter	Outreach and Engagement				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
City General Funds		\$ -		Rental Assistance/Rapid Rehousing					People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Other (enter funding source under dotted line)	FY 2022-2023	\$ 6,700,000.00		Systems Support Activities		RRH/TH + Peer Navigation + CES Youth Access + HMIS. Amounts shown are based on when funds are planned to be expended for this two-year grant.		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2024-2025	\$ 3,350,000.00		Rental Assistance/Rapid Rehousing					People Exp Chronic Homelessness	Veterans	X Parenting Youth
		\$ -		Diversion and Homelessness Prevention					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth

Program	Fiscal Year	Amount	Agency	Activity	Description	Category	Substance Abuse Disorders	Chronic Homelessness	Severe Mental Illness	Unaccompanied Youth	Other (Transition Age Youth)
Youth Homelessness Demonstration Program		\$ -		Outreach and Engagement							
Other (enter funding source under dotted line)	FY 2021-2022	\$ 1,000,000.00	Local Agency	Rental Assistance/Rapid Rehousing	Augments CalWORKS HSP grant, for families in HSP living in Oakland, and is an annual budget subject to continued agreement and fund availability with OHA.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
Oakland Housing Authority		\$ -									
Other (enter funding source under dotted line)	FY 2021-2022	\$ 13,187,513.00	State Agency	Administrative Activities	OHCC, in partnership with Alameda County Behavioral Health, oversees MHSA-funded programs for people who are homeless + SMI, including shelter beds, permanent supportive housing rental subsidies and units, and outreach and navigation services. Funds shown are for annual fiscal year expenditures, and may be renewed subject to annual MOU renewal and fund availability.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
	FY 2022-2023	\$ 13,187,513.00									
	FY 2023-2024	\$ 13,187,513.00									
MHSA (Mental Health Services Act)	FY 2024-2025	\$ 13,187,513.00		Outreach and Engagement							
Other (enter funding source under dotted line)	FY 2021-2022	\$ 985,529.00	Federal Agency	Systems Support Activities	Funds support the Trust Health Center (an FQHC clinic for homeless and disabled, with focus on behavioral health needs; Housing Navigation services for MH population, St. Mary's Center). Funds shown are for annual fiscal year expenditures, and may be renewed subject to annual MOU renewal and fund availability.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
	FY 2022-2023	\$ 985,529.00									
	FY 2023-2024	\$ 985,529.00									
Mental Health Block Grant - SAMHSA	FY 2024-2025	\$ 985,529.00									
Other (enter funding source under dotted line)	FY 2021-2022	\$ 767,200.00	State Agency	Interim Housing/ Congregate/ Non-Congregate Shelter	One-time funds used to support enhanced staffing at Casa Maria, a 17 bed low-barrier non-congregate emergency shelter. Target population is individuals with SMI, often with co-occurring disorders and a history of chronic homelessness. Individuals at the site are supported to obtain long-term permanent housing.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
		\$ -									
		\$ -									
Mental Health Block Grant - ARPA		\$ -									
Other (enter funding source under dotted line)	FY 2021-2022	\$ 446,000.00	Federal Agency	Rental Assistance/Rapid Rehousing	Funds are awarded to City of Oakland and County has a contract to administer some portion as a provider. Oakland currently issuing RFP to select new providers for future rounds of funding. Annual (renewable) allocation shown intended to be spent each grant cycle.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
	FY 2022-2023	\$ 446,000.00									
	FY 2023-2024	\$ 446,000.00									
HOPWA	FY 2024-2025	\$ 446,000.00									
Other (enter funding source under dotted line)	FY 2021-2022	\$ 4,714,972.00	Federal Agency	Outreach and Engagement	HRSA grant funds the Health Care for the Homeless Program which provides shelter health, FQHC services for homeless and disabled consumers, street health outreach, and mobile health services.	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
	FY 2022-2023	\$ 4,714,972.00									
	FY 2023-2024	\$ 4,714,972.00									
Health Resources and Services Administration (HRSA)	FY 2024-2025	\$ 4,714,972.00		Interim Housing/ Congregate/ Non-Congregate Shelter							
Other (enter funding source under dotted line)	FY 2021-2022	\$ 810,896.50	State Agency	Systems Support Activities	Health Care for the Homeless Program revenue from MAA billing that is applied toward staff and administrative expenses related to running the HCH program and shelter health services in Alameda County. Additional revenue for direct clinical services, administrative activities and staffing for homeless services at Alameda Health System. Funds earned each year are budgeted and applied to current and next year's budgeted expenses (e.g. \$1,621,793 was earned in FY 21/22; breakdown between fiscal years is an estimate and will vary based on actual).	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)				
	FY 2022-2023	\$ 810,896.50									
	FY 2023-2024	\$ -									
HCH Medi-Cal and Other Program Revenue (MAA)	FY 2024-2025	\$ -									

\* NOTE: Private funder(s) option here could include philanthropy, resources from managed care plans organizations, corporate funders, or other private sources of funding

**Table 4. Outcome Goals**

**Outcome Goal #1a: Reducing the number of persons experiencing homelessness.**

**Goal Statement:**  
By the end of the performance period, HDIS data for the [Alameda County CoC] will show [16,000] total people accessing services who are experiencing homelessness annually, representing [6,154] [more] people and a [63%] [increase] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognita, and only update the fields in [brackets].*

**Goal Narrative:**  
HDIS baseline data shows the number of people served in our system to be much lower than local HMIS data, which shows 21,511 persons served in FY 21-22, our most recent annual measurement period. We are still trying to understand this significant discrepancy. One potential reason could be that Coordinated Entry data in HDIS appears quite low, and more CE entries should appear in future HDIS data pulls. Therefore, while 16,000 is an increase from HDIS baseline, it is a reduction from what we believe to be the true number of those currently served by our homeless response system. If we reference our HMIS data which reflects our local understanding of the severity of the problem (and also aligns with annual projections of people experiencing homelessness based on a one-morning snapshot provided by the 2022 PIT Count), then we are proposing to **decrease the number of persons experiencing homelessness from 21,511 (true baseline) to 16,000, a decrease of 5,511 persons or 26%**. This goal is also predicated on the notion that the discrepancies between HDIS and HMIS data will eventually resolve itself so that future HDIS data pulls are comparable to our local situation. While we aim to lower this number overall, the 16,000 also reflects that we hope to have everyone experiencing homelessness in our community accessing and receiving services from our homeless response system and included in HMIS. The balancing of reducing homelessness while ensuring greater coverage of who is known to our system is included in this goal. In HHAP-3 goal setting for 2024, we anticipated a similar reduction from over 19,000 people in our local HMIS baseline to 17,000, an 11% reduction using local numbers (although it appeared as an 87% increase from HDIS data that we couldn't substantiate). Similarly, our goal appears as an increase from HDIS data, but is set using our homeless system numbers that we're able to substantiate. Goals set for 2025 are more ambitious, proposing a 26% instead of 11% decrease in our local situation. This decrease is in the context of continually increasing PIT Count numbers, that saw an overall 73% increase in homelessness from 2017 to 2022. While there are new housing opportunities for people experiencing homelessness in the pipeline, a reduction in homelessness cannot be realized without significant prevention efforts to stop the inflow of people becoming homeless, which hovers at a rate of 2.5 to 3 for every one person exiting homelessness. Prevention strategies have been articulated in the Home Together Plan, but lack funding to implement.

Baseline Data: Annual estimate of number of people accessing services who are experiencing homelessness	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people accessing services who are experiencing homelessness
9,846	6154	63%	16,000

<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>	<b>Describe the trackable data goal(s) related to this Outcome Goal:</b> <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>
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Black and African American people experiencing homelessness represent the largest population of people in our homeless system. This population has consistently been over-represented compared to their representation in the general population. Current HDIS data shows 54% of those served by our homeless system are Black or African American, compared to approximately 11% of Alameda County residents. This percentage has gradually increased over time. It is imperative that we take steps to address the disproportionate impact, and increase people served (and housed) to reduce this over-representation so it aligns more closely with the general population. Baseline for CY 2021 shows 5,318 Black or African Americans served by our homeless system. Our goal is to serve 9,400 Black or African American persons in 2025, which would be a decrease of 6% relative to our 2024 goal, but would represent 59% of all persons served, which is commensurate with our HHAP-3 goal to serve this population at a rate that is greater than the general and homeless system population. We strive to increase this population served to reflect greater access to resources and housing exits.	People who are Black or African American as a % of total persons served by our homeless response system. Our target is to increase this percentage represented in homeless system programs and services to reach 59% of the total population served by 2025 (or 9,400 Black or African American individuals served), to ensure there is over-representation in services received and exits to housing.
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**Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis.**

**Goal Statement:**  
By the end of the performance period, data for the [Alameda County CoC] will show [6,300] total people experiencing unsheltered homelessness daily, representing [835] [fewer] people and a [12%] [reduction] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognita, only updating the fields in [brackets].*

**Goal Narrative:**

Since our 2017 PIT Count, our CoC has experienced an 85% increase in unsheltered homelessness (3,863 unsheltered in 2017; 6,312 in 2019; and 7,135 in 2022). However, if we remove the 2017 number of unsheltered and focus on the more recent counts from 2019 and 2022, then we see a 13% increase in the unsheltered population, which changes our 2025 projections to 8,232 people predicted to be unsheltered at that time. While the absolute numbers of unsheltered homeless continue to increase, and are projected to keep increasing in the 2024 PIT Count based on current trend lines, the % of unsheltered to sheltered has decreased from 79% unsheltered in 2019 to 73% in the 2022 PIT Count. We believe this number/percentage would likely be higher if it weren't for the many Roomkey units that were still available during the 2022 PIT. With the loss of Roomkey units and the current trajectory, we'd expect continued increases in the unsheltered population. However, our Home Together Plan calls for significant and temporary investment in shelter to help slow down this increase, and to provide temporary housing while more permanent housing makes its way through the pipeline. Without significant funding, however, we cannot realize our goal of adding 1,625 units of shelter to our inventory by 2023 as called for in the Plan (which would bring our total to 3,410 shelter units). Without ongoing funding, it is difficult to expand and sustain inventory, knowing that future operating and leasing costs do not have a funding source. Our biggest source of recurring funding is through HUD, and much of our HUD CoC package supports ongoing rental assistance for people already in permanent housing. However, our Home Together Plan calls for a number of activities that support efforts to increase the production of low-barrier shelter and interim housing, including lowering programmatic barriers to crisis services, ensuring that existing shelter inventory can be maximally utilized, and increasing medical and mental health respite by 300 beds and including resources for rehousing exits.

For these reasons, we anticipate being able to reverse this trend, and start to change direction in 2024 and beyond. **This includes adjusting our previous HHAP-3 goal from 8,100 unsheltered to a new goal of 7,000 by 2024, representing our first decrease in the next PIT Count.** Our goal(s) represents stabilization so that, while unsheltered homelessness is predicted to temporarily increase, the addition of new shelter and interim housing can slow down this trajectory and reverse direction by 2025 as more shelter and housing is brought online. Our 2025 goal to have no more than 6,300 people unsheltered represents a 12% decrease from baseline, and a 10% reduction from our HHAP-3 adjusted goal of 7,000. **We are proposing a significant reduction from the 2025 projection of 8,232 unsheltered to 6,300.** This also represents a 22% decrease from our original HHAP-3 goal of 8,100. We continue to partner with cities to use each round of HHAP funding to bring on more units of interim housing, although it can take a few years to see projects finalized and sustainability of these projects when one-time funding ends remains a top concern.

Baseline Data: Daily Estimate of # of people experiencing unsheltered homelessness	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Daily Estimate of # of people experiencing unsheltered homelessness
7,135	835	12.00%	6,300

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal: <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>
Our latest PIT Count (2022) shows that unaccompanied youth households (ages 18-24) that are unsheltered comprise 9.3% of our CoC's total unsheltered population, which is higher than the percentage this population represents within our total homeless system (8%). This overrepresentation of youth in unsheltered homelessness is also consistent with data from our prior 2019 PIT Count which shows youth represented as 9% of the unsheltered population. We have seen this number reduced in the past (between 2017 and 2019) and believe that with targeted interventions including expanded access to Coordinated Entry through youth access points (a focus of YHDP), as well as interim housing for youth, we can once again impact this number. We are proposing a 20% decrease relative to our 2024 goal, with strategies informed by our youth coordinated community plan developed under YHDP.	<b>Our goal is to bring the # of unaccompanied youth who are unsheltered down by 2.3% to 7% of the unsheltered population in 2025, or no more than 441 (of the 6,300 goal set for total unsheltered homelessness) unaccompanied youth experiencing unsheltered homelessness.</b> This decrease would be two full percentage points lower than the current percentage of the total homeless population that unaccompanied youth represent (9% or 666 unaccompanied youth).

**Outcome Goal #2. Reducing the number of persons who become newly homeless.****Goal Statement:**

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [6,000] total people become newly homeless each year, representing [1,372] [more] people and a [30%] [increase] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

**Goal Narrative:**

Our community doesn't currently anticipate an influx in prevention resources, and like many others, are challenged with how to build out an effective and resourced prevention arm connected to our homeless response system. We foresee that due to the lifting of eviction moratoria when the local health emergency ends, and the wind down of one-time COVID resource-funded rental assistance (e.g. Emergency Rental Assistance Program (ERAP), which received over 11,000 applications in the County, not including the large cities of Oakland and Fremont that received their own applications. Of the 8,556 households that were approved for funding through the County, about 2/3 of these households are below 30% AMI, increasing their risk for falling into homelessness once supports are lifted) we anticipate seeing future increases in first-time homelessness, although likely not immediately, as evictions and loss of housing are just one step in a chain of events that contribute to eventual homelessness. HDIS data shows first-time homelessness increased by 17% between 2020 and 2021 (3967 to 4628), surpassing our 2021 target of where we'd need to be to meet our HHAP-3 2024 goal (4475 in 2021). **At our current rate of increase, we would expect to see approx. 7,667 people become homeless for the first time in 2025.** Homeless system modeling and projections in our Home Together 2026 Plan also project an increase in first-time homelessness in 2022 and 2023, with eventual stabilizing in 2024 and slight decreases thereafter (contingent on our Plan being sufficiently resourced with new funding over a five-year period, resulting in an additional 24,000 new units and subsidies). For these reasons, we propose to slow this upward trajectory of the rate of first-time homelessness. **This goal would result in 6,000 people becoming homeless for the first time in 2025 instead of 7,667, a decrease of 22%, and a stabilizing of our 2024 estimate.** We hope to achieve this through identification of new prevention funding, building on existing partnerships with other mainstream/institutional settings exiting people to the homeless system (e.g. criminal justice system, hospitals, etc.) and leveraging data from multiple systems to help identify those most likely to become homeless through key screening indicators.

Baseline Data: Annual Estimate of # of people who become newly homeless each year	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people who become newly homeless each year

4,628	1,372	30%	6,000
<b>Describe Your Related Goals for</b>			
<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>		<b>Describe the trackable data goal(s) related to this Outcome Goal:</b>	
		<i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>	
<p>The number of Black or African American people who became homeless for the first time in CY 2020 was 1,951 or 49% of the total number of people experiencing homelessness for the first time, well above the representation of Black or African American people in the general population (11%). The number of Black or African American people who became homeless for the first time in CY 2021 was 2,451 or 53%, an even greater disparity compared to the representation of Black or African American people in the general population. We are proposing to reduce first-time homelessness for Black or African American people through housing problem solving and flexible financial assistance resources targeted to achieve greater race equity. Instead of continued growth in this subpopulation, we are proposing to slow the growth rate so that no more than 2,750 of those becoming homeless for the first time in 2025 are Black or African American. This would be a redirection in 2025 from the currently projected 51% of first-time homeless or 3,920 people, who are Black or African American. <b>We are proposing a reduction from the projected 51% to no more than 46%, a decrease of 5% of the first-time homeless population.</b></p>		<p>The number of Black or African American people experiencing first-time homelessness will be no greater than 2,750, or 46% by 2025.</p>	

**Outcome Goal #3. Increasing the number of people exiting homelessness into permanent housing.**

**Goal Statement:**  
 By the end of the performance period, HDIS data for the [Alameda County CoC] will show [2,250] total people exiting homelessness into permanent housing annually, representing [240] [more] people and a [12%] [increase] from the baseline.

**Goal Narrative:**  
 We saw an 11% increase in housing exits between 2020 and 2021 (1,813 to 2,010 exits), due to new housing resources coming online. However, most of our future housing inventory will show up in HMIS as PSH enrollments with ongoing services (and therefore not system exits), meaning that people who are housed with these resources will be enrolled in PSH ongoing and will not impact this measure since they aren't considered an exit from the system. As we increase tenancy sustaining service slots through CalAIM, we anticipate that everyone housed through Coordinated Entry will be enrolled in these services ongoing (which is the goal) to support housing retention and homelessness prevention, but will continue to be active/enrolled in our system. For this reason, while we anticipate the number of overall housing exits to continue increasing, there is concern that much of this growth will not be captured by this measure. Although it is not entirely clear the population that is exiting to housing outside of the system without ongoing supports, since we don't have our arms around people once they have exited, our projection tool shows us that this type of housing exit continues to steadily increase. **We therefore project a 12% increase in system exits to housing from our 2021 baseline (an additional 240 exits), and a 15% increase from our 2024 projected goal of 1,950 system exits to housing.** Based on updated baseline data, we believe we can surpass our HHAP-3 2024 goal with further steady increases. While we are optimistic about bringing more housing online, the impact of increased housing exits will continue to be offset by the inflow into our system which averages at a rate of 2.5-3 people becoming homeless for every 1 person who exits. Without permanent funding to work on prevention, increasing total housing exits alone will not move our system to functional zero.

**Current projections in our Home Together Plan include 1,447 units of PSH coming online over the next two fiscal years (through June 2024),** but as noted, our projected goal does not include all the people who will move from homelessness to permanent housing due to our understanding of the limitations with the methodology for this measure. Our Home Together Plan also articulates that with significant additional funding and resources, we could increase exits from our system to more than 6,000 households annually by 2024. The Plan calls for the addition of over 24,000 new housing opportunities (both units and subsidies) by 2026, if funding can be identified. These projects to increase inventory would include expansions in rapid rehousing and supportive housing, as well as significant investments in newer program models for our community such as dedicated affordable housing and shallow subsidies that provides housing that allows people independence and autonomy with economic supports, a strategy recommended to be more effective in reducing racial disparities in our community.

We have seen success with focused smaller-scale programs that serve families in rapid rehousing (e.g. CalWORKS HSP), or OPRI (Oakland PATH Rehousing Initiative) that provides sponsor-based rental assistance and supportive services to people living on the street or in emergency shelters, and people exiting foster care or the criminal justice system. The OPRI partnership includes City of Oakland, the Oakland Housing Authority, Alameda County, and multiple non-profit agencies. Bringing programs like this to scale through increased subsidy and service slots would greatly impact our system.

In addition, there are a number of efforts over the past year that have launched to increase exits from our homeless response system to permanent housing: 1) funding housing navigation and housing stability services through CalAIM so that people can more easily access available housing and receive supports to stay housed; 2) procuring funds for operating subsidies that will add financial support to dedicated affordable units through a new local operating subsidy pool; and 3) local jurisdictions (cities) within the County are dedicating funding towards new supportive housing and rapid rehousing programs, are setting aside dedicated affordable units for homeless households, and have launched shallow subsidy programs.

Baseline Data: Annual Estimate of # of people exiting homelessness into permanent housing	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people exiting homelessness into permanent housing
2,010	240	12%	2,250

<b>Describe Your Related Goals for</b>			
<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>		<b>Describe the trackable data goal(s) related to this Outcome Goal:</b>	
		<i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>	

<p>With our 2020 baseline data, we did not see significant disparities in exits to housing when compared with representation in our overall homeless system, so in alignment with our Home Together 2026 Community Plan to center race equity and reduce racial disparities, and in the absence of any one single racial group more disproportionately impacted than others (according to State HDIS data), we set an intention to reach larger percentages of all BIPOC served by the system and exiting to permanent housing, so that exits to housing align with BIPOC representation in the overall homeless system. With the 2021 baseline data, we continue to see racial groups mostly represented in alignment with their overall representation in the homeless system. However, there are some areas for improvement, including American Indian or Alaska Natives who comprise 3.4% of our homeless population but only represent 2.7% of housing exits from our system. Other racial groups are within a one percentile difference between their representation in the homeless system and system exits to housing. Also, because we know that Black or African American people in particular are hugely overrepresented in the homeless system (54% compared to 11% of the general County population) we will continue to focus on access to housing problem solving and flexible financial assistance at the front door of our homeless system (access points/housing resource centers) so that there is greater access and opportunities for BIPOC populations to exit to housing without having to enter the homeless system and experience long waits for system resources.</p>	<p>To achieve equity in this measure for all BIPOC populations experiencing homelessness, by 2025 over 3% of housing exits will be American Indian or Alaska Native; and we will maintain or improve representation in successful exits for people who are Asian at 3%; Black or African American at 54%; 2% Native Hawaiian or other Pacific Islander; and 7% for people of multiple races.</p>
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**Outcome Goal #4. Reducing the length of time persons remain homeless.**

**Goal Statement:**  
 By the end of the performance period, HDIS data for the [Alameda County CoC] will show [152] days as the average length of time that persons are enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs annually, representing [16] [fewer] people and a [10%] [reduction] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

**Goal Narrative:**  
 The State's HDIS baseline data for this measure is significantly lower than what local HMIS data demonstrates (HMIS data shows that 229 days was the average length of time people remained homeless in Alameda County in CY 2021). Therefore, maintaining the average length of time that people in Alameda County remain homeless at 152 days (our CY 2020 baseline) between 2021 and 2025 is far below what local data shows, and as such is a significant decrease/reduction for this measure. The projection tool used to support goal setting for 2024 and 2025 shows that we're currently projected to reach 164 days as the average length of time someone remains homeless by 2025, only a modest reduction from current baseline. We believe we can take this goal further, but cannot see moving the needle beyond what we already established in HHAP-3 which is a maintenance of effort for this data point which we haven't been able to substantiate locally. For further comparison, our HMIS data for this system performance measure across Fiscal Year 2021-2022 shows 226 days as the average length of time, similar to what we pulled locally for CY 2021.  
 We know that housing in the pipeline doesn't come online all at once, and that so long as the inflow into homelessness continues at the current rate (which seems likely given all that happens upstream on someone's way to becoming homeless), there will not be enough housing to exit people from the system swiftly without a significant long-term investment in new housing. Given this constraint, there will continue to be issues with flow through the system. PIT Count data also shows a large number of our homeless population is impacted with health and mental health disabilities (49% report psychiatric or emotional conditions; 34% report chronic health conditions; and 33% report physical disabilities), which impacts the time people are waiting for appropriate resources, as we need more housing with enhanced services for older adults, and persons who are medically frail and/or with behavioral health impairments. New models in our system show great promise in providing these more intensive on-site services so that people can stay housed in the community, but require funding to be brought to scale. We also have very little turnover in PSH (which currently makes up the majority of our homeless housing) which is a strength of the system and speaks to our commitment to ensure ongoing services available to everyone for as long as needed, but also means that without new housing brought to scale, there is very little flow with existing inventory. We also see that lengths of stay in some types of interim housing have increased which can be a benefit, as the consumers in those programs are given the supports they need while housing plans are developed and implemented. With the continued move to reduce shelter barriers, people are willing to stay longer while working on their long-term housing plans.

Outcome Goals July 1, 2022 - June 30, 2025			
Baseline Data: Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs	Change in # of Days	Change as % of Baseline	Target Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs
168	-16	10%	152 days

**Describe Your Related Goals for**

<p><b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b></p>	<p><b>Describe the trackable data goal(s) related to this Outcome Goal:</b>  <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i></p>
<p>Updated HDIS baseline data shows the average length of time families with minor children remain homeless continues to be much higher than for households without children (236 days vs. 146 days). This number for families continues to increase based on past data. Our projected performance indicates that <b>if nothing changes, we are on pace to reach an average of 251 days that families with minor children stay homeless by year 2025.</b> While this data could be attributable to families spending more time in programs such as interim housing/transitional housing/etc., <b>our goal is to bring this number down to less than 200 days by 2025,</b> a 15% decrease in length of time from current baseline, and a 20% reduction from our projected performance in 2025 (251 days vs. 200 days) reversing the current trend of increases.</p>	<p>Reduce the average length of time that families with children remain homeless. Target goal is less than 200 days that families remain homeless by 2025. This is an 15% decrease from the 2021 HDIS baseline (236 days).</p>

**Outcome Goal #5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

**Goal Statement:**

By the end of the performance period, HDIS data for the [Alameda County CoC] will show [7%] of people return to homelessness within 2 years after having exited homelessness to permanent housing, representing [0] [fewer or more] people and a [0%] [reduction or increase] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognita, only updating the fields in [brackets].*

**Goal Narrative:**

This measure has remained relatively stable over the years (usually always at or under 10%, but not much variation from there) and would require a longer timeframe (beyond 2025) to achieve significant reductions. This goal represents a focus on increasing the number of people experiencing homelessness who exit to housing, while managing ongoing housing retention with some expected levels of attrition. We don't anticipate major levers impacting this relatively stable data point, and would go so far as to postulate that the 7% seen in the State's CY 2021 data may be more of an outlier that will regress to the mean over time. While it's great to see a decrease from HDIS CY 2020 numbers, we wouldn't expect to continue seeing reductions as there is some level of margin/tolerance in any system. DHCS is setting its performance measures for HHIP at no more than 15% returns to homelessness for their population of formerly homeless managed care members who exit to housing, and between this threshold and those set locally in response to tracking this data with HUD over a longer period of time, we have no reason to believe it would be possible to further suppress returns below 7%. As a community, we have dedicated a lot of funding to ensuring that most people exiting to homeless housing through our system have ongoing tenancy sustaining/housing stability services for as long as needed, and we attribute bringing those services to scale through Medi-Cal funding as part of CalAIM, as a key strategy to stay at or below 10% locally with returns to homelessness. However, continued authorizations of these services to cover a long period of time once housed is at the discretion of the Managed Care Plans, and it's not yet clear how the policies they may set around future approval of these services could impact whether some people in housing lose those supports and consequently lose their housing as well. We are continuing to advocate locally for long-term coverage through CalAIM, as well as at the State level to make tenancy sustaining services a covered Medi-Cal benefit, which would promote housing retention for a large group of people.

Baseline Data: % of people who return to homelessness within 2 years after having exited homelessness to permanent housing	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in % of People	Change as % of Baseline	Target % of people who return to homelessness within 2 years after having exited homelessness to permanent housing
7%	0%	0%	7%
Describe Your Related Goals for			
Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal: <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>		
Returns to homelessness for transition age youth (ages 18-24) is currently at 11%, much higher than the system average of 7%. Our goal is to decrease unaccompanied youth returns to homelessness, so they're more in line with the rate of returns to homelessness in the overall homeless system. Unaccompanied youth ages 18-24 comprise approximately 6.6% of our homeless system according to CY 2021 data. There should be adequate supports in place to ensure housing retention for this group in line with the rest of our homeless system, so that their returns look similar to the overall system (which we target to be at 10% or lower), if not stronger. This calls for reducing returns by 1% each year to get to 7% in 2025. We believe that decreasing returns to homelessness for transition age youth from 11% to 7% can be accomplished with continued partnership between our County, Continuum of Care, and Youth Action Board, and with the infusion of new YHDP funds deployed to activities called for in the Youth Coordinated Community Plan.	Reduce the percentage of transition age youth who return to homelessness after exiting homelessness to permanent housing from 11% to 7%.		

**Outcome Goal #6. Increasing successful placements from street outreach.****Goal Statement:**

By the end of the performance period, HDIS data for the [Alameda CoC] will show [50] total people served in street outreach projects exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations annually, representing [6] [more] people and a [14%] [increase] from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognita, only updating the fields in [brackets].*

**Goal Narrative:**

State HDIS data shows that successful placements from street outreach have increased by 214% since 2018 through 2021 (14 to 44 placements), with the biggest increase during that period realized between 2020 to 2021. We believe we can continue increasing this goal (as we projected in HHAP-3) as we expect expansion of outreach teams using HMIS in our CoC beginning FY 2022/2023. In addition, there are an increased number of street health outreach teams participating in housing problem solving and front door services as part of our Coordinated Entry, which will also positively impact this measure. Using HHIP funds from DHCS, we are also partnering with our managed care plans to support data collection and expansion of people served by street health outreach teams, which should support an increase in successful placements over the next few years. However, we're striving to ensure we keep this goal realistic, as successful placements depend on availability of both interim and permanent housing, and the system is therefore reliant on an increase in shelter options that can be accessible by street outreach, which will require new funding investments to realize (as discussed in Goal 1b). As street outreach is often the first encounter/touchpoint to the homeless response system, there are still many people encountered by outreach teams who are not yet ready to consent to data entry in HMIS which has also artificially limited the number of people receiving services through this access point.

Baseline Data: Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.
44	6	14%	50

Attachment D

<b>Describe Your Related Goals for</b>	
<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>	<b>Describe the trackable data goal(s) related to this Outcome Goal:</b> <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>
<p>There is insufficient population data from HDIS on those included in this measure from 2018 - 2021 (n=44) to draw meaningful conclusions about disproportionately impacted populations with such a small sample size. HDIS only provided data for a couple subpopulations but suppressed most because of the small number of people reported in those categories. Where there was population data, it did not reveal noticeable inequities (e.g. Black or African Americans represent 54% of our homeless system and made up 61% of successful placements from outreach; people with significant mental illness represent 30% of our system and made up 50% of successful placements). However, as prioritized in our Home Together Plan, we have an intention to ensure that the population served by street outreach teams with successful exits aligns with BIPOC representation in the overall homeless system. In alignment with our Home Together 2026 Community Plan to center racial equity and reduce racial disparities, we will set goals to reach larger percentages of all BIPOC served by street outreach and exiting to successful placements, so that it aligns with BIPOC representation in the overall homeless system.</p>	<p>To achieve equity in this measure for all BIPOC populations experiencing homelessness, by 2025 at least 3% of all successful placements from street outreach will be American Indian or Alaska Native; at least 3% Asian; at least 54% Black or African American; at least 2% Native Hawaiian or other Pacific Islander; and at least 7% multiple races.</p>



Table 5. Strategies to Achieve Outcome Goals

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p><b>1</b> <b>Increasing investments into, or otherwise scaling up, specific interventions or program types</b></p> <p><b>Description</b>  <b>Prevent Homelessness: Focus resources for prevention on people most likely to lose their homes</b> (Home Together Plan, Goal 1, Strategy 2)- Implement and expand shallow subsidies availability for people with fixed or limited income with housing insecurity to relieve rent burden and reduce the risk of becoming homeless.                      Track progress on this goal area through system performance measures and corresponding measures of increased racial equity.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      Office of Homeless Care and Coordination (system connection); Alameda County Behavioral Health (Care First, Jails Last); Social Services Agency (workforce development)</p> <p><b>Measurable Targets</b>                      Add 1,740 shallow subsidies for households in our homelessness response system.</p>	<p><input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input checked="" type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p> <p><input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p> <p><input checked="" type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</p> <p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> 7. focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>
<p><b>2</b> <b>Increasing investments into, or otherwise scaling up, specific interventions or program types</b></p> <p><b>Description</b>  <b>Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving</b> (Home Together Plan, Goal 1, Strategy 3) by adding resources to flexible funding pools for Housing Problem Solving, a practice of helping people newly homeless or on the verge of homelessness to identify rapid solutions to their situation with light financial support.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      OHCC as Coordinated Entry Management Entity</p> <p><b>Measurable Targets</b>                      Increase current flexible funding for Housing Problem Solving by 20% from CY 2022 contract amounts (an increase of \$100,000).                      Increase the centralized Housing Assistance Fund by 20% from CY 2022 levels (an increase of \$200,000).</p>	<p><input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input checked="" type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p> <p><input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p> <p><input checked="" type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</p> <p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> 7. focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>
<p><b>3</b> <b>Strengthening the quality or performance of housing and/or services programs</b></p> <p><b>Description</b>  <b>Prevent Homelessness for our residents: rapidly resolve episodes of homelessness through Housing Problem Solving</b> (Home Together Plan, Goal 1, Strategy 3) by offering Housing Problem Solving training and funding to all CE access point providers and outreach staff throughout the system so that providers can quickly assist people when and where they seek help.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      OHCC as Coordinated Entry Management Entity</p> <p><b>Measurable Targets</b>                      Facilitate at least one Housing Problem Solving training per year available to all CE providers.</p>	<p><input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input checked="" type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p> <p><input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p> <p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p> <p><input checked="" type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</p> <p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> 7. focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>4 <b>Strengthening systemic efforts and processes, such as coordinated entry and assessment processes, landlord engagement efforts, housing navigation strategies, and other systemic improvements</b></p> <p><b>Description</b>  <b>Connect people to shelter and needed resources; expand access in key neighborhoods and continue improvements to Coordinated Entry</b> (Home Together Plan, Goal 2, Strategy 1). Activities include expanding neighborhood-based access points to the system's housing and shelter resources in places where people are most likely to lose housing or are currently experiencing homelessness; and continue to track and evaluate the impact of updates to CES to ensure impacts are effective and support reductions in racial disparities.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      OHCC as CE Management Entity</p> <p><b>Measurable Targets</b>                      Launch 2 Coordinated Entry Access Points for survivors of IPV and Youth.</p>	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>5 <b>Increasing investments into, or otherwise scaling up, specific interventions or program types</b></p> <p><b>Description</b>  <b>Connect people to shelter and needed resources: Significantly increase the availability of shelter, especially non-congregate models, to serve vulnerable households and to reduce unsheltered homelessness</b> (Home Together Plan, Goal 2, Strategy 4). New shelter will be primarily non-congregate and include access to support services; as new housing comes online, transition non-congregate shelters into permanent housing or remove these beds from the system as demand is reduced. Currently, Alameda County has two Homekey projects awarded that will become supportive housing but are currently used as interim housing to align with this strategy.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      OHCC, County Housing &amp; Community Development, County Social Services Agency</p> <p><b>Measurable Targets</b>                      Add 1 625 temporary additional non-congregate shelter beds to serve vulnerable adults, and families with children.</p>	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>6 <b>Expanding and strengthening cross-system partnerships and/or collaborative planning</b></p> <p><b>Description</b>  <b>Increase Housing Solutions: add units and subsidies for supportive housing, including new models for frail/older adults</b> (Home Together Plan, Goal 3, Strategy 1). Activities include expanding the supply of supportive housing subsidies and units through prioritization and matching strategies, and new development funding; and creating a new model of supportive housing for older/frail adults with more intensive health service needs.</p> <p><b>Timeframe</b>                      July 1, 2022 - June 30, 2025</p> <p><b>Entities with Lead Responsibilities</b>                      County Housing &amp; Community Development, OHCC</p> <p><b>Measurable Targets</b></p>	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. <input type="checkbox"/> 6. Increasing successful placements from street outreach.

Add 1,285+ new supportive housing subsidies to our homelessness response system.  
Add 520+ new (additional) supportive housing subsidies for older adults.

- 6. Increasing successful placements from street outreach.
- focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>7 Other equity-focused strategies</b>	
<b>Description</b>	
Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by providing affordable housing without time limits for approximately 30% of adult only households and 28% of family households in the homeless system (over a five-year period).	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. <input type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
<b>Timeframe</b>	
July 1, 2022 - June 30, 2025	
<b>Entities with Lead Responsibilities</b>	
HCD, OHCC	
<b>Measurable Targets</b>	
Add 3,320 dedicated affordable housing subsidies available to households in the homelessness response system.	

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>8 Building the capacity of homelessness response system to utilize resources, implement best practices, and/or achieve outcomes</b>	
<b>Description</b>	
Increase housing solutions: Create dedicated affordable housing subsidies for people who do not need intensive services (Home Together Plan, Goal 3, Strategy 2) by adding capacity within the system to support new dedicated affordable units including staff for new local operating subsidy program, additional CE staffing and lighter and variable supportive services. Monitor race and ethnicity for those matched to dedicated affordable housing opportunities in the homeless system to ensure BIPOC populations are represented at or above their prevalence in the homeless system.	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless. <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing. <input type="checkbox"/> 6. Increasing successful placements from street outreach. <input checked="" type="checkbox"/> focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
<b>Timeframe</b>	
July 1, 2022 - June 30, 2025	
<b>Entities with Lead Responsibilities</b>	
HCD, OHCC	
<b>Measurable Targets</b>	
Launch a Local Operating Subsidy Pool operated by HCD with support from OHCC in 2023. Support 42 housing opportunities through Local Pool by 2025.	

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>9 Improving data quality, data systems, and/or data analyses to better inform decision-making</b>	
<b>Description</b>	
Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving HMIS coverage; and 2) improving data quality and regularly reviewing system and program outcomes data disaggregated by race.	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness. <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time. <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing. <input type="checkbox"/> 4. Reducing the length of time persons remain homeless.
<b>Timeframe</b>	
July 1, 2022 - June 30, 2025	
<b>Entities with Lead Responsibilities</b>	

<p>OHCC, County Housing &amp; Community Development</p>	<p><input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</p>
<p><b>Measurable Targets</b>                  Increase HMIS licensed users by 5% (approx. 32 new users); increase HMIS participating agencies by 5% (approx. 4 new agencies) in 2023.</p>	<p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p> <p><input checked="" type="checkbox"/> 7. focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>

Strategy	Performance Measure to Be Impacted (Check all that apply)
<p>10 <b>Improving data quality, data systems, and/or data analyses to better inform decision-making</b></p>	
<p><b>Description</b>                  Strengthen coordination, communication, and capacity: Use data to improve outcomes and track racial equity impacts (Home Together Plan, Goal 4, Strategy 1) by improving the tracking of resources and inventory (e.g. development of a supportive housing pipeline tool) to support evaluation and reporting.</p>	<p><input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.</p> <p><input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.</p>
<p><b>Timeframe</b></p>	<p><input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.</p>
<p>July 1, 2022 - June 30, 2025</p>	<p><input type="checkbox"/> 4. Reducing the length of time persons remain homeless.</p>
<p><b>Entities with Lead Responsibilities</b></p>	<p><input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.</p>
<p>OHCC</p>	<p><input type="checkbox"/> 6. Increasing successful placements from street outreach.</p>
<p><b>Measurable Targets</b>                  Develop tracking tools and provide annual updates on the Home Together Community Plan beginning in FY 2022 - 2023.</p>	<p><input checked="" type="checkbox"/> 7. focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.</p>

Table 6. Funding Plan on Strategic Intent

E g b e Use Category n ended to be supported w th HHAP 4	Approximate % o TOTAL HHAP 4 ALLOCAT ON to be used on h s e g b e Use (%)	App ox ma e % o TOTAL HHAP 4 ALLOCAT ON to be used under h s e g b e Use as par of the Youth Set As de? (%)	Act v l es to be Supported w th HHAP 4	How s th s a strateg c use of HHAP 4 resources that w address needs and gaps w th n the homelessness response system?	How were these dect ons to Invest HHAP 4 n omed by the p n n ed uses of other state, oca, and/or edera nd ng sources (as documented n the Landscape Ana y s n Par t)?
1. Rapid rehousing	19.4%	0%	Rental assistance dollars and housing deposits to secure units which is made available centrally across providers in our system, as well as funding to bridge subsidy gaps for people in RRH or RRH/bridge to PSH housing. Funds are also used to cover people rental assistance costs including housing deposits for people enrolled in our Housing Community Support program through CoAIM but are not enrolled in managed care (and therefore not Medi-Cal eligible).	Our Home Together 2026 Community Plan identifies (and quantifies) the need for flexible rental assistance resources for a variety of individuals and households that may not be able to fully take over the rent within established timelines for rapid rehousing, and who won't likely be prioritized for an ongoing subsidy through our homeless response system. Using HHAP-4 resources to bridge these rental assistance and housing deposit gaps for this population is critical. Shallow subsidies and flexible financial assistance have also been identified as key strategies for achieving greater race equity in recognition that not everyone needs PSH to end their homelessness, and rental assistance/financial support is key in addressing the economic factors that contribute to someone's homelessness.	ESG-CV funds were used to support our Project Roomkey Housing Transitions program that provided housing exits to FRK guests through rapid rehousing and bridge housing/rental assistance. However, as ESG-CV funds are both exhausted and expiring, there are some individuals who continue to require rental assistance support who have not been able to transition to a longer-term subsidy. HHAP-4 funds will be leveraged to fill those critical gaps as needed. Similarly, HHAP-4 funds are made available to complement the CoAIM Housing Community Support program for people who are moving into housing and need rental assistance support but are not enrolled in managed care Medi-Cal.
3. Street outreach	13.2%	1.9%	HHAP-4 funds will continue to be used to support two key programs that serve as front doors to our system: 1) street health outreach teams covering 14 zones across the County (each zone serves approximately 500 unsheltered residents with a staffing ratio of approx. 1:140). Services include outreach and engagement, urgent medical triage, and housing services (including CE assessments, housing problem solving, and connection to available resources); and 2) outreach and coordination services through Coordinated Entry Access Points (formerly called Housing Resource Centers). There are currently 12 CE access points countywide, including one specific to TAY. All access points fund staff that provide light-touch outreach and coordination services for everyone in their assigned region, including outreach and engagement, housing problem solving and CE assessments, connection to other resources, and support locating people when a match to a resource becomes available.	Investment in street outreach teams and Coordinated Entry access points is critical to ensuring a functioning homeless response system that can identify people experiencing homelessness, engage them in the system, triage immediate needs, and maintain contact while working to resolve their homelessness. These teams are essential to ensuring that their is broad access to all available housing resources across the system and to ensure an available touchpoint to the system for everyone experiencing homelessness.	The programs supported by these HHAP Street Outreach funds serve as another example of how HHAP funds are being broided with other more stable funding sources to ensure everyone can be served. With Street Health Outreach, our Health Care for the Homeless HESA grant along with some MISA comes together to provide a baseline of funding, but it is not sufficient to cover costs for teams operating in all 14 zones, so HHAP funds are leveraged to cover the remaining needs. With the outreach staff of Coordinated Entry Access Points, we have a HUD CoC CES grant that provides annual funding for approximately 25% of total access point expenses, with HHAP contributing specific funding for the outreach services. Previously, our Whole Person Care pilot funded outreach encounters as part of our Coordinated Entry system, but with the end of WPC, HHAP funds were instated to take over this funding.
4. Services coordination	14.6%	0%	As with prior rounds of HHAP, HHAP-4 funds continue to be built out to support the local match for CoAIM/Medi-Cal funded housing services for people who are not in managed care. Currently, we have approx. 2,000 people receiving housing navigation and tenancy sustaining services in our system, and have plans to scale up these services in 2023 to over 3,000 people/service slots. Service coordination provided includes navigating people to access available housing, including supporting document readiness, interviews with landlords, identifying appropriate housing opportunities, etc., and tenancy sustaining services which focus on housing support plans to increase housing retention and ensure people are connected to their communities and other provision of services as needed to ensure housing stability.	Approximately 26% of the population thus far is not billable to Medi-Cal because they are either ineligible, have lost connection, or are in fee for service which CoAIM doesn't cover. Alameda County set a local intention, aligned with our values, that everyone should have access and consideration for resources, regardless of their insurance status. As such, that means that we prioritize people for housing navigation and tenancy sustaining services based on our housing queue for Coordinated Entry. Those individuals receive service coordination to help them access and maintain housing, regardless of whether they are in managed care. As such, this requires ongoing identification of funds to support these critical funding gaps for services.	Similar to the description for how this is a strategic use of funds, HHAP dollars are being leveraged with Medi-Cal to ensure funding coverage for everyone receiving services, and the use of HHAP funding in this area is critical for local general fund, and HUD CoC grant funding to expand system admin services with our HIMS vendor, build out HIMS trainings, and expand licensure). Because we don't see year over year increases in some of our stable funding such as general fund or HUD grants, the HHAP dollars are leveraged to continue expanding the system and fill in those funding gaps. We continue to apply for HUD CoC expansion grants to provide long-term funding for these efforts, in which case, if funds were awarded, then HHAP dollars could be repurposed to other areas of the system.
5. Systems support	11.9%	3.2%	System Support funds continue to be used across a variety of activities, including supportive housing pipeline coordination, CoC infrastructure including our Emerging Leaders Program (supporting people with lived expertise to participate in our CoC), CE data reporting, HIMS infrastructure expansion, and infrastructure support for building out our Youth system of care including direct support for the Youth Advisory Board (YAB).	Our use of HHAP-4 funds on systems support activities is strategic as it is often the only funding source we have that can be used on infrastructure/capacity/and coordination activities (most of our other funding is restricted to various categories of direct service). As identified in our Home Together Plan, one of our four community goals is to strengthen coordination, communication and capacity in order to effectively administer resources and ensure movement through the system to the identified housing pathways. This goal has been historically underfunded within homeless systems so we continue to prioritize this use of HHAP to ensure adequate infrastructure to support housing people.	As noted, there is not a lot of other funding available for this purpose, so a majority of these system needs have been built into HHAP for the time being. As with the majority of HHAP-funded activities, these funds are often broided with others (e.g. System Support funds for HIMS are paired with local general fund, and HUD CoC grant funding to expand system admin services with our HIMS vendor, build out HIMS trainings, and expand licensure). Because we don't see year over year increases in some of our stable funding such as general fund or HUD grants, the HHAP dollars are leveraged to continue expanding the system and fill in those funding gaps. We continue to apply for HUD CoC expansion grants to provide long-term funding for these efforts, in which case, if funds were awarded, then HHAP dollars could be repurposed to other areas of the system.
7. Prevention and diversion	14.1%	0%	As with the previous 3 rounds of HHAP, a significant portion of funds are invested in prevention and diversion activities at the front door of the homeless system, including our Coordinated Entry Access points and 2-1-1 Information and Referral. Each round of HHAP has provided complementary funding for 1 year of access point contracts to provide prevention/diversion activities including housing problem solving, an activity provided to all residents seeking services prior to enrollment in Coordinated Entry, and paired with flexible financial assistance as needed.	One of the greatest needs of our system is being able to rapidly resolve someone's homelessness at the front door of the system, or prevent their homelessness through problem solving activities and the administration of one-time flexible financial assistance. Our goal is to build out this practice with more access points to the system so that we don't automatically assess and enroll people in Coordinated Entry where we know housing exits are limited and prioritized for those with the highest needs. If we can provide rapid resolution, then our crisis and housing queues won't be as long and our need for shelter will also decrease.	As most other funding resources are tied to interim housing/permanent housing/supportive services, HHAP is one of the few sources that supports front-door activities that complement the federal HUD funding for Coordinated Entry, allowing those funds to support foundational CE requirements, while HHAP allows for expansion of those services to build out the role of access points in our system.
8. Interim sheltering (new and existing)	22.4%	5%	Previously, we utilized operating subsidies to support interim housing projects in partnership with our 14 city jurisdictions, providing funds in this category to each city based on their proportion of the homeless population using PIT Court data. With the addition of the Interim Sheltering Category in HHAP-3, we shifted the majority of this funding to this category to more adequately match the intended uses and provide flexibility in supporting the variety of interim housing projects in each region. Funds will continue to support many of the same projects supported in earlier rounds, including navigation centers, tiny homes, safe parking sites, and emergency shelter. We continue to meet with our city partners for planning and coordination. There is also a new TAY shelter slated for opening in Spring 2023 (operator: Covenant House) that will continue to receive HHAP youth funds to support this critical project.	As discussed in Table 4 Outcome Goals, our Home Together Plan calls for new funding to provide a temporary surge of shelter to address the unsheltered crisis in our community. We believe this surge could be temporary in that once the system has enough permanent housing to exit to, the need for shelter will decrease. Our Home Together Plan calls for an addition of 1,625 shelter units over the next two years to help address the current unsheltered population. While HHAP-4 funds will only sustain for a year the projects the interim housing that has been brought online the past few years through today, these funds are critical to maintain that inventory and allow for expansion in cities that are proposing new projects.	Other funding will need to be identified to pair with HHAP funds to support new interim housing projects that have come online, including some cities that are broiding HHAP with city general funds. As our federal HUD CoC package has shifted substantially over the years away from funding shelter and transitional housing (in favor of bringing on more PSH and RRH), ongoing stable funding for interim housing is one of our system's biggest gaps. The County's Social Services Agency provides a bed night rate to long-standing shelter programs using County General Fund, and we continue to partner with them in the hopes of expanding the County's local funds to support additional beds and higher bed night rates to make shelter budgetwise.
10. Administrative (up to 7%)	4.5%	0%	Administrative/indirect expenses including contracting, finance, IT, and administrative staff costs for positions that support contracting with HHAP funds.	Use of funds to cover administrative expenses is required to effectively administer any grant program and funding for any program of this size. We administer approximately 50 contracts each year that involve HHAP funding, if we don't adequately support staff capacity and infrastructure to administer funds at this scale, then we risk not being able to utilize the funding within the given timeframes.	Our use of admin/indirect funds has been fairly consistent across all revenue sources regardless of the origin, as required to administer the associated funding and provide program oversight and contract monitoring and evaluation as well as required grant reporting.
Total:	100%	10%			

**Table 7. Demonstrated Need**

**Complete ONLY if you selected Interim Housing/Congregate/Non-Congregate Shelter as an activity on the Funding Plans tab.**

Demonstrated Need	
# of available shelter beds	3229
# of people experiencing unsheltered homelessness in the homeless point-in-time count	7135
Shelter vacancy rate (%) in the summer months	52%
Shelter vacancy rate (%) in the winter months	36%
% of exits from emergency shelters to permanent housing solutions	36%
<b>Describe plan to connect residents to permanent housing.</b>	
<p>Shelter vacancy rates continue to be artificially high due to maintaining pre-COVID inventory levels in HMIS/HIC (per discussion with HUD) even though up to 50% of beds in existing congregate shelter sites have been offline since COVID decompression and temporary facility closures began in 2020 (many programs have not yet returned to their full capacity at pre-COVID levels). Inventory/total beds were not reduced in our HIC per community decision, so vacancy rates reflect all of the beds that remain unavailable in congregate settings. Since this may end up being a long-term situation, our CoC will revisit whether to remove those beds from HMIS in the future, so that are occupancy rates don't appear artificially low compared to actual available inventory. Also impacting the vacancy rate is the fact that we still have some shelter programs where people coming in are not reflected through the Coordinated Entry crisis queue and aren't recorded in HMIS. We would like to see all shelters enrolled in HMIS and using CE, but there are still a few whose inventory is added manually to the HIC/HMIS bed inventory, but utilization isn't captured there. These are usually privately-funded/faith-based programs that in the absence of County funding don't have the same program requirements.</p> <p>The goals for use of HHAP funds is to support more non-congregate shelter options that can offset beds no longer in use, as well as increase interim housing in general, beyond existing levels. Shelter residents are connected to our Coordinated Entry system- those interested in crisis resources are put in the crisis queue which is used to fill shelter and other interim housing beds, and those who screen as high priority are assessed further for matching to permanent housing. Most new interim housing programs coming online include flexible funding/exit resources in their program budgets to support housing exits for those who aren't prioritized for a housing subsidy through CE. The community's goal in bringing on more non-congregate shelter, as discussed in our Home Together 2026 Community Plan, is to invest in sites that can eventually be converted to permanent housing (the Roomkey to Homekey model) with an assumption that resources for unsheltered homelessness will eventually decrease over our 5 year plan as we increase exits to permanent housing. Our System Modeling plans for a one-time shelter surge (which, if funded, would add 1,625 shelter units temporarily to our system) to address the current large numbers of unsheltered people, while housing capacity is built up in parallel.</p>	