

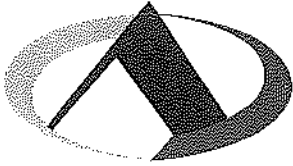
# CONSOLIDATED PLAN

**FY2010-2014**



**Alameda County HOME Consortium**  
**May 15, 2010**





ALAMEDA COUNTY COMMUNITY DEVELOPMENT AGENCY  
HOUSING AND COMMUNITY DEVELOPMENT DEPARTMENT

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May 14, 2010



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**SUBJECT: Alameda County HOME Consortium FY09 Action Plan**

Dear Ms. Cremer:

On behalf of the Alameda County HOME Consortium and in accordance with Title I of the National Affordable Housing Act, Alameda County Housing and Community Development Department (HCD) is submitting Alameda County HOME Consortium FY2010 – FY2014 Consolidated Plan and FY2010 Action Plan to the U.S. Department of Housing and Urban Development for review and approval.

Included in the submission are the HOME Consortium Consolidated Plan, Strategic Plan and Action Plan on the use of HOME Funds, and use of CDBG funds by each participating jurisdiction of the HOME Consortium. An original and three copies are enclosed, as requested.

Please contact me at (510) 670-5939 if you have any questions or require additional information with regard to the Consolidated Plan submission. We look forward to working with HUD over the next program year.

Sincerely,

Linda M. Gardner  
Housing Director

Enclosures

cc: Alameda County HOME Consortium members



**Alameda County HOME Consortium  
Consolidated Plan  
FY 2010 - 2014**

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## **Part II. Homelessness in Alameda County**

### **Introduction**

Homelessness is one of the most difficult problems facing the HOME Consortium jurisdictions. For many adults and children homelessness is a frightening and isolating experience. Homelessness typically occurs because housing is not affordable and/or there is insufficient income to weather a personal crisis such as loss of employment or a family illness and continue to pay for housing. Mental disabilities, domestic violence, and alcohol or drug addiction and other problems are contributing factors. Homeless people live in cars, parks, abandoned buildings, on the streets, in emergency shelters, doubled up with friends and family members, and in transitional housing.

HUD's definition of homelessness is an individual who lacks a fixed, regular, and adequate nighttime residence; or an individual who has a primary nighttime residence that is: 1) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); 2) an institution that provides a temporary residence for individuals intended to be institutionalized; or 3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

The 2009 Alameda County Homeless Count identified three distinct homeless populations: 1) literally homeless – people who are residing on the streets, places not meant for human habitation, in shelter or in transitional housing program (4,341 people); 2) chronically homeless – unaccompanied, disabled people who have been homeless for extended periods of time (1,026 people); and 3) hidden homeless – people who are living temporarily with a friend or relative, in a motel, or facing eviction within seven days (3,042 people).

The National Coalition for the Homeless reports (2007) 842,000 people are homeless on any given night nationally. About half of the individuals who experience homelessness over the course of a year live in family units; about 38% of these are children. The other 50% of people who are homeless on any given night are single adults. Most enter and exit the system fairly quickly (80%). Nine percent use the system approximately five times a year for up to two months. The remainder, (10%) essentially live in the homeless assistance system, or in a combination of shelters, hospitals, the streets, and jails and prisons. There is also runaway and throwaway youth homeless population. This population is of indeterminate size. A significant portion of these youth are gay and lesbian teens that have been kicked out of their homes by parents when the youth's sexual orientation was discovered.

A family of four is considered extremely low income (30% of area median income adjusted for household size), with an annual income of \$26,790 (Feb. 2009) in Alameda County. The National Low Income Housing Coalition found that it would take \$21.02 per hour at 40 hours per week (\$43,720 annually) to afford the median fair market rent for a one bedroom unit.

Present California minimum wage is \$8.00 per hour. The California Employment Development Department estimates that seven out of ten occupations have mean wages below the County's housing wage for two-bedroom housing (\$21.02/hour). The housing wage is the hourly wage rate

needed to afford a fair market rent unit using 30% of total monthly income. The majority of new jobs projected between 2006 and 2016 will pay \$18,168 (Combined Food Preparation and Serving workers – including fast food) to \$93,646 (Nurses) annually. The majority of these positions have no or very limited benefits and opportunity for advancement or training.

The lack of affordable housing is the other major component of raising rates of homelessness. Some of the economic and social dynamics of the area that contribute to the causes of homelessness include: 1) low vacancy rates; 2) very high housing costs; 3) the many entry level jobs in the local economy have shifted from manufacturing to retail sales/services (see above); 4) high levels of unemployment and 5) residential foreclosures.

Affordable housing units are making a modest gain in Alameda County. Between 2001 and 2007, there were 4,960 affordable subsidized housing units gained in Alameda County; for a total of 23,655 affordable subsidized housing units.

The waiting list for the Housing Authority of Alameda County will be reopened this year (2010). It last opened in December 2001. Excessive waiting periods for public housing means that people live in housing that is more expensive than they can afford and may become homeless. This means more people must live on the streets or in their vehicles. In many cases, homeless people are more likely to live with relatives, friends or in other unsuitable types of housing than be on the street.

For the past two decades, Alameda County, cities in the county, non-profits, the faith-based community, businesses and concerned citizens have responded to the needs of homeless youth, families, and single adults. This response has included food, clothing, transportation, shelter, housing, employment related services and health related services. As the need for services continued to grow, the need to formalize the funding and operation of homeless service became a necessity. Over time, many valuable partnerships and organizational links have been created to meet the needs of the homeless individuals and families.

Responding to the need for comprehensive planning and coordination of services for the homeless, the 45-member Alameda County-wide Homeless Continuum of Care Council was formed in 1997. In 2004, a unique collaboration was formed among community stakeholders, cities and Alameda County government agencies representing three separate care systems — homeless services, HIV/AIDS services and mental health services — that share overlapping client populations. The collaboration arose from their recognition that stable housing is a critical cornerstone to the health and well-being of homeless and at-risk people, and our communities. Rather than continue on their separate paths toward housing solutions, the agencies creating these plans realized that they serve many people with similar needs — and in many cases, the same individuals — and came together to develop one plan with mutual goals and joint effort for implementation. The collective knowledge, funding and expertise of the collaborative, joined with extensive input and guidance from a wide variety of community-based organizations and service consumers, yielded the Alameda Countywide Homeless and Special Needs Housing Plan, now known as the EveryOne Home plan. The plan is a regional and multifaceted response to address the social and economic issues of homelessness and housing instability that affect communities throughout the county. In January 2008 EveryOne Home became a community based organization to implement the Plan and now serves as the County's Continuum of Care.

EveryOne Home coordinates local efforts to address homelessness, seeks to maintain the existing service capacity, build new partnerships that generate greater resources for the continuum of housing, services, and employment, and establish inter-jurisdictional cooperation. EveryOne Home leverages substantial federal, state, and local resources for homeless housing and services, standardize data collection, and facilitate a year-round process of successful collaboration. EveryOne Home includes representation from HOME Consortium jurisdictions and CDBG entitlement jurisdictions in the County, service providers and advocates, homeless or formerly homeless persons, representatives of the faith community, business representatives, and education and health care professionals. EveryOne Home receives administrative funding through Alameda County's General Fund as well as contributions from each of Alameda County's jurisdictions.

EveryOne Home envisions housing and services system that partners with consumers, families and advocates; provides appropriate services in a timely fashion to all who need them; and ensures that individuals and families are safely, supportively and permanently housed. To achieve those objectives, the plan is structured around five major goals that outline multi-faceted solutions for a multi-dimensional problem:

- **Prevent homelessness and other housing crises.** The most effective way to end homelessness is to prevent it in the first place by making appropriate services accessible at the time they are needed. In particular, people leaving institutions such foster care, hospitals, jails and prisons need interventions and planning that will prevent them from exiting into homelessness.
- **Increase housing opportunities for the plan's target populations.** Increasing affordable and supportive housing opportunities requires creative use of existing resources, developing new resources and using effective models of housing and services. This plan identifies a need for 15,000 units of housing for people who are homeless or living with HIV/AIDS or mental illness over the next 15 years.
- **Deliver flexible services to support stability and independence.** Culturally competent, coordinated support services must accompany housing. Direct service providers in all systems throughout the county must have a degree of knowledge about and access to a range of housing resources and supportive services.
- **Measure success and report outcomes.** Evaluating outcomes will allow systems and agencies to identify successful programs and target resources toward best practices.
- **Develop long-term leadership and build political will.** The goals of EveryOne Home will only be achieved by developing a long-term leadership structure that can sustain systems change activities. Implementation of this plan will also require building and sustaining political and community support for its vision and activities.

For more detailed information please refer to the EveryOne Home website:  
[www.everyonehome.org](http://www.everyonehome.org).



## **Estimated Numbers of Homeless People in Alameda County**

As required by HUD, Alameda County conducts a research study every two years to count how many people are homeless in the county and several key characteristics of those who are un-housed. Field work and surveys will generate a report that presents data crossing two variables:

- **homeless status** (unsheltered, sheltered in emergency and transitional housing, other homeless situations).
- **enumeration and subpopulations** (counts of total persons, number of households with children, number of households without children, chronically homeless singles, severe mental illness, chronic substance abuse, veterans, HIV/AIDS, domestic violence, unaccompanied youth under the age of 18).

In 2003 and 2009 Alameda County conducted a more extensive study that produces data for geographic regions of the county (regions include countywide, Oakland, Berkeley, other north county, mid county, south county, and east county). The broader study also allows us to count those who make up the hidden homeless: households who are living temporarily with friends, relatives, or in a motel who do not have the resources to move into housing and have been notified that the situation is short-term; or households that are facing eviction within 7 days.

Key findings from the 2009 count included:

### **Literally Homeless**

People who are residing on the streets, places not meant for human habitation, in shelters or in transitional housing programs (the “literally homeless”) decreased by 10% since 2007, from 4,838 to 4,341.

- Since 2003, the literally homeless population declined by 15%.
- Every region of the County showed a reduction of literally homeless families with minor children.
- The total population remained fairly flat from 2003 – 2005, with major gains beginning in 2005, showing a 6% reduction in 2007, and a 10% reduction in 2009.

### **Chronically Homeless**

Countywide, 231 homeless unaccompanied, disabled people (chronically homeless) moved off the streets and out of shelters into permanent supportive housing and other permanent housing since 2007 – a reduction of 18%. The current chronically homeless population is 1,026.

- This year’s decrease was the largest ever in the County, far exceeding the 3% reduction from 2005 to 2007.

### **Hidden Homeless**

Since this data was last collected in 2003, the number of hidden homeless (living temporarily with a friend or relative, in a motel, or facing eviction within seven days) has increased by more than two and a half times.

- From January 2003 to January 2009, the point-in-time hidden homeless population increased from 1,134 to 3,042 people.

- The hidden homeless population is three-quarters as large as the literally homeless population.

### Characteristics of the Homeless Population

Homelessness exists throughout the County but it is concentrated in Oakland: Oakland – 2,091 (48%); Berkeley – 680 (19%); Other North – 433 (10%); Mid County – 385 (9%); South – 564 (13%); and East – 186 (4%) (Table 8).

**Table 8 – Homeless Persons in Alameda County**

Demographics	Alameda County	Oakland	Berkeley	Other North	Mid-County	South County	East County
<b>Household Composition</b>							
Adults – All adult households	2,771	1,562	549	180	150	278	52
Adults – Accompanied by children	576	193	49	100	84	106	44
Children with surveyed adult	994	336	82	153	151	180	90
<b>Total</b>	<b>4,341</b>	<b>2,091</b>	<b>680</b>	<b>433</b>	<b>385</b>	<b>564</b>	<b>186</b>
Children as a % of homeless population	23%	16%	12%	35%	39%	32%	48%
Average children in family with children	1.7	1.7	1.7	1.5	1.8	1.7	2.0
<b>Gender</b>							
Male	55%	62%	56%	61%	35%	50%	34%
Female	45%	38%	44%	39%	65%	50%	66%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<b>Age</b>							
Younger than 25	4%	2%	5%	1%	4%	13%	8%
26-40	19%	14%	21%	22%	29%	28%	27%
41-60	62%	70%	62%	55%	46%	48%	44%
61+	15%	14%	12%	22%	21%	11%	21%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Average age in years	43	45	43	43	40	40	40
<b>Race/ethnicity</b>							
American Indian or Alaskan Native	2%	2%	<1%	2%	<1%	2%	2%
Asian	3%	2%	1%	0%	6%	8%	8%
Black/African American	51%	69%	59%	70%	8%	5%	6%
Hispanic	15%	8%	4%	4%	6%	27%	2%
White	33%	19%	24%	13%	69%	67%	74%
Other	2%	1%	7%	4%	4%	3%	6%

Source: EveryOne Home, *Alameda Countywide Homeless Count and Survey (12/09)*

### Ethnicity

Table 8 (above) shows the following is a breakdown by ethnicity of homeless people seeking services in Alameda County (Homeless Survey, 2009): American Indian, Alaska Native 2%, Asian 3%, African American 51%, Hispanic 15%, White 33%, Other 2%. African Americans and Native Americans make up a disproportionate percentage of the County's homeless when

compared to the general County ethnicity percentages.

#### *Age*

Many homeless people are youth and seniors: four percent of those homeless in Alameda County are children under the age of 25. Most of the homeless population is between 26 and 60 years of age (71%)

Fifteen percent of the homeless populations are seniors 61 years old and older (Table 8). This number may reflect underrepresented homeless seniors, who may be reluctant to seek services, due to their physical vulnerability and tendency not to seek assistance.

#### *Gender*

Women account for an estimated 45% of the total adult homeless population at any given time (Table 8). Women make up the majority of the homeless population in Mid, South and East County, while men are the majority in North County cities.

#### *Self-Defined Disability*

Sixty –eight percent of the population reported having a disability. Thirty-eight percent of the population reported alcohol or drug abuse and 24% reported that they suffered from severe mental illness.

#### *Persons living with HIV/AIDS*

Estimating the number of homeless people with HIV or AIDS is very difficult, since many people are unaware or prefer not to reveal their HIV status. The National Commission on AIDS estimates that the rate of HIV infection among homeless people is estimated at 15-25% of the total homeless adult population. In the homeless survey 1% self-identified as HIV positive.

#### *Violence and Victimization*

Violence from either outside or inside the family appears to affect about 15% of the homeless. Twenty-two percent report being victimized physically or sexually by a non-family member in the past twelve months. The prevalence of within-family victimization or threats of violence happened to 18% of the Alameda County homeless population.

#### *Veterans*

Fifteen percent of Alameda County's homeless adults reported having served in the United States military. Based on reported discharge information, virtually all of the homeless veterans are eligible for services provided by the Veterans Administration. Only 11% of those reporting a U.S. military service history also reported a Veteran's Administration cash benefit or pension.

### **Resources and Gaps in the Continuum in Alameda County**

The goal of the EveryOne Home Plan is to provide a coordinated and comprehensive system of housing and supportive services to prevent and reduce homelessness. Systems, including programs that have historically been difficult for homeless people to access, must be coordinated at every level and resources allocated to ensure that services and housing, along the entire continuum, are available and are appropriate for the population that needs them. Efforts to promote awareness of the issue of homelessness and improve public perceptions of homeless and

affordable housing projects will help reduce impediments and create an environment where program success is enhanced.

**Homeless Prevention and Rapid Rehousing Program (HPRP)/Priority Home Partnership:**

Priority Home Partnership (PHP) is the Alameda County implementation of Homeless Prevention and Rapid Re-housing (HPRP) stimulus funds from the American Recovery and Reinvestment Act. PHP is a collaborative effort of public and non-profit agencies throughout Alameda County and is a critical component of the County’s plan to end homelessness. Its innovative approach to preventing homelessness and rapid re-housing includes centralizing screening and intake through the 211 hotline and integrated services delivered by eight Housing Resource Centers located throughout the County.

**Outreach and Emergency Response:**

Emergency services are the first point of entry for most homeless people. Some will make their first contact directly with an emergency shelter; others will utilize food services, referrals or drop-in programs. All of these emergency programs provide both an outreach and a direct service function.

*Information, Referral, Outreach and emergency Services*

The primary source of county-wide information and referral is Eden Information and Referral, which is Alameda County’s 211 provider. Many homeless service providers in Alameda County provide 24-hour hotlines that provide information about their own services and referrals.

There are five organizations in Alameda County that provide regular street outreach to homeless people, including two mobile health and mental health teams (Health Care for the Homeless and the Community Crisis Response Team). These programs target homeless people who are living on the streets, or in other places unsuited for habitation, and seek to provide immediate services and link them with ongoing services and shelter or housing. Health Care for the Homeless provides support services including food assistance, financial benefits counseling, transportation, and employment assistance as well as referrals for medical and dental services, housing or food assistance.

Two primary sources of emergency services are food programs and drop-in centers. Food programs provide meals to homeless people and to housed people who are hungry. Some food programs provide hot meals at the site. Others provide grocery bags that can be taken away or vouchers to purchase food. There are more than 150 sites in Alameda County that provide food for homeless people. The majority of these programs are in the North County area. Not all food programs are open every day.

Multi-Service Centers (drop-in centers) provide a place for homeless people to go during the day. They often provide on-site services as well as referrals to other agencies. They generally offer services which include providing homeless people with an address, access to phones, showers, clothing and assistance with other basic needs. Most of these are located in the North County area; however, they exist in Livermore and Fremont.

### *Emergency Shelter*

Emergency shelters often draw from a wider geographic area than do food and drop-in programs. There are now approximately 36 shelters in the County. Allowable stays in shelters average 45 days and range from 30 days to 6 months. One hundred additional beds are available in the cold weather months at the winter shelter on the Oakland Army Base. An additional 45 winter shelter beds for families are available in the South County area.

## **Transitional Housing and Services: An Intermediary Step for Stabilization**

### *Transitional Housing*

For many, exiting homelessness requires addressing chronic life issues, such as AOD problems or domestic violence and saving enough money to obtain permanent housing. Transitional housing with services such as job training, financial planning assistance and counseling for AOD or mental health issues provides an intermediate step for many to recover from homelessness and to develop life skills that will enable them to move to permanent housing with lower risk of repeated homelessness. Residents can stay in transitional housing for up to 6 to 24 months. Currently, there are eighty-two transitional housing programs that offer housing to singles, families, victims of domestic violence and veterans.

### *Job Training/Employment*

In order to exit homelessness and stabilize their lives, homeless people must have access to income. Although many homeless people suffer from chronic disabilities and are unable to work and require some form of income support, most homeless people are interested in working and indicate that they would like to work. Locally, and nationally, about 20% of homeless people are working but are unable to obtain housing. (See Housing Needs Analysis for more detail.)

Finding a job today with the changing job market is not easy for low income people who have housing. For homeless people with few skills it is even harder. Homeless people encounter multiple barriers to getting and retaining employment – that most job seekers do not share – including the need for both interim and permanent housing, food, child care, transportation, access to telephone and message services, clothing appropriate for employment, health care, substance abuse and mental health treatment, job training and financial planning and assistance. Childcare is the greatest barrier to employment for homeless families, particularly for single women with children.

Mainstream job training and job placement programs often lack resources or the experience with the homeless population to meet the multiple needs that homeless trainees and job seekers present. Programs such as CalWorks, which focus on quick results, rather than long term employment goals, are less well equipped to serve homeless people. However, CalWorks funds some training programs which accept homeless people.

More frequently, homeless people seek training and placement assistance through programs targeted to their multiple needs. Several homeless programs in the County focus on the needs of homeless people seeking job training and linking them to support services. Also see the Welfare-to-Work in the previous section.

### *Childcare/Education*

Resources for childcare for low income families are scarce. The lack of childcare is one of the primary factors preventing homeless and low income women on SSI and CalWorks recipients have a very high need for infant childcare and school aged childcare, particularly for children in emergency and transitional housing programs.

For school-aged children, homelessness creates difficulties in attending school. Homeless children move frequently and are often forced to change schools. If homeless families do not have access to their children's records, including immunization records, they may be denied access to school. Once in school, homeless children have a hard time keeping up, due to the stress in their lives as well as the lack of a place in which to do homework.

### *Alcohol and Drug Treatment*

There are sixteen residential programs for alcohol and other drug treatment programs in Alameda County. These include 3-5 day detox programs and short (30-90 day) and long-term (6 to 18 months) residential treatment programs. Many beds in these programs are funded by the County and are available to people with very low incomes. The County funded slots include beds for men, women and special programs for women with children. No County beds are specifically dedicated to homeless people, although the County estimates that as many as 62% of the people in the County reimbursed treatment facilities may be homeless.

In a study of people in alcohol treatment programs, homeless clients presented a more complex clinical picture than did others. They had more severe and chronic alcohol problems, co-occurring drug dependence and poorer mental health status. This study suggests that homeless clients are likely to require a broader array of therapeutic services and perhaps a lengthier intervention that are usually available in traditional alcohol treatment programs. Staff at the County Department of Behavioral Health Care Services cite three primary needs in the housing of homeless addicted people and their families: 1) an increase in the number of beds in residential recovery facilities to meet the needs of homeless people; 2) supportive transitional housing to provide clean and sober living/life skills needed to live independently; and 3) supportive permanent housing for those not able to stay clean and sober and housed in the community at large.

### *Health and Mental Health Care*

Health Care for the Homeless operates a mobile health team that goes to the sites where homeless people gather and provides a range of health services to them. In 2003, Health Care for the Homeless provided 31,090 "encounters" (consisting of primary care services, alcohol and drug services, and case management services) to 6,550 different homeless individuals. Local clinics, such as Berkeley Free Clinic and the Tri-City Health Center also serve homeless people in addition to the general low income population. For those who are eligible, MediCal provides health coverage which allows patients to see doctors throughout the community.

Transitional and ongoing mental health care is provided through Community Support Centers and through transitional programs, multi-service centers and local health centers. There are limited Community Support Centers in Alameda County, several of them are in north county, one is in south county and one in east county.

### *Mental Health Services Act (MHSA) Full Service Partnerships*

Through the State of California Mental Health Services Act (MHSA), Alameda County has funded six “Full Service Partnerships” between the County and service agencies to provide wrap around services and housing for up to 300 chronically homeless individuals with serious mental health issues. These clients receive housing stipends, case management, medical treatment, mental health services and access to 24 hour assistance, if needed. The goal of the program is to keep people housed and from becoming homeless once again.

## **Permanent Housing and Services: Ongoing Support for Self-Sufficiency**

### *Permanent Supportive Housing*

While self-sufficiency is the ultimate goal of EveryOne Home, those with serious disabilities (often the most visible homeless) may require long-term support services linked to permanent housing if they are to avoid a repeat of homelessness. The Alameda County Shelter Plus Care Program is the primary provider of permanent supportive housing, with long-term rental assistance and services for chronically homeless people with mental disabilities, alcohol or other drug problems, and/or HIV/AIDS. The Alameda County Shelter Plus Care Program includes dedicated units throughout the County in independent and supported housing environments, including 59 units of SRO housing at the Harrison Apartments in Oakland where an on-site service team delivers support to all of the residents who request it. Shelter Plus Care participants work with a service coordinator to develop individualized service plans. Services are provided by numerous agencies working collaboratively in a multidisciplinary approach based on the service plan.

Alameda County Housing and Community Development Department coordinates the Reciprocal Integrated Services for Empowerment (RISE) Program funded by McKinney/Vento Supportive Housing Program (SHP) funds. It provides homeless people with disabilities access to permanent housing. It also provides supportive services: emergency and transitional shelter while working on finding permanent housing; alcohol and drug treatment advocacy; life skills training; housing search assistance; vocational assessment and employment services; and veteran specific services.

Additionally, the federal Housing Opportunities for People with HIV/AIDS (HOPWA) and the State of California’s MHSA program both provide additional permanent supportive units.

### *Permanent Subsidized Housing*

In addition to housing specifically dedicated to homeless or disabled populations, there are other resources available to very low income individuals and families. These include Section 8 rental assistance programs, public housing, and non-profit housing. (See Housing Market Section for a discussion of Section 8 and Public Housing available.) Homeless people must compete for these broader resources against low and very low income people who are currently housed.

The lack of affordable housing is cited by almost every service provider and funder in the Alameda County HOME Consortium as the biggest barrier to moving out of and a significant cause of moving into homelessness.

## Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Un-sheltered	Total	Jurisdiction Data Quality (S) statistically reliable sampl
	Emergency	Transitional			
1. Homeless Individuals	711	519	1541	2771	(S) statistically reliable sampl
2. Homeless Families with Children 2a. Persons in Homeless with Children Families	130	282	72	484	
Total (lines 1 + 2a)	393	755	422	1570	
	1104	1274	1963	4341	
Part 2: Homeless Subpopulations	Sheltered		Un-sheltered	Total	Data Quality (S) statistically reliable sampl
	Emergency	Transitional			
1. Chronically Homeless		266	760	1026	(S) statistically reliable sampl
2. Severely Mentally Ill		536	471	1007	
3. Chronic Substance Abuse		399	820	1219	
4. Veterans		169	392	561	
5. Persons with HIV/AIDS		39	25	64	
6. Victims of Domestic Violence		472	339	811	
7. Youth (Under 18 years of age)		3	0	3	

Part 3: Homeless Needs Table: Individuals	Needs	Currently Available	Gap	5-Year Quantities										Total	Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, ESG or Other			
				Year 1		Year 2		Year 3		Year 4		Year 5						Goal	% of Goal	
				Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete							
Emergency Shelters	850	750	100	20	0	20	0	20	0	20	0	20	0	100	0	0%	M	Y	all	
Transitional Housing	5838	5170	668	25	0	25	0	25	0	25	0	25	0	125	0	0%	H	Y	all	
Permanent Supportive Housing	2878	1254	1624	30	0	30	0	30	0	30	0	30	0	150	0	0%	H	Y	all	
Total	9566	7174	2392	20	0	20	0	20	0	20	0	20	0	100	0	0%	H	Y	all	
Chronically Homeless	760	266																		



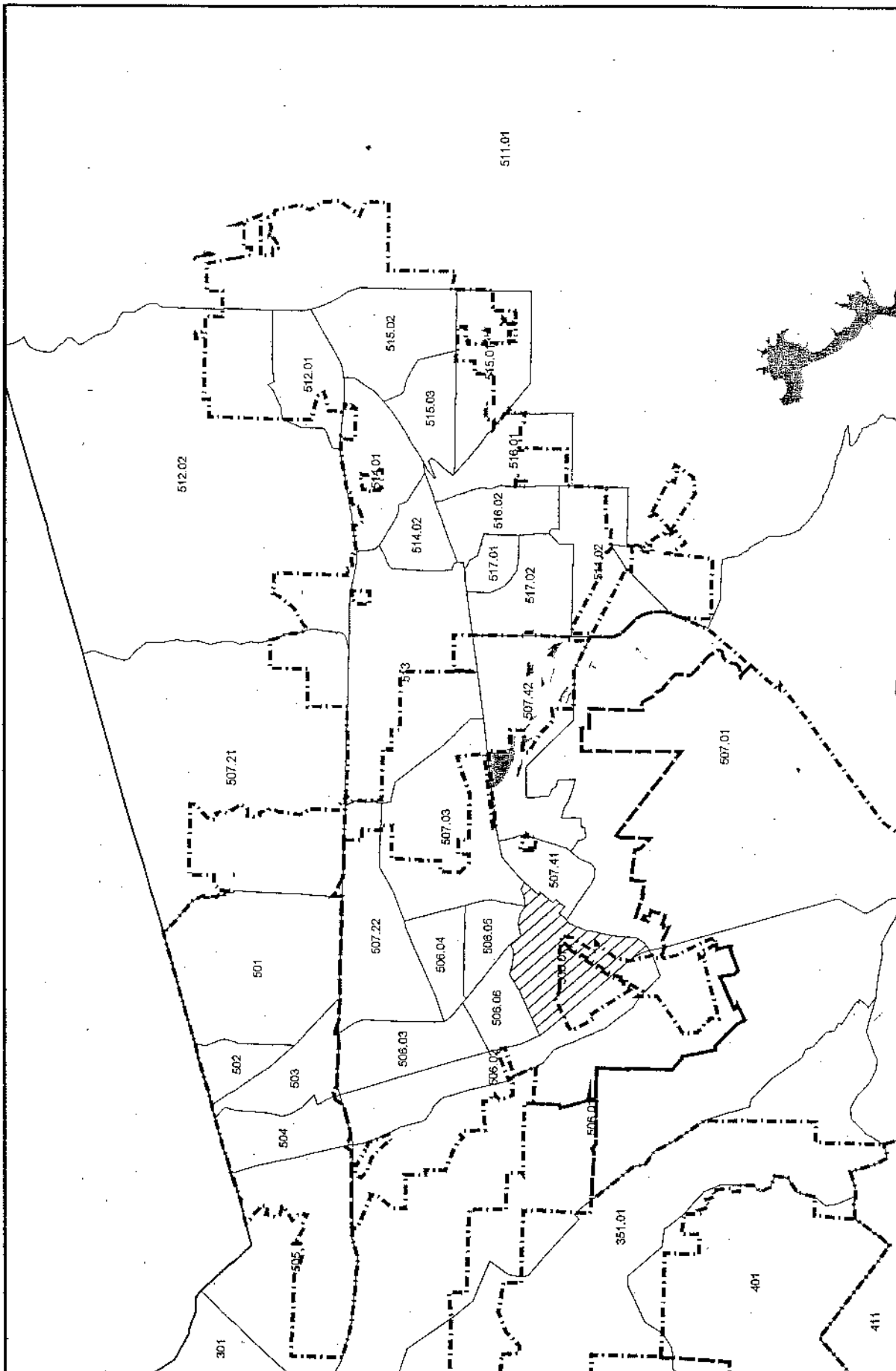
Part 4: Homeless Needs Table: Families		Needs	Currently Available	Gap	5-Year Quantities										Total		Priority H, M, L	Plan to Fund? Y N	Fund Source: CDBG, HOME, HOPWA, ESG or Other	
					Year 1		Year 2		Year 3		Year 4		Year 5		Goal	Actual				% of Goal
					Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete						
Beds	Emergency Shelters	535	485	50	10	0	10	0	10	0	10	0	10	0	50	0	0%	M	Y	all
	Transitional Housing	1295	1077	218	25	0	25	0	25	0	25	0	25	0	125	0	0%	H	Y	all
	Permanent Supportive Housing	2285	984	1301	30	0	30	0	30	0	30	0	30	0	150	0	0%	H	Y	all
	Total	4115	2546	1569	65	0	65	0	65	0	65	0	65	0	260	65	25%			

Completing Part 1: Homeless Population. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The counts must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Completing Part 2: Homeless Subpopulations. This must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations at a one-day point in time. The numbers must be from: (A) administrative records, (N) enumerations, (S) statistically reliable samples, or (E) estimates. The quality of the data presented in each box must be identified as: (A), (N), (S) or (E).

Sheltered Homeless. Count adults, children and youth residing in shelters for the homeless. "Shelters" include all emergency shelters and transitional shelters for the homeless, including domestic violence shelters, residential programs for runaway/homeless youth, and any hotel/motel/apartment voucher arrangements paid by a public/private agency because the person or family is homeless. Do not count: (1) persons who are living doubled up in conventional housing; (2) formerly homeless persons who are residing in Section 8 SRO, Shelter Plus Care, SHP permanent housing or other permanent housing units; (3) children or youth, who because of their own or a parent's homelessness or abandonment, now reside temporarily and for a short anticipated duration in hospitals, residential treatment facilities, emergency foster care, detention facilities and the like; and (4) adults living in mental health facilities, chemical dependency facilities, or criminal justice facilities.





Community Development Agency  
 November 2002  
 M.C. 180, New Park, Colma, CA 94015  
 Central Office: (415) 509-0242  
 Revenue Office: (415) 509-0233  
 United Counties: 450000  
 Source: Census 2000 Summary File 1, TIGER, U.S. Census Bureau

## Alameda County Household Income by Census Tract Tri-Valley/East County

**Legend**

City/Place	■ \$27,973 or below
Water	▨ \$27,974 - \$44,756
County	▧ \$44,757 - \$55,946
	□ \$55,947 or above