

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 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 addition and other problems are contributing factors. Lack of affordable housing, inadequate incomes, and insufficient access to social services are the core causes of homelessness. In addition, community, societal, and personal factors such as unemployment, domestic violence, substance abuse problems, physical disabilities and mental disabilities continue to force many people onto the streets. Homeless people live in cars, parks, abandoned buildings, on the streets, in emergency shelters, doubled up with friends and family members, and in transitional and supportive 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 National Coalition for the Homeless reports (2004) between 700,000 and 800,000 people are homeless on any given night. 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 very low income (50% of area median income adjusted for household size), with an annual income of \$41,400 (Feb. 2004). The National Low Income Housing Coalition found that it would take \$21.77 per hour at 40 hours per week (\$45,280 annually) to afford the median fair market rent for a one bedroom unit.

Present California minimum wage is \$6.75 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 (\$21.77/hour). The housing wage is the hourly wage rate needed to afford a fair market rent unit using 30% of total monthly income. The new jobs will pay \$17,210 (Combined Food Preparation and Serving workers – including fast food) to \$29,309 (General Office Clerks) 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 (substantially below the 5% rate HUD considers to be very low vacancy); 2) very high housing costs; and 3) the many entry level jobs in the local economy have shifted from manufacturing to retail sales/services (see above).

Affordable housing units are being lost at alarming rates. They are being demolished, abandoned, converted to condominiums or more expensive apartments, and are not being replaced with affordable units. Between 1997 and 2003, there were 1,307 affordable housing units lost in Alameda County.

The waiting list for the Housing Authority of Alameda County has been closed for a number of years. It last opened in December 2001. Excessive waiting periods for public housing means that spaces are not available at shelters. 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. The Council 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. The Council leverages substantial federal, state, and local resources for homeless housing and services, standardize data collection, implement Health, Safety and Accessibility Standards of Service for shelter facilities, and facilitate a year-round process of successful collaboration. The Council includes representation from each of the 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 and labor representatives, and education and health care professionals. The Council receives administrative funding through Alameda County's General Fund as well as contributions from each of Alameda County's jurisdictions. The Continuum of Care Plan has recently been updated (December 2004). The plan is a blueprint for ending chronic homelessness within ten years.

Alameda County, the City of Berkeley and the City of Oakland and others are actively engaged in a long-term special needs housing planning process known as the Homeless and Special Needs Housing Plan because it seeks to address the housing-related needs of persons with serious mental

illness, those living with HIV/AIDS, and those who are homeless. The Homeless and Special Needs Housing Plan process builds upon earlier multi-jurisdictional planning initiatives created in the earlier collaboration efforts that resulted in adoption of the County-wide Continuum of Care Plan and the County-wide AIDS Housing Plan and related implementation efforts.

The Homeless and Special Needs Housing Plan process reflects an increased recognition among health care and services agencies throughout Alameda County that affordable housing is crucial to the achievement of public and mental health program outcomes. Without stable, decent, and affordable housing efforts to promote public and mental health among low-income populations in the County are compromised. Public and mental health funding investments may be wasted when their clients lose their housing.

The Housing and Special Needs Housing Plan will address the following areas: homelessness prevention – information and access to housing; transition planning for discharged clients; and crisis intervention. Housing – expanding the supply of housing; description of the potential housing options or models; and linkage of housing and services, closely and for the long-term. Services – identification of gaps and barriers; services coordination; preparation of clients to housing tenancy; and long-term services provision.

Additional recommendations may be developed to address the need for detoxification services, shallow or low-rent subsidy for the prevention strategy; code enforcement to ensure adequate housing quality for health maintenance; and access to wage income and training to improve the quality of social service provision in permanent supportive housing to be developed under the plan.

For more detailed information please refer to the Alameda Countywide Shelter and Services Survey (5/04) and the Alameda County Homeless and Special Needs Housing Plan.

Estimated Numbers of Homeless People in Alameda County

In 2003 the Alameda County-wide Continuum of Care Council surveyed 1,461 homeless and very low income people throughout Alameda County about demographics, health, disability, housing, employment and other life issues. The data was used to develop reliable estimates of the entire homeless population. The results indicated that 6,215 people are homeless on a given week in Alameda County. About three times that number – 18,000 people – are homeless in a year's time. Twenty-seven percent (1,678) are "chronically homeless" – single disabled adults who have been homeless for a long time. Over 23% (1,429) of homeless people have been homeless for more than five years.

Characteristics of the Homeless Population

Homelessness exists throughout the County but it is concentrated in Oakland: Oakland – 3,056 (49%); Berkeley – 835 (13.5%); Other North and Mid County – 1,064 (17%); South and East – 1,260 (20.5%) (Table 8).

Table 8 – Homeless Persons in Alameda County

Demographics	Alameda County	Oakland	Berkeley	Other North/ Mid-County	South & East County
Household Composition					
Adults – Single individuals	2,975	1,753	719	241	262
Adults – Person in couples	549	389	20	69	71
Adults – Accompanied by children	937	334	47	222	334
Children with surveyed adult	1,755	581	50	532	592
Total	6,216	3,057	836	1,064	1,259
Children as a % of homeless population	28%	19%	6%	50%	47%
Average children in family with children	1.9	1.7	1.1	2.4	1.8
Gender					
Male	53%	56%	80%	28%	30%
Female	47%	44%	20%	72%	70%
Total	100%	100%	100%	100%	100%
Age					
Younger than 22	3%	3%	<1%	7%	5%
22-24	3%	2%	4%	8%	<1%
25-34	16%	14%	11%	12%	23%
35-44	36%	31%	46%	26%	52%
45-54	27%	33%	27%	32%	11%
55-64	9%	11%	12%	2%	<1%
65 and older	6%	6%	<1%	13%	4%
Total	100%	100%	100%	100%	100%
Average age in years	43	45	43	43	40
Race/ethnicity					
American Indian or Alaskan Native	7%	6%	6%	15%	5%
Asian	3%	<1%	<1%	15%	4%
Black/African American	54%	73%	31%	30%	25%
Hispanic	11%	7%	5%	17%	31%
White	23%	13%	55%	23%	25%
Other	2%	1%	3%	-	9%
Total	100%	100%	100%	100%	100%

Source: Alameda County-wide Homeless Continuum of Care Council, *Summary Report: Homelessness in Alameda County* (5/04)

Ethnicity

Table 8 shows the following is a breakdown by ethnicity of homeless people seeking services in Alameda County (Homeless Survey, 2004): American Indian, Alaska Native 7%, Asian 3%, African American 54%, Hispanic 11%, White 23%, 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 children and seniors: three percent of those homeless in Alameda County are children under the age of 18. Children make up a larger portion of homeless people in Mid, South and East County: Oakland 3%; Berkeley 1%; Other North/Mid County 7%; South and East County 5% (Table 8). Thirty-seven percent of homeless people under the age of 30 were in the child welfare system (e.g. foster care or group home).

Fifteen percent of the homeless populations are seniors 55 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 47% of the total adult homeless population at any given time (Table 8). There is a large discrepancy between the percentage of men and women accessing shelter and other service sites and those accessing food. Homeless women and families are more likely to seek non-food services than single homeless men.

Chronic Conditions

Twenty percent of the homeless and housed services users have asthma; 10% have diabetes; 4% have tuberculosis and 12% report having hepatitis.

Self-Defined Disability

Almost two-thirds of homeless service-users (63%) reported at least one disabling condition. The most prevalent were physical disabilities at 42% followed by mental illness (20%), learning disabilities (13%), alcohol abuse (8%), drug abuse (7%), and developmental disability (5%).

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 9.7% self-identified as HIV positive.

Behavioral Health

Table 9 indicates the pattern of alcohol dependence, drug abuse, drug dependence, drug physiological dependence, alcohol or other drug (AOD) abuse, AOD dependence, mental illness and dual diagnosis (mental illness and AOD dependence) in the chronically homeless population.

Table 9 – Percentage of Homeless Behavioral Health Problems

Assessment	Percentage
Alcohol Dependence	53%
Drug Abuse	45%
Drug Dependence	34%
Drug Physiological Dependence	30%
AOD Abuse	64%
AOD Dependence	61%
Mental Illness	30%
Dual Diagnosis	13%

Source: Summary Report: Homelessness in Alameda County, 2004

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

Nearly 20% of Alameda County's homeless adults have 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 17% 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 Alameda County-wide Homeless Continuum of Care Plan is to provide a coordinated and comprehensive system of housing and supportive services to prevent and reduce homelessness. The Continuum of Care addresses the immediate needs of homeless people as they enter the system and works to move them as quickly as possible to stability and greater levels of independence. 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.

The Continuum of Care Homeless Population and Subpopulation Chart (see end of Section II) highlights Homeless and Special Needs Populations by describing the estimated need, current inventory of services available, estimated gap in unmet need and the relative priorities of those needs for both individuals and families. The Chart was done in collaboration with the Cities of Oakland and Berkeley. Most of the information was as a result of the homeless survey conducted in December 2003.

Outreach and Emergency Response: The First Step in the Continuum

Emergency services are the first point of entry for most homeless people into the Continuum of Care. 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 operates a hotline for anyone seeking detailed information about services and housing in Alameda County and the surrounding areas. 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 170 sites in Alameda County that provide food for homeless people (see the Homeless and Special Needs Housing Plan for complete list). One hundred and thirty one of these are in north county; twenty are in mid-county; sixteen are in south county and three are in east county. Not all food programs are open everyday.

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. There are twelve drop-in centers in Alameda County. All of them are located in either Berkeley or Oakland.

Emergency Shelter

Emergency shelters often draw from a wider geographic area than do food and drop-in programs. There are now approximately 31 shelters in the County, providing a total of 1,018 beds. 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. With an estimated 1,461 homeless people on any given night, there is room for 70% of the homeless population in local shelters.

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. See Table 10 for Transitional Housing by Sub-area of the County.

Table 10 – Transitional Housing in Alameda County by County Sub-area 2004

County Sub-Area	Number of Beds/Units	% of Total
North County	1,204	80%
Mid County	123 (includes 46 Housing/Jobs Linkages)	8%
South County	50 (includes 46 Housing/Jobs Linkages)	4%
East County	0	0%
County-wide	123 (Transitions & Housing stabilization Project)	8%
Total	1,500	100%

Source: Alameda County Continuum of Care Application, 2004

The Housing/Jobs Linkages program is a transitional rental subsidy program that provides rental assistance in private market housing along with supportive services focused on increasing household income. The very expensive housing market makes using the program more difficult.

Table 11 – Continuum of Care Housing Inventory Summary

	Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
Individuals			
Emergency Shelter	715	32	100
Transitional Housing	497	20	668
Permanent Supportive Housing	1,181	73	1,624
Total Housing	2,393	125	2,392
Persons in Families with Children			
Emergency Shelter	485	0	50
Transitional Housing	1,047	30	218
Permanent Supportive Housing	837	147	1,301
Total Housing	2,369	177	1,569

Source: Alameda County Continuum of Care Application, 2004

Table 11 shows that the unmet need exceeds the current inventory for individuals in transitional and permanent housing. For families there is a great need for additional permanent supportive units.

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.

An Alameda County study of children in emergency and transitional housing programs found that only two of the twenty shelters surveyed offered on-site childcare where parents could leave their children on the premises. Transitional housing programmed had a limited number of vouchers or childcare slots located in other facilities; however, more are needed to meet demand.

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. In the above cited study, less than 15% of the shelters has structured tutoring programs on site and less than 25% have quiet space for children to use for studying.

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. Three quarters (75.1%) of the homeless in the Alameda County Homeless County reported having health

insurance or access to publicly-supported treatment services. The report also found that homeless people utilized urgent care clinics or emergency rooms at double the rate of that of an extremely low income person. Homeless persons average one hospitalization every two years.

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.

Permanent Housing and Services: Ongoing Support for Self-Sufficiency

Permanent Supportive Housing

While self-sufficiency is the ultimate goal of the Continuum of Care, 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 requested 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.

There is also a joint Alameda County/Berkeley Shelter Plus Care Program for homeless people living with AIDS. Alameda County receives an additional 35 Shelter Plus Care certificates for homeless people with AIDS and related disorders. There are a limited number of permanent units dedicated to people with AIDS.

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.