

# **OAKLAND PERMANENT ACCESS TO HOUSING STRATEGY (PATH)**

**A Companion to EveryOne Home:  
The Alameda Countywide Homeless and Special Needs Housing Plan**

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## I. Introduction

Oakland's Permanent Access to Housing Strategy (PATH) is a roadmap for ending homelessness in the City over the next fifteen years. PATH is a companion to EveryOne Home, the Alameda Countywide Homeless and Special Needs Housing Plan. EveryOne Home is a coordinated and collaborative effort by Alameda County and the cities of Oakland and Berkeley to create a comprehensive plan for providing housing and supportive services to homeless people in Alameda County and to those people living with serious mental health illness, chemical dependency, HIV/AIDS and other disabling conditions. Completed in April 2006, EveryOne Home represents the culmination of more than a year of discussion, analysis and planning among County and city agencies, community-based providers, consumers and advocates.

The City of Oakland has developed the PATH Strategy by building upon the foundation established in EveryOne Home. PATH describes the challenge of homelessness in Oakland, identifies Oakland-specific outcomes to achieve the desired result of ending homelessness, and articulates strategies to achieve those outcomes that are aligned and coordinated with the strategies in Everyone Home. The overarching strategy articulated in PATH and EveryOne Home is to shift the approach to the homelessness problem away from managing it and towards solving it. Key elements of this shift will include transitioning from emergency shelter and services towards the acquisition, development and operation of permanent affordable and supportive housing, and the restructuring and refinement of homelessness prevention activities, including new initiatives to prevent people from being discharged from publicly funded systems into homelessness and to ensure that people who do become homeless are re-housed as rapidly as possible.

PATH and EveryOne Home will take the place of the City of Oakland's now obsolete five-year Oakland City-Wide Continuum of Care Plan 1999-2004. PATH and EveryOne Home are intended to guide City policies and how resources are used to end homelessness over the next fifteen years.

## II. Background on PATH and EveryOne Home

EveryOne Home (the Plan) grew out of the recognition by community leaders, City and County staff, providers and consumers that, while Alameda County and its cities have a long history of innovative and successful programs to address the housing needs of people who are homeless and/or those with special needs, simply continuing with the current approaches was not going to result in ending homelessness. The Plan also grew out of an emerging understanding that the human and financial costs of homelessness are enormous. The costs of not solving this problem are great and borne by everyone: by people who are in crisis because they have no place to live and by the entire

community in the form of diminished community well being -- including the financial burden of paying for emergency and social services that generally do not end homelessness for those served.

In response to this growing consensus about the need for a new direction, the Alameda County Community Development Agency's Housing and Community Development Department (HCD), was tasked in 2004 with updating the Countywide Homeless Continuum of Care Plan, the AIDS Housing Plan, and drafting a new Mental Health Housing Plan.<sup>1</sup> The decision to create a single integrated plan for these three systems was based on the recognition that these systems share a significant number of clients, each controls a piece of the resources needed to create appropriate housing for them, and that improved coordination among them was essential to improving results for these clients and ending their homelessness.

In early 2004 HCD convened a nine-member Sponsoring Agencies Group to design and facilitate a process to develop a "multi-plan" addressing the needs of homeless people, very low income people with HIV/AIDS and very low income people with serious and persistent mental illness. The Plan's sponsors were HCD, the Alameda County Health Care Services Agency's Behavioral Health Care Services (BHCS) and Public Health Department Office of AIDS Administration, Alameda County Social Services Agency (SSA); Alameda County-wide Homeless Continuum of Care Council; City of Oakland Department of Human Services (DHS) and Community and Economic Development Agency (CEDA), and City of Berkeley Housing and Health & Human Services Departments. This innovative and ambitious approach, with a process guided by nine agencies and combining the efforts of three service systems, has not been undertaken by any other community in the nation.

To conduct the planning process, the Sponsoring Agencies Group convened a Stakeholder Committee comprised of key representatives of homeless, mental health, AIDS and affordable housing communities throughout Alameda county as well as consumers and family members from the three systems of care. The planning process was launched in June 2004 with the goal of developing a plan to end chronic homelessness and ensure people at imminent risk of homelessness due to low incomes and mental illness and/or HIV/AIDS, would secure and maintain safe, permanent affordable, and where needed, supportive housing.

Completed in April 2006, EveryOne Home outlines a reorientation of the housing and services systems to end chronic homelessness in Alameda County in 10 years and reduce housing crises for vulnerable populations in Alameda County within 15 years. The plan envisions a system that partners with consumers, families and advocates;

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<sup>1</sup> For more information about these plans, as well as other terms contained in this Strategy, see Attachment A, Glossary.

provides appropriate services in a timely fashion to all who need them; and, ensures that individuals and families are safely, supportively, and permanently housed. The plan envisions a future in which there are sufficient resources, political will, and community support to effect the changes necessary to make this vision a reality. EveryOne Home was adopted by the city councils of Berkeley (May 16, 2006), Oakland (May 23, 2006), San Leandro (November 20, 2006), Hayward (December 5, 2006), and Fremont (December 12, 2006); the Alameda County Board of Supervisors adopted EveryOne Home on November 7, 2006.

Concurrently with the development of Everyone Home, the City of Oakland convened key stakeholders to develop an Oakland companion to the Plan: the Oakland Permanent Access to Housing Strategy (PATH). The goal of PATH is to provide a road map for the City to follow to end homelessness over the next three to five years. The strategies outlined in PATH are designed both to support the work laid out in EveryOne Home and also to leverage those countywide efforts. The Oakland City Council adopted the PATH strategy on June 30, 2006.

Both EveryOne Home and the Oakland PATH Strategy are built upon the foundation of previous countywide and citywide planning efforts. However, PATH and EveryOne Home add a new dimension to the work by incorporating much greater coordination and mutual accountability among all the systems involved in ending homelessness and by broadening the population whose needs are addressed to include those who are homeless or most at-risk of homelessness due to poverty and disability. The planning efforts that laid the groundwork for EveryOne Home and PATH are:

- Alameda Countywide Continuum of Care Plan
- Oakland City-Wide Continuum of Care Plan 1999-2004
- Alameda Countywide Shelter and Services Survey (ACSSS), and the companion Oakland Report
- Alameda County AIDS Housing Plan
- Alameda County Mental Health Housing Plan
- Housing Development Task Force of the Oakland City Council
- Homeless and Very Low Income Task Force of the Oakland City Council
- City of Oakland's Consolidated Plan for Housing and Community Development
- City of Oakland Housing Element of the General Plan
- ABAG's Regional Housing Needs Determination (RHND)

For a description of the policy context for these planning efforts, please see Attachment B, Policy and Local Context for PATH (PowerPoint).

### III. The Challenge: Homelessness In Oakland

#### **A. Oakland's Homeless and At-Risk Population**

##### Demographics of Homeless People In Oakland

Almost 6,300 people are homeless during the course of a year in Oakland. They make up nearly half the estimated 12,750 homeless people in Alameda County. On any given night, there are as many as 6,000 homeless people in Alameda County, 3,000 of them in Oakland.

The estimated 6,300 homeless people in Oakland represent 3,987 households, of which 600-700 households are living in homeless encampments. EveryOne Home and PATH define "homeless" as people living in the streets, cars, emergency shelters or transitional housing, or losing their housing within a month, with no where to go.<sup>2</sup>

These 3,987 households are comprised of:

- 2,497 single adults;
- 485 youth; and,
- 1,005 families with children

Oakland's homeless population of 3,000 on any given night represents about 0.75% of the total population of about 400,000. By comparison, Baltimore, MD counted 2,943 homeless people on a given night in 2005, which represented 0.45% of that city's population of 650,000. In 2003, the City of Sacramento counted 2,149 homeless people, 0.53% of their population of 407,000.

Approximately 56% of Oakland's homeless adults are men and 44% are women. Their racial and ethnic breakdown is 71% African-American, 14% Caucasian, 11% Latino/Latina, 3% Native American, 1% Asian-Pacific Islander, 1% other races and ethnicities.

Approximately 16% of the homeless people in Oakland have a serious mental illness; 50% have a chemical dependency problem; 4% have HIV/AIDS; 57% have a chronic disability; and 12% have co-occurring mental illness and chemical dependency. An estimated 17% (two and a half times as likely as housed persons) have been victimized physically or sexually by a non-family member), 77% have spent time in jail or in prison

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<sup>2</sup>Of these 3,987 households, 923 are "chronically homeless" according to the definition established by HUD: a single individual with a disability who has been homeless for one year or longer or more than four times in three years. The remaining 3,064 are described in this Strategy as "community-defined" homeless because they do not meet the HUD definition of chronic homelessness. This distinction is significant because these two populations have relatively different housing needs, as documented in the Unmet Housing Need chart below and in the Housing Need, Unit, Cost Projections, Attachment C.

and are veterans. Of the homeless people younger than 30, over one third (37%) were in foster care or a group home before the age of 18.<sup>3</sup>

### **Demographics of People At-Risk of Homelessness in Oakland**

In addition to the 6,300 people who are homeless in Oakland over the course of a year, there are approximately 17,200<sup>4</sup> more people with serious and persistent mental illness and/or HIV/AIDS who are living in precarious or inappropriate situations. These estimated 17,200 people are at extreme risk of homelessness due to their disabilities and extremely low incomes defined as at or below 30% of Area Median Income (AMI).

These 17,200 people with special needs who are at-risk of homelessness represent 11,128 households:

- 7,544 individual households comprised of 5,753 individuals with mental illness and 1,791 individuals with HIV/AIDS;
- 3,583 families comprised of 2,978 families in which a head of household has a mental illness and 605 families in which a head of household has HIV/AIDS.

The demographic breakdown of these households is 68% African-American, 14% Latino, 14% Caucasian, and 4% other races and ethnicities.

*For a more detailed description of who is homeless or at-risk of homelessness in Oakland and why people become homeless, please see Attachment B, Policy and Local Context for PATH.*

## **B. Housing Needs of Homeless and At-Risk People**

There are a total of 15,115 households in Oakland that are either homeless or at-risk of homelessness:

- 3,987 homeless households; and,
- 11,128 households at-risk of homelessness.

These 15,115 households have a variety of housing needs. Some need short-term financial assistance or other support services to prevent them from becoming homeless. Some need affordable housing, meaning a housing unit that costs no more than 30% of their income, which is accessible to people who have extremely low incomes. Many,

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<sup>3</sup>Demographics and subpopulation information were extracted from *Alameda Countywide Shelter and Services Survey: County Report*, (Richard Speigman and Jean Norris, 2004) prepared for the Alameda Countywide Homeless Continuum of Care Council

<sup>4</sup> Please note that the Need, Unit, Cost Projections, Attachment C, indicates 11,127 households comprised of 11,127 people at-risk of homelessness in Oakland. Attachment C is based on the data and methodology used in EveryOne Home which didn't make projections on the numbers of people that comprised the targeted households who are at-risk of homelessness. The 17,200 figure provided here is based upon data from the *Alameda Countywide Shelter and Services Survey*, which documents 1.7 children per homeless family.

particularly those who have disabilities and have been homeless for a long period of time, need supportive housing. Supportive housing is permanent housing that is affordable for people with extremely low incomes that includes on-site supportive services that are designed to help tenants stay housed and work to meet other self-directed goals, such as improving health status, obtaining employment or making connections to the community. It differs from affordable housing in that affordable housing generally includes only very limited or no on-site services. Supportive housing has been proven to be a very effective model for ending homelessness for people who have serious disabilities and other complex problems. (Additional information about the effectiveness of supportive housing is provided in Attachment B, Policy and Local Context for PATH.)

Using the methodology established in EveryOne Home<sup>5</sup>, PATH has determined that:

- 7,380 households need permanent affordable and, where needed, supportive housing; and,
- 7,735 need short-term assistance to prevent or end their homelessness, such as short-term rent or mortgage subsidy or a short stay in an emergency shelter.

While the City of Oakland has a significant inventory of affordable housing, there are very long waiting lists for these units and most of them do not have supportive services. There is a tremendous unmet need for housing for the 7,380 households who need permanent housing affordable to people with extremely low incomes. Therefore, PATH contends that homelessness can be prevented or ended for these 7,380 households only by creating affordable and supportive housing units affordable to those with extremely low incomes. These units can be created through three different methods: acquisition and rehabilitation or new construction, tenant-based housing subsidies using existing housing, and master leasing using existing housing.

Of the 7,380 units to be created, PATH projects the need for:

- 4,740 supportive housing units; and,
- 2,640 affordable housing units with rents at or below 30% AMI.

The chart below presents the housing needs of people who are homeless and at-risk of homelessness in Oakland, broken down by type of households, type of housing or assistance needed, and the method for creating the housing.

### UNMET HOUSING NEED

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<sup>5</sup> The projections of housing need in the EveryOne Home plan were developed by breaking down the homeless and at-risk population into subgroups that are known to have different types of housing needs. The EveryOne Home planners then convened working groups with representatives from housing and service providers that developed estimates of the percentages of each subpopulation that needed particular types of interventions (e.g. affordable housing, supportive housing, and short-term financial assistance).

<b>Households</b>	<b>Permanent Supportive Housing Units Needed</b>	<b>Affordable Housing Units ≤30% AMI Needed</b>	<b>Total Housing Units Needed</b>	<b>Short-Term Assistance to Secure &amp; Maintain Housing</b>	<b>Total</b>
<b>Homeless (H/L) Households</b>	<b>1,937</b>	<b>618</b>	<b>2,555</b>	<b>1,432</b>	<b>3,987</b>
Chronically H/L Individuals	923		923	0	923
Community-Defined H/L Individuals	551	236	787	787	1,574
Community-Defined H/L Youth	162	81	243	243	485
Community-Defined H/L Families	301	302	603	402	1,005
<b>Households who are At Risk of Homelessness due to Extremely Low Incomes and Disabilities</b>	<b>2,803</b>	<b>2,022</b>	<b>4,825</b>	<b>6,303</b>	<b>11,128</b>
Individuals w/ HIV/AIDS	448	448	896	896	1,791
Head of Family H/H w/ HIV/AIDS	242	242	484	121	605
Individuals w/ Mental Illness	1,369	587	1,956	3,797	5,753
Head of Family H/H w/ Mental Illness	744	745	1,489	1,489	2,978
<b>Development Type</b>					
<b>Acquisition &amp; Rehabilitation/ New Construction</b>	<b>1,564</b>	<b>871</b>	<b>2,435</b>		
<b>Tenant-Based Housing Subsidies Using Existing Housing</b>	<b>1,588</b>	<b>884.5</b>	<b>2,472.5</b>	N/A	N/A
<b>Master Leasing Using Existing Housing</b>	<b>1,588</b>	<b>884.5</b>	<b>2,472.5</b>		
<b>TOTAL</b>	<b>4,740</b>	<b>2,640</b>	<b>7,380</b>	<b>7,735</b>	<b>15,115</b>

For additional information on Oakland’s inventory of emergency, transitional and permanent affordable and supportive housing units, the housing need and unit projections presented above, and the barriers to developing affordable and supportive housing in Oakland, please see Attachments B, Policy and Local Context for PATH, and C, Housing Need, Unit, and Cost Projections.

**IV. The Plan: Permanent Access to Housing Strategy**

**A. Desired Results**

Paralleling the outcomes projected in EveryOne Home, PATH projects that by 2020:

1. **Homeless People Become Housed.** Approximately 7,380 individuals and families in Oakland who have experienced homelessness or are extremely low-income and living with serious and persistent mental illness and/or HIV/AIDS in inappropriate or precarious housing situations will achieve long-term appropriate housing situations. These results will be phased as follows:

Year	Households Achieving Stability in Permanent Housing
2007	443
2009	1,032
2011	2,065
2013	3,246
2015	4,427
2017	5,608
2020	7,380

2. **Easy Access to Services. No Wrong Door.** People experiencing a crisis or in need of basic medical, behavioral health and/or social services will be able to access user-friendly and up-do-date information and obtain assessment services through any providers of such services in Oakland and throughout the county.
3. **Homelessness Prevention System in Place.** People throughout Oakland, including elected officials, community leaders, and the general public demonstrate, through their charitable contributions, volunteer service, funding decisions, and state and federal advocacy, will have an accurate understanding of how to prevent homelessness and a solid commitment to remedy the complex social and health issues faced by extremely low-income people living with HIV/AIDS, serious and persistent mental illness, chemical dependency, and other disabling conditions.

## B. Resources Needed to Realize Results

### The Cost of Homelessness

The cost of continuing with current approaches is unacceptable and unsustainable, in both human and financial terms. People who are homeless struggle to meet basic human needs for food and clothing and face significant barriers to participation in the workforce and in community life. The costs of not solving this problem are borne not just by people who are living in the streets, shelters or inadequate housing situations, but by the entire community in the form of diminished community well being -- including the financial burden of paying for emergency and social services that generally do not end homelessness for those served.

Each day, public resources are expended on social services and costly emergency interventions that do not solve the problem. Mental health facilities, drug treatment, emergency room services, jails, detoxification programs and other social services are overwhelmed by people who are in crisis because they have no stable place to live. A small percentage of homeless people, those who are disabled and chronically homeless, use the majority of resources in the homeless system and are also the most costly to the mainstream systems because of their frequent use of emergency services. Because they tend to access services only when in crisis, their high service use does not lead to long-term gains in health, stability or an end to their homelessness.

Many communities have begun to document the financial costs of continuing to “manage” the problem of homelessness and to compare these annual outlays to what it would cost to actually end the problem. A New York City study documented that emergency and other social services for homeless people cost on average approximately \$40,000 per person per year – roughly equivalent to what it would cost to develop and operate a unit of supportive housing. San Diego documented a cost of about \$65,000 per year in health services alone for long-term homeless people. If applied to Oakland, these figures suggest it will cost anywhere between \$2.4 - \$3.9 billion over 15 years to simply continue providing expensive emergency interventions that do not for the most part end homelessness for those receiving them. EveryOne Home and the Oakland PATH Strategy are based on a commitment to invest in solutions that work.

### Cost of Developing Housing Units Needed to End Homelessness

PATH estimates that it will cost a little more than \$1 billion to create and operate the 7,380 units of housing needed to end homelessness in Oakland by 2020. The following table breaks down these costs by development type and cost type (one-time capital costs, and annual operating and services costs).

<b>Development Type</b>	<b>Capital Development Costs</b>	<b>Phased In Services and Operating Costs</b>	<b>Total Costs</b>
Acquisition & Rehabilitation/New Construction	\$571,450,737	\$152,449,092	<b>\$723,899,829</b>

Tenant-Based Housing Subsidies Using Existing Housing		\$154,758,926	<b>\$154,758,926</b>
Master Leasing Using Existing Housing	\$7,416,789	\$154,758,926	<b>\$162,175,715</b>
<b>TOTAL</b>	<b>\$578,867,526</b>	<b>\$461,966,944</b>	<b>\$1,040,834,470</b>

This cost-projection methodology is described in EveryOne Home and more detailed information on Oakland-specific costs can be found in Attachment C, Housing Need, Unit, and Cost Projections.

### **Strategies for Securing Resources Needed to End Homelessness**

The majority of the resources to end homelessness in Oakland will come from non-local sources, leveraged by local investment. Local funding, particularly when used in a coordinated and efficient manner, leverages significant amounts of state and federal dollars in affordable and supportive housing development and operations. Typically, projects draw approximately one third of their funding from local sources and two thirds from state and federal sources and private sector investment. In other words, one dollar of local funds leverages two dollars.

The resources needed to implement PATH will be developed using three related strategies:

- **Use existing funds more efficiently.** Existing public and private funds can be maximized through better coordination, streamlining and integration – working smarter. By being clear on desired results and tying funding to accountability for results, funders can better target and coordinate existing resources, such as through issuing joint requests for proposals or by pooling funds. Eventually, as housing strategies are implemented there will be opportunities to recapture and redirect resources once spent on emergency interventions.
- **Use local funds to capture greater amounts of state and federal resources.** Having clear goals and strategies, maximizing local coordination and integration, and demonstrating results will increase local government’s ability to capture even greater resources from the state and federal government, thereby maximizing the effective use of local dollars. Strategic use of local resources will allow for the leveraging of greater amounts of housing and services dollars.
- **Increase local public and private investment.** Demonstrating the efficient use of resources and the achievement of tangible results helps to build community will to invest greater local resources in solutions to end homelessness. New investment can come from both the public and private sector and can take different forms, such as increased contributions from individuals and businesses towards solutions to end homelessness, or new revenue streams such as fees or taxes.

While many of the resources needed will be leveraged from the state and federal level, implementing EveryOne Home and the Oakland PATH Strategy’s recommendations will require a dedication of significant resources at the local level, including resources for oversight and guidance. The Interim Leadership Structure responsible for implementing EveryOne Home (and developing a permanent leadership structure) will require resources and staff. Some of the needed resources can be secured through

restructuring and coordination of existing funding streams, but some will have to come from new local, state and federal sources.

More specific resource strategies for implementing the plan's recommendations are described in the next section.

## C. Taking Action to Realize Results

EveryOne Home establishes objectives and strategies in five goal areas to achieve the overarching desired result of preventing and ending homelessness in Alameda County by 2020. The City of Oakland and many of Oakland's nonprofit housing and service providers have been leaders and active participants in the development of these recommendations. Given Oakland's unique role in the county and the size of its homeless and at-risk population, Oakland is committing itself to take the lead on the following efforts to achieve the goals and objectives outlined in EveryOne Home. These efforts identified in this PATH Strategy will be critical to the EveryOne Home's successful implementation.

The sections below describe eight specific recommended strategies, organized into the following five goal areas:

- **Goal (P): Prevent Homelessness and Other Housing Crises**
- **Goal (H): Increase Housing Opportunities for Targeted Populations**
- **Goal (S): Deliver Flexible Services to Support Stability and Independence**
- **Goal (M): Measure Success and Report Outcomes**
- **Goal (L): Develop Long-Term Leadership and Build Political Will**

Each of the eight strategies is tied to objectives identified in EveryOne Home (the heading for each strategy references the relevant objective from EveryOne Home). Following each strategy description is a brief summary of the action steps that will be needed to move the strategy forward, the lead entity(ies) that will be responsible for implementation of the strategy, the key partners that will be engaged and involved, and the resource strategies that will be explored to secure the needed financial support.

### **Goal (P): Prevent Homelessness and Other Housing Crises**

The most effective way to end homelessness is to avoid it in the first place by making appropriate services accessible when needed.

#### **1. Strategy: Create Policies and Protocols to Prevent People from being Discharged into Homelessness from Mainstream Systems and their Institutions (EveryOne Home Objective P-3)**

##### **Problem:**

Many systems of care have responsibility for the discharge of people leaving their institutions. Publicly funded institutions such as hospitals, mental health facilities, prisons and jails are often a factor in creating and maintaining homelessness by discharging people to the streets or shelters.

**Solution:**

The lynchpin of a comprehensive homelessness prevention strategy is the development of discharge planning policies and protocols that reduce or eliminate the release of people from public institutions to the streets or the homeless service system.

**Action Step:**

The Alameda County Continuum of Care Council is leading an effort to create systemic discharge planning policies and protocols to prevent people from being discharged into homelessness from mainstream systems and their institutions. Oakland's mainstream systems and their institutions will participate in this process.

**Lead/Partners:**

Lead: Alameda County Continuum of Care Council

Oakland Partners: Oakland Department of Human Services (DHS), Oakland Community and Economic Development Agency (CEDA), Oakland Housing Authority (OHA), Oakland Police Department (OPD), Oakland Workforce Investment Board (WIB), Oakland Unified School District, East Bay District Parole Supervisor of California Department of Corrections and Rehabilitation (CDCR) (located in Oakland), Police and Corrections Team (PACT) Coordinator, community-based service providers

**Resources:**

Resources Needed: Staff resources will be needed to oversee the effort to create the needed policies and protocols, and will also require an investment of time by representatives of the participating partners.

Resource Plan: The U. S. Department of Housing and Urban Development (HUD) is making funds available to communities to staff efforts to create systemic discharge planning protocols to prevent homelessness for people being discharged from mainstream systems. Alameda County's Continuum of Care Council was chosen in a competitive process to receive this assistance. HomeBase will facilitate a community process to draft discharge planning policies and protocols, starting with the Alameda County Detox Center and Sobering Station.

**2. Strategy: Link and Expand Current Efforts to Prevent Homelessness for People Being Discharged from Mainstream Systems of Care and their Institutions (EveryOne Home Objectives P-2 and -3)**

**Problem:**

Lack of coordination among the different systems of care has resulted in a fragmented approach to providing people who are leaving institutions with the support and access to resources they need to secure stable housing.

**Solution:**

Systems must work together to ensure continuity of care and linkages to appropriate housing and community treatment and supports to help people make successful transitions to the community when they are released from foster care, jails, prisons and health care, mental health or substance abuse treatment facilities.

### **Action Steps:**

- Convene and create strategic linkages between current Oakland-based efforts to prevent homelessness and/or decrease recidivism for people reentering Oakland from mainstream systems of care and their institutions through pre-release and discharge planning, integrated and timely support services, case management, affordable/supportive housing, including: Project Choice, the MOMS Project, Project RESPECT, AB 1998, and PACT. (Descriptions of these projects may be found in Attachment D, Oakland and Alameda County Discharge Planning/ Homelessness Prevention Programs for People Leaving Mainstream Systems of Care.)
- Expand current efforts to incorporate additional priority target populations (e.g., single adults.)
- Expand current efforts to refine current and future efforts to include comprehensive service strategies, such as early intervention and engagement when homeless people enter mainstream systems and institutions; a full array of wraparound services (i.e., behavioral health, health care, employment); and direct linkages and priority access to affordable and/or supportive housing (housing subsidy programs, HUD McKinney funded supportive housing, and Direct PATH (described below.)

### **Lead/Partners:**

Lead: City of Oakland DHS

Partners: Oakland OHA, CEDA, Police Department, Alameda County Probation Department, Alameda County Sheriff's Department, Alameda County Behavioral Health Care Services (BCHS), Alameda County Health Care Services Agency, Health Care for the Homeless, East Bay Parole office of CDCR, and community-based service providers (i.e., substance abuse and mental health, employment/ education, domestic violence, case management, anger management, financial literacy, daily living skills.)

### **Resources:**

Resources Needed: A significant investment of resources will be needed to link and expand current discharge planning efforts. The primary resources needed will be funds for services (pre-release planning, case management, wraparound services) and for permanent housing or housing subsidies for those persons being discharged from mainstream systems and their institutions.

Resource Plan: Some of the needed services can be developed by using the resources of the existing mainstream systems of care more efficiently, particularly the criminal justice system (County probation, parole and sheriff's departments, OPD, and CDCR), health system (Alameda County Behavioral Health and Health

Care Services Agency), foster care (Alameda County SSA), and housing (CEDA and OHA). Since Oakland already has a number of innovative programs in place, it should be possible to leverage new State and Federal funds. As a result of the proven success of Project RESPECT, Alameda County should be considered for funding under the Medi-Cal "high-end users" demonstration project included in Governor's 06-07 Proposed Budget.

In addition, new sources of local funding will need to be developed, particularly to pay for the housing needed to ensure that all those leaving these systems have permanent affordable, or, where needed, supportive housing.

**Goal (H): Increase Housing Opportunities for Targeted Populations**

The most effective way to end homelessness is to ensure that there is a sufficient supply of safe, secure, and accessible, and where needed service-enriched, housing affordable to those who are homeless or who have extremely low incomes and are living with mental illness, chemical dependency, HIV/AIDS and other disabling conditions.

EveryOne Home identifies a need for creating 15,000 units of housing to prevent and end homelessness in Alameda County by 2020. PATH recommends that 7,380 of those units be created in Oakland to meet the needs of Oakland’s share of the homeless and at-risk population identified in EveryOne Home.

**3. Strategy: Establish an Oakland Supportive Housing Pipeline Process (EveryOne Home Objectives H-1 and -2)**

**Problem:**

Creating new supportive housing units requires a developer to secure commitments from a large number of different types of funding sources, including funders of capital, operating and services dollars. Not only are these funds in short supply, but they are very difficult to package together -- each funder typically has a different timeline for requesting proposals and awarding funds, different funding priorities, and different eligibility requirements. This lack of consistency between and coordination of the funding streams for supportive housing lengthens the time it takes to complete a project and slows the pace of creation of desperately needed supportive housing.

**Solution:**

Many communities have begun to address the lack of coordination of funding by developing a supportive housing “pipeline process.” A pipeline is a structure and process wherein the funders that are needed to create supportive housing (suppliers of capital/development, rental subsidy and services funding) coordinate their funding processes and priorities to create a steady flow of quality, permanent supportive housing units. By establishing a pipeline process in Oakland, local resources will be maximized by leveraging the most private, state and federal resources possible.

Based on preliminary conversations with Oakland funders about the creation of a Supportive Housing Pipeline process, the City of Oakland issued two Notices of

Funding Availability (NOFAs), the 2005 and 2006 Affordable Housing NOFAs, that incorporated two key components of the Pipeline process:

1. Coordination of rental subsidy and capital funding between OHA and CEDA.
2. A priority category was added for projects that include units reserved for households with special needs and that included a supportive services plan that demonstrates how the essential service needs of the population will be addressed. Additional points were available for project with a commitment for services funding.

**Action Steps:**

- Map local, state and federal resources/timelines to create coordinated capital, operating and services funding process to create a steady stream of quality, permanent affordable, supportive housing projects in Oakland.
- Garner commitments from funding partners (i.e., OHA, CEDA, DHS, Alameda County HCD, BHCS, SSA, Office of AIDS) to coordinate their funding, contribute resources to support the creation of supportive housing units (with an initial goal of creating 25 - 50 units), and participate in planning and implementation of a pipeline.
- Convene pipeline funding partners and housing and service providers to discuss how to transition from the Continuum of Care approach to a Housing First strategy.
- Develop a structure and process to establish and oversee the pipeline process (e.g., a coordinated NOFA, joint review process, services funding pipeline group, etc.) in time for the fall 2007 Oakland Affordable Housing NOFA.
- Explore development of a dedicated services funding stream.

**Lead/Partners:**

Leads: CEDA (Housing and Community Development), Oakland DHS (Community Housing Services), Alameda County Health Care Services Agency BHCS.

Partners: OHA; Alameda County SSA (Adult & Aging Services, Children & Family Services, Workforce & Benefits Administration); Alameda County HCD; Alameda County Office of AIDS, business community, CDFIs, and Government Sponsored Enterprises (GSEs).

Collaboration Support: Corporation for Supportive Housing (CSH).

**Resources:**

Resources Needed: This strategy will require resources to design the pipeline process and structure and oversee its ongoing implementation, as well as the commitment of time from representatives of the partners.

Resource Plan: City of Oakland staff have secured a commitment from CSH to provide support in developing this process. After the process is up and running,

staff from funding agencies will need to continue to commit time to manage this coordinating effort. However, the potential benefits are well worth the time investment. Through the Pipeline process, existing sources for capital, operations and services funding will be better coordinated and will generate housing units more quickly and efficiently. By better coordinating local resources, Oakland will be in a better position to leverage State and Federal housing dollars, such as State Multifamily Housing Program (MHP) funds, Mental Health Services Act (MHSA) capital facilities funds, and affordable housing tax credits.

#### **4. Strategy: Create the Direct Permanent Access to Housing Program (Direct PATH) (EveryOne Home Objectives H-1 and H-2)**

##### **Problem:**

Research demonstrates that people who have been homeless for a long time are more likely to become housed and remain housed when they move directly from the street into a supportive housing unit, rather than moving through a “continuum” of housing (meaning from the street to an emergency shelter to transitional housing and then supportive housing). However, there are not enough available supportive housing units in Oakland to implement this “housing first” approach.

##### **Solution:**

Direct PATH is a proposed housing creation program designed to provide direct access to appropriate permanent housing for people who have been homeless for the long-term. Direct PATH would initially create housing units by utilizing existing units of housing through master-leasing and/or acquiring and rehabilitating buildings. Over time, units could be created through “buying” units in new and existing affordable housing developments created and/or owned by non-profit developers or through new construction of units.

Strategically linked with the multi-disciplinary street action teams described below, Direct PATH would focus on providing a rapid re-housing option for the following groups of long-term homeless people:

- people in the encampments;
- people who would be eligible for MHSA full service partnerships (i.e., people who are homeless or at-risk of homelessness with serious and persistent mental illness); and,
- people being discharged from mainstream systems of care and their institutions, i.e., youth emancipating from the foster care system, frequent users in the health system, people reentering Oakland from prisons and jails.

##### **Action Steps:**

- Consult with San Francisco’s Direct Access to Housing program (DAH) to learn about their program design, master-lease structures and costs, as well as the Health and Urban Housing Clinic, a federally qualified health center (FQHC) designated health clinic that serves as a hub for clinical services for tenants in SF’s DAH program.
- Convene Direct PATH partners to identify appropriate sites for master leasing and/or acquisition/rehab for the program, identify the service needs of target population, design the program and develop a funding and financing strategy.

**Lead/Partners:**

Leads: CEDA (Housing and Community Development), Oakland DHA (Community Housing Services), Alameda County Health Care Services Agency BHCS.

Partners: OHA; Alameda County SSA (Adult & Aging Services; Children & Family Services; Workforce & Benefits Administration); Alameda County HCD; Alameda County Office of AIDS; Alameda County Health Care Services Agency (Medical Services, Public Health); community-based services providers (i.e., multi-disciplinary street action team providers), MHSA Full Service Partnership service providers, Project RESPECT service providers, and McKinney funded support services only providers, etc.)

**Resources:**

Resources Needed: This program will require a significant investment of resources. The most costly aspect of the project will be securing the needed units, either through acquisition/rehabilitation or master-leasing. Additional resources will be needed to provide the services the tenants need to maintain housing.

Resource Plan: A portion of the needed resources could be secured by leveraging state and federal dollars. Direct Access to Housing, San Francisco’s master-leasing program that has been replicated nationally, demonstrates that this approach can prove very successful in leveraging state and federal dollars, such as Medicaid funds (through the Federally Qualified Health Center) and housing funds such as the Supportive Housing Program (SHP), Shelter Plus Care (S+C), State MHP and Governor’s Homeless Initiative (GHI) funds, etc. Some of the services can come from MHSA funds (for those clients who are MHSA eligible).

However, this program will also require the development of new local resources as well, both for housing, rental subsidies and services.

**Goal (S): Deliver Flexible Services to Support Stability and Independence**

Culturally competent, coordinated services must accompany housing in order for many people to successfully obtain and retain housing.

**5. Strategy: Expand Street Action Teams and Refine Core Services (EveryOne Home Objectives S-1 and -2)**

**Problem:**

Many people who have been homeless over the long-term have little or no contact with the housing and social services systems. Many factors, including mental illness, substance use, and past negative experiences with these systems have made them wary of contact with local government entities, non-profit service providers or other sources of support.

**Solution:**

Assisting people who have been chronically homeless to secure and maintain housing requires focused, intensive engagement by trained outreach workers. They need to have the skills and resources to offer immediate barrier-free assistance, including linkages to housing. Currently the City of Oakland supports the Homeless Mobile Outreach Program (HMOP) operated by Operation Dignity. HMOP's current objectives are to: identify and conduct ongoing assessments of homeless encampment sites; gather accurate data about the number, location and demographics of homeless people living in the encampments; provide humanitarian and survival assistance to encampment residents; and, reduce the number of homeless persons living in encampments by providing case management and linkages to housing and services. Expanding outreach and enriching the supply of easily accessible, affordable housing linked with core services will help end homelessness for those with the most intensive needs and complex challenges.

**Action Steps:**

- Expand the HMOP program model:
  - Create multi-disciplinary street action teams that include representatives from all relevant systems of care (health, mental health, substance abuse, and health and safety enforcement entities, i.e. police, CalTrans, Service Delivery System Teams, formerly homeless people, and the nonprofit service provider. These multi-disciplinary teams would conduct sustained engagement and intensive case management with people to assist them to secure permanent, supportive housing and mainstream services for which they are eligible through a linkage with the core service entity (described below).
  - Create a more formal linkage with access to supportive housing by designating the street action teams as one of the major feeder sources for the Direct PATH program described above.
  - Create a more formal linkage with the Superior Court Homeless & Caring Court.
- Explore identifying or creating a core service entity to:
  - Be the resource and information hub for the homeless service system in Oakland, providing a nexus between street outreach teams (including the expanded HMOP Teams described above), the discharge planning teams, the

- MHSA full service partnership teams, City of Oakland departments and Oakland housing and service providers. (i.e., “no wrong door”), etc.
- Develop and refine Oakland’s homeless prevention/rapid housing services (i.e., partial rent subsidy programs/ vouchers, move-in deposits, flexible prevention funds, housing placement and retention services, programs “eligibilizing” people for all public benefit programs for which they are eligible).
  - Coordinate Project Homeless Connect (described below)
  - Analyze Oakland-specific outcome and demographic data that EveryOne Home generates from the Inhouse (Homeless Management Information System) and develop an ongoing process to use that data to make mid-course corrections and provide information to community stakeholders.

**Lead/Partners:**

Lead: Oakland DHS (Community Housing Services)

Partners: Oakland homeless service providers; OPD; Alameda County Health Care Services Agency, (BHCS, Medical Services); Alameda County SSA (Adult & Aging Services; Children & Family Services; Workforce & Benefits Administration.)

**Resources:**

Resources Needed: This strategy will require a significant investment of resources to implement, since it proposes the expansion of one existing program (HMOP) and the further development of another, i.e., core service agency. Resources will be needed for program design and development for both the HMOP multi-disciplinary teams and the new core service agency, and then for implementation.

Resource Plan: While some of the staffing for the multi-disciplinary teams could come through a re-direction of existing resources in the mainstream systems of care (health, mental health, substance abuse, police), new funding will probably need to be secured to fully staff these teams. Some start-up funding (particularly for program design and piloting the project) could be leveraged from state or federal sources, e.g. Substance Abuse and Mental Health Services Administration (SAMHSA) or Department of Justice (DOJ) discretionary grants, but ongoing funding for these teams would have to come from a renewable, sustainable local funding source, such as general fund or a housing trust fund.

**6. Strategy: Create Capacity Building Program (Objectives S-1, -2, and -4)**

**Problem:**

The PATH strategy identifies concrete desired results and recommends the creation of a result-based system of accountability focused on the creation of permanent supportive housing in a housing first/rapid rehousing context. Many organizations in Oakland and Alameda County that do outreach and engagement, housing

development, property management and service provision lack the experience and capacity to create quality services and supportive housing in a housing first/rapid rehousing context. Without significant improvements in capacity, these organizations will not be able to achieve the desired results laid out in the plan.

**Solution:**

The City of Oakland must develop a program to assist organizations to build their capacity to implement a housing first approach, create a pipeline of supportive housing projects and to provide effective management and oversight of those projects once they are in operation. The City has already taken the lead to develop a summary of capacity-building needs of Alameda County supportive housing providers and have brokered a relationship with current technical assistance providers to develop a capacity building program/framework for meeting those needs in a phased-in process.

**Action Steps:**

- Oakland and Alameda County to work with CSH and (and potentially ICF International and HomeBase) to develop and implement a focused capacity-building program for supportive housing providers and local government that will be beta-tested in Oakland.

**Lead/Partners:**

Lead: Oakland DHS (Community Housing Services)

Partners: Oakland homeless service providers; OPD; Alameda County Health Care Services Agency (BHCS, Public Health, Medical Services); Alameda County HCD (Housing and Community Development); City of Berkeley Housing and Human Services Departments

Technical Support: CSH, and potentially ICF International and HomeBase.

**Resources:**

Resources Needed: This strategy will require resources in the form of staff and consultants to develop and implement the capacity-building program (i.e. assess needs, develop materials, deliver needed training and/or coaching, etc.)

Resource Plan: Oakland staff have secured a commitment from CSH to allocate funding from The California Endowment for its participation in creating the capacity-building program, and ICF is requesting to use some of their (and potentially HomeBase's) HUD Technical Assistance funding to support their participation. The local funds used for this project will enable non-profit organizations to work much more effectively, leverage more state and federal dollars, and create a greater supply of quality supportive housing.

### **Goal (M): Measure Success and Report Outcomes**

Developing the housing and services necessary to prevent and end homelessness depends in large measure on having good information to track progress, evaluate results, and determine whether scarce resources are being used most efficiently and are accomplishing the community's goals. Good data are also essential to ensure accountability to the community and to build public support – by demonstrating that progress is being made to prevent and end homelessness.

#### **7. Strategy: Data Project (Objective M-2)**

##### **Problem:**

The PATH Strategy is designed to solve the problem of homelessness, not just to manage it. Developing the housing and services necessary to prevent and end homelessness depends in large measure on having good information to track progress, evaluate results, and determine whether scarce resources are being used most efficiently and are accomplishing the community's goals. However, the City of Oakland does not have the information systems needed to determine whether the plan's desired results are being accomplished.

##### **Solution:**

The City of Oakland must establish Oakland-specific outcomes and indicators to measure the success of PATH, and develop data management systems to track, analyze and report the needed Oakland-specific data. These efforts should build upon the foundation established by EveryOne Home which prioritizes developing a countywide system of tracking and analyzing data needed to determine whether desired results are being accomplished.

##### **Action Steps:**

- Oakland will take leadership in developing Oakland-specific outcomes and indicators (consistent with countywide outcomes and indicators) and a methodology to measure, track and report these data. This effort will build upon the HUD-mandated Homeless Management Information System (HMIS) and new HUD-mandated performance measurement requirements: identifying outcomes/indicators, establishing reporting systems, and building capacity of public agencies and provider to participate in the system.

**Lead/Partners:**

Lead: Oakland DHS (Community Housing Services), CEDA (Housing and Community Development)

Partners: Oakland homeless service providers, HMIS system representatives.

**Resources:**

Resources Needed: This strategy will require dedicated staff resources at DHS and CEDA to spearhead the process to develop outcomes and indicators, as well as the commitment of significant time by the representatives of the Oakland homeless service providers who will participate in the process. Additionally, design and implementation of systems to collect, track and report on the data will probably require some expenditures on technical experts/consultants and purchasing of hardware and software.

Resource Plan: New local funding will have to be identified or secured to support the staff needed for this process. Since most of the costs would be one-time, upfront costs, local philanthropic sources might be a strong possibility. The potential benefits of investing in this effort would be well worth the cost. Having data on what works and what does not will enable the City to more effectively direct existing resources to achieve the desired result of ending homelessness. Better information about the outcomes being achieved by Oakland's improved programs will enable the City to leverage more resources from the State and Federal government.

**Goal (L): Develop Long-Term Leadership and Build Political Will**

The goals of PATH and EveryOne Home can only be achieved by building and sustaining political and public support for the visions and strategies articulated in these documents.

## **8. Host Project Homeless Connect Fairs (Objectives S-2 and L-3)**

### **Problem:**

Most elected officials, government and non-profit employees, business owners and individual community members in Oakland are aware that homelessness is a problem, but few know about the many solutions that are being implemented to end homelessness and how they can participate in realizing those solutions. People are disengaged from the issue because they see it as unsolvable.

### **Solution:**

Creating innovative ways to involve the public in ending homelessness helps to create long-term leadership and build political will. Modeled after the groundbreaking Project Homeless Connect in San Francisco, Oakland's Project Homeless Connect fairs bring together mainstream and homeless-specific services in a "one stop shop" setting that is designed to engage people who are homeless and connect them to vital services such as housing and drug and alcohol treatment referrals, medical and dental care, assistance with signing up for benefits, employment opportunities, etc. The Alameda County Superior Court holds its Homeless and Caring Court at the Project Homeless Connect Fairs. The Fair moves around to different locations so as to better reach homeless people spread across the city, a feature that is unique to Oakland's version of Project Homeless Connect.

These events represent an unprecedented collaboration between City government, County government, the non-profit service provider communities, businesses and individual community volunteers. Project Homeless Connect provides a unique hands-on opportunity to educate the public, increase their involvement in solving the problem, create champions, and dispel myths about why people are homeless and what they need to end their homelessness.

### **Action Steps:**

- Host Project Homeless Connect Fairs on a regular basis across the city, involving greater numbers of community volunteers.
- Explore possible expanded range of results-oriented services, including subsidized housing sign-ups, employment fairs, residential treatment placements, etc.
- Develop capacity to use Project Homeless Connect to enlist the assistance of community members to garner additional resources for the event, such as donation of coats and clothing, professional services such as haircuts, manicures, vision exams, fundraising assistance, etc.
- Convene partners to determine what components of these Fairs can be structurally integrated into Oakland's homeless and housing service system on an ongoing basis (i.e., use fairs as an access/intake point to the homeless housing and services system)

**Lead/Partners:**

Leads: Oakland DHS (Community Housing Services and/or contracted core service agency); City of Berkeley Housing and Human Services Departments.

Partners: citizens of Oakland and Berkeley; Alameda County Health Care Services Agency (BHCS); Alameda County SSA; Oakland City Council; Veterans Administration; community-based service providers; medical service providers; personal service providers.

**Resources:**

Resources Needed: This strategy will require resources in the form of Oakland and Berkeley Human Services Department staff to organize the Fairs, staff from the partnering organizations (government, non-profit and private) to attend and participate in the fairs, and volunteers.

Resource Plan: This strategy can be implemented with a minimal investment of new resources. Oakland and Berkeley staff have already been coordinating the Fairs, and their efforts have already leveraged local business services, private and corporate donations, and a significant contribution of volunteer time and energy. Expansion of the project can probably be accomplished with a small additional investment of staff time. By bringing resources to homeless people where they are located, this project is a more efficient way of delivering existing services.

**V. Conclusion**

Preventing and ending homelessness in Oakland will not be easy or simple – but it is possible. PATH outlines a plan of action that will end this crisis in our community. A challenging period of framing the strategic direction has been completed, and the next fifteen years of realizing it will be even more challenging. By working together as a community and in cooperation with countywide partners, Oakland can overcome the obstacles and ensure that safe, accessible, affordable housing is available for everyone, including those in greatest need.