**EveryOne Home, Alameda County’s Health Care Services Agency Office of Homeless Care and Coordination**, and **Housing and Community Development Department** are pleased to make available the data from the 2022 Homeless Count and Survey. In addition, survey data from over 1,500 people experiencing homelessness across the County illuminates a wealth of first-hand guidance to drive the effectiveness, efficiency, and improvement of the homelessness response system. Please refer to the multiple resources available including the [2022 Alameda County Homeless Count and Survey Comprehensive Report and methodology](#), [Executive Summary](#), and [Interactive Data Dashboard](#) along with this resource companion.

This document highlights three key findings from Alameda County’s Homeless Count and Survey and associated data and system development pertaining to these findings.

9,747 people in Alameda County were residing in shelters, transitional housing, safe havens, vehicles, tents, abandoned buildings and other places not intended for habitation on the night of February 22, 2022. This represents an increase of 22% (1,725 people) since 2019.

Overall, 16% of this population cited COVID-19 as one of the causes of their homelessness.

The three findings noted below have important implications about how the homelessness response system addresses people who are newly homeless, residing in vehicles, or have a disabling condition(s) and how we counteract economic factors to prevent homelessness. Related data sections provide additional rationales or research pertinent to each of the three findings. System development sections identify connections to plans to build and adequately scale the homelessness response system.

**Significant Findings and Related Data**

1. **Finding:** Survey respondents indicated that the causes of homelessness and what could have prevented their homelessness largely point to economic drivers and impacts.

   Eviction/foreclosure/rent increase, job loss and other money issues were listed as 3 of the top 5 reasons individuals became homeless (page 31).
Primary Cause of Homelessness (Top five responses, Fig. 19)

<table>
<thead>
<tr>
<th>Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or friends couldn’t let me stay or argue with family/friend/roommate</td>
<td>27%</td>
</tr>
<tr>
<td>Eviction/Foreclosure/Rent increase</td>
<td>26%</td>
</tr>
<tr>
<td>Job loss</td>
<td>22%</td>
</tr>
<tr>
<td>Other money issues including medical bills, etc.</td>
<td>13%</td>
</tr>
<tr>
<td>Substance Use</td>
<td>13%</td>
</tr>
</tbody>
</table>

Similarly, economic solutions were 3 of the top 4 supports that people cited could have prevented their homelessness: rent assistance, employment assistance, and benefits/income (page 38). Affordable housing was not specifically stated in the list of items that may have prevented homelessness, however since rent assistance was the number one response, affordable housing is one means of providing rent assistance.

**WHAT MIGHT OF PREVENTED HOMELESSNESS**

- **49%** Rent Assistance
- **37%** Employment Assistance
- **27%** Mental Health Assistance
- **26%** Benefits/Income

Economic factors are also highlighted in employment status: 18% reported being employed either full-time, part-time, or seasonally while an additional 36% reported they are looking for work but not employed (page 39).

**Related Data**: The San Francisco-Oakland-Hayward area has a deficit of 120,849 affordable housing units according to the 2022 NLICH recent report *The Gap: A Shortage of Affordable Homes*. Systemic racism also continues to affect Alameda County Black, Indigenous, and People of color residents in their ability to secure and sustain affordable housing due to significant racial disparities in education, income, housing and opportunity. For example, the **average household income for a White resident in Alameda County is $57,000**, but the **average household income for a Black resident is $28,000**. According to the most recent *Out of Reach – The High Cost of Housing Report*, Alameda County is currently listed as the 7th most expensive county in the United States, with an hourly wage of $43.73 needed to afford a 2-bedroom fair market rent apartment. That wage is almost triple the minimum wage in California, and nearly $60k more than Black residents earn on average in the county.
System Development: Alameda County’s Home Together 2026 Plan includes a detailed analysis of what is needed in order to operate a homelessness response system that has the capacity to address the needs of people experiencing homelessness and to reduce racial disparities. Home Together builds on Centering Racial Equity in Homelessness System Design, an in-depth analysis conducted in 2019-2020. The first goal of the Home Together Plan is to prevent homelessness with many strategies related the racial and economic drivers of homelessness. Some of these include:

- Expanding shallow subsidies available for people with fixed or limited income with housing insecurity to relieve rent burden and reduce the risk of becoming homeless.
- Partnering with school districts, social services agencies, child welfare, community health organizations and others to connect people to prevention and economic supports in a timely manner and through trusted sources.
- Working with government and private funders to increase targeted prevention for people most likely to become homeless. Highlight risk factors including extremely low incomes, histories of homelessness, and living in neighborhoods with high rates of poverty and evictions.

Other specific strategies related to this goal can be found on page 27 of the Plan.

(2) Finding: Alameda County had a 39% increase in the number of people living in vehicles since 2019.

Of those who are unsheltered, 22% resided in RVs in both 2019 and 2022 while the number of RV dwellers increased from 1,386 to 1,600. The more significant increase was in those residing in cars or vans (2019: n=1,431; 23%. 2022: n=2,319; 33%). In 2022, people residing in vehicles accounted for 55% of those living in unsheltered circumstances (page 15).

<table>
<thead>
<tr>
<th></th>
<th>2019 Count</th>
<th>2022 Count</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(% of unsheltered persons)</td>
<td>(% of unsheltered persons)</td>
</tr>
<tr>
<td>Car/Van</td>
<td>23%</td>
<td>33%</td>
</tr>
<tr>
<td>RV</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>(1,431)</td>
<td>(2,319)</td>
</tr>
<tr>
<td></td>
<td>(1,386)</td>
<td>(1,600)</td>
</tr>
</tbody>
</table>

This increase was likely affected by COVID impacts including less ability for family/friends to “double up” due to isolation and quarantine needs, as well as job loss and other economic drivers that forced individuals and families to move into their vehicles. Vehicular homelessness often points to first time homelessness.

Related Data: Safe Parking programs exist in the majority of cities in the county, with some cities having Safe Parking programs dedicated exclusively to RVs. More data analysis is warranted to examine and better understand the homelessness prevention, health, employment and housing needs of those residing in vehicles.

Helping people preserve their vehicles from towing (which also provides temporary safety, shelter and transportation to employment and housing search) also addresses the disproportionate impact that towing can have on vehicularly housed People of color.
System Development: Vehicular homelessness points towards the need for financial supports, subsidies and programs to keep families and individuals housed. In addition, effective Safe Parking Programs, including RV Safe Parking, targeted outreach efforts for people currently living in vehicles, and other wraparound services that can be prioritized for this population are needed to ensure a pathway to housing for those currently living in their vehicles. Street Health teams provide access to care through regularly scheduled outreach services offered to unsheltered people living in vehicles and RVs in addition to homeless encampments. They strive to build relationships that lead to long-term health through connections to primary care, social services, and pathways to housing.

(3) Finding: Survey respondents indicated increased complexity in health conditions among people with at least one disabling condition since 2019.

The proportion of people with at least one disabling condition remained relatively similar between 2019 (42%) and 2022 (40%); however, those with a disabling condition are reporting more health challenges. This includes increases of 12 percentage points in those experiencing PTSD, 10 points in psychological/emotional conditions, 9 points in those reporting a physical disability, and an 8-point increase in those experiencing chronic health conditions (page 16).

![Table of Health Conditions](image)

Related Data: We know that health and homelessness are inextricably linked and that health problems can cause a person’s homelessness as well as be exacerbated by the experience. This year’s Count and survey indicated that 19% of the homeless population is 60 years or older. Dr. Margot Kushel’s research continues to indicate that the number of homeless seniors is increasing, as well as the medical care needs of this population, which could point to the increased health conditions we are seeing in the overall homeless population. In addition, we also know from this year’s Count that 75% of survey respondents said they have been homeless for a year or more, which is an increase of 12% since 2019. Protracted homelessness leads to worsening health and mental health outcomes due to the ongoing trauma of being unhoused and the disabling conditions that can develop from the lack of safety, medical care, and supports needed by this population.
System Development: The second goal of the Home Together Plan is to connect people to shelter and needed resources and a number of strategies for that goal are particularly relevant to the finding above. These include increasing medical and mental health respite by 300 beds in the county, ensuring mental health and harm reduction services are available for people in shelters and other programs in the homelessness response system, and allocating resources towards increased behavioral health and support services that will help people who are in permanent housing to maintain their housing. More examples of strategies related to this goal can be found on page 29 of the Plan.

Improvements since 2019

The Count this year demonstrated some improvements in reducing the number of veterans and people with HIV/AIDS experiencing homelessness and showed a shelter system expansion and heightened eviction protections due to increased funding for COVID 19 related purposes. The increase in homelessness would have likely been much higher without these critical temporary housing supports.

In addition, building off of the important work outlined in the Centering Race Equity Report, racial equity work is taking strong footing in our community and Continuum of Care, including the launch of the CoC Racial Equity Workgroup, ongoing efforts to advance equity in program design and the monitoring of performance outcomes, and a recent analysis of components of the new coordinated entry system to ensure racial equity in who receives assessments and how they are scored.

Moving Forward

The results of this Point In Time Count underscore even more the need to accelerate the goals, investments, and racial equity strategies outlined in the Home Together Plan to secure the affordable housing, prevention, and supportive service interventions needed for our community.

Since the Count, pursuing the strategies in the Home Together plan have led to increased funding including:

- $10M for operating subsidies of 39 units dedicated for people experiencing homelessness
- $34.9M for supportive housing and health services to seniors and those with acute health conditions at risk of or experiencing homelessness
- $92.5M and 298 units in new Homekey projects
- $2.5M awarded to the City of Oakland and City of Livermore to expand interim housing and services for homeless families with children

To support the vision where all Alameda County residents have a home, join us in continued action to mitigate the racial disparities of homelessness and seek investments to scale up the shelter, affordable housing, homelessness prevention and targeted services for our community over the next 4 years.

EveryOne Home, Alameda County Office of Homeless Care and Coordination, and Housing and Community Development Department offer an enormous thank you to the 1,517 people experiencing homelessness across the County who shared their wealth of first-hand personal information that will help drive the effectiveness, efficiency, and improvement of the homelessness response system as well as to everyone who joined in the Count effort this year, in the tail end of a COVID surge and amidst staffing challenges and efforts to keep people experiencing homelessness and staff healthy and safe.
If you have any questions regarding this report or the findings outlined here, please feel free to reach out to Katie Haverly, Acting Executive Director of EveryOne Home, at khaverly@everyonehome.org. Thank you for your continued support in our work together to end homelessness in Alameda County.