



Oakland, Berkeley /
Alameda County Continuum
of Care

Spring Community Meeting

May 27th, 2026



Welcome!

PARKING: Do not park in the lot next to the building *CARS WILL BE TOWED.*

WIFI: ***"TCEGUEST"*** – no password | *Upon connecting, open a browser to www.calendow.org to accept "Use Policies"*

MOTHER'S ROOM: A Mother's Room is located on the 2nd floor, across from the Lake Merritt room

Community Agreements

- **The first time you speak, state your name, preferred pronouns, and where you live/organization or agency affiliation.** In a public meeting, it is helpful to know who is speaking as well as where they live in the community and/or what organization or agency they represent.
- **One person speaks at a time.** Refrain from side conversations. Pay attention to the person speaking. If you think you will forget an idea that comes to mind, write it down.
- **Everyone is encouraged to participate. You may be asked to share what you think, or we may ask for comments from those who haven't spoken. It is always OK to "pass" when you are asked to share a comment.**
- **No one or two individuals should dominate a discussion.** If you have already voiced your ideas, let others have an opportunity. When you speak, be brief and to the point.
- **Listen to and respect other points of view.**
- **Do your best to understand the pros and cons of every option,** not just those you prefer. Be as objective and fair-minded as you can be.
- **Seek first to understand, not to be understood.** Ask questions to seek clarification when you don't understand the meaning of someone's comments.



Acronym and Jargon Glossary

Link, scroll down for glossary:

<https://tinyurl.com/cocjargon>



Voter Guide

<https://tinyurl.com/spring-vote>



Also available on your tables!

All registered attendees were also emailed this information with the subject line **"Please Read: Materials for the EveryOne Home Spring 2026 Community Meeting"**

Agenda



9:00am-9:30am	• Check-In, Optional Breakfast with Evidence-Based Solutions Committee
9:30am-9:45am	• Welcome and Public Comment
9:45am-10:45am	• State of the Continuum of Care and Business Meeting
10:45am-11:00am	• Break
11:00am-12:00pm	• State of the System: County / Collaborative Applicant Update
12:00pm-1:00pm	• Lunch
1:00pm-2:00pm	• Panel: Uplifting What Works
2:00pm-3:00pm	• Research Spotlight: The Experiences of Black Men in Shelters with Substance Use Disorder
3:00pm-3:15pm	• Final Remarks and Closing



Public Comment

9:30am – 9:45am

Public Comment

Public Comment is an opportunity for members of the community to communicate directly with the CoC during a public meeting.

We will call your name in the order that you registered.

Public Comment is limited to 2 minutes per person.

If you did not register and would like to give a Public Comment, you can submit your Public Comment in writing using the forms or by emailing

alameda@homebaseccc.org.





State of the CoC and Business Meeting

9:45am – 10:45am

What is the Continuum of Care (CoC)?

A “Continuum of Care” refers to:

The planning body in a community that addresses homelessness for the geographic area.

The HUD (Department of Housing and Urban Development) funding program for homeless housing and services.

The system of services and housing interventions both short-term and long-term for people experiencing homelessness.

EveryOne Home, the Oakland, Berkeley/Alameda County Continuum of Care (CoC)

EveryOne Home is both a collective impact initiative and the Oakland, Berkeley/Alameda County Continuum of Care (CA-502)

Involves representatives from the county, cities, nonprofits, advocates, and community members, including community members with lived experience

What Does a Continuum of Care (CoC) Do?

The CoC's Leadership Board and designated entities have several major duties, including:

- 1. Operating the Continuum of Care** (including design and implementation of Coordinated Entry)
- 2. Monitoring** project and system performance
- 3. Planning** for the CoC's geographic area. Includes coordinating the CoC system of services and housing interventions.
- 4. Selecting and approving projects for CoC Program funding**

Other Roles in the Alameda County Continuum of Care

Alameda County Health, Housing and Homelessness (H+H)

- Oversees the CoC's Homeless Management Information System (HMIS), the data system to collect and analyze client, service, and housing data
- Manages the Coordinated Entry System, which assesses, prioritizes, and matches people to CoC resources
- Submits the CoC's annual application for HUD funds
- Serves as the Planning Entity for the CoC

Homebase supports staffing all the Continuum of Care Committees and special projects

CoC Organization Chart

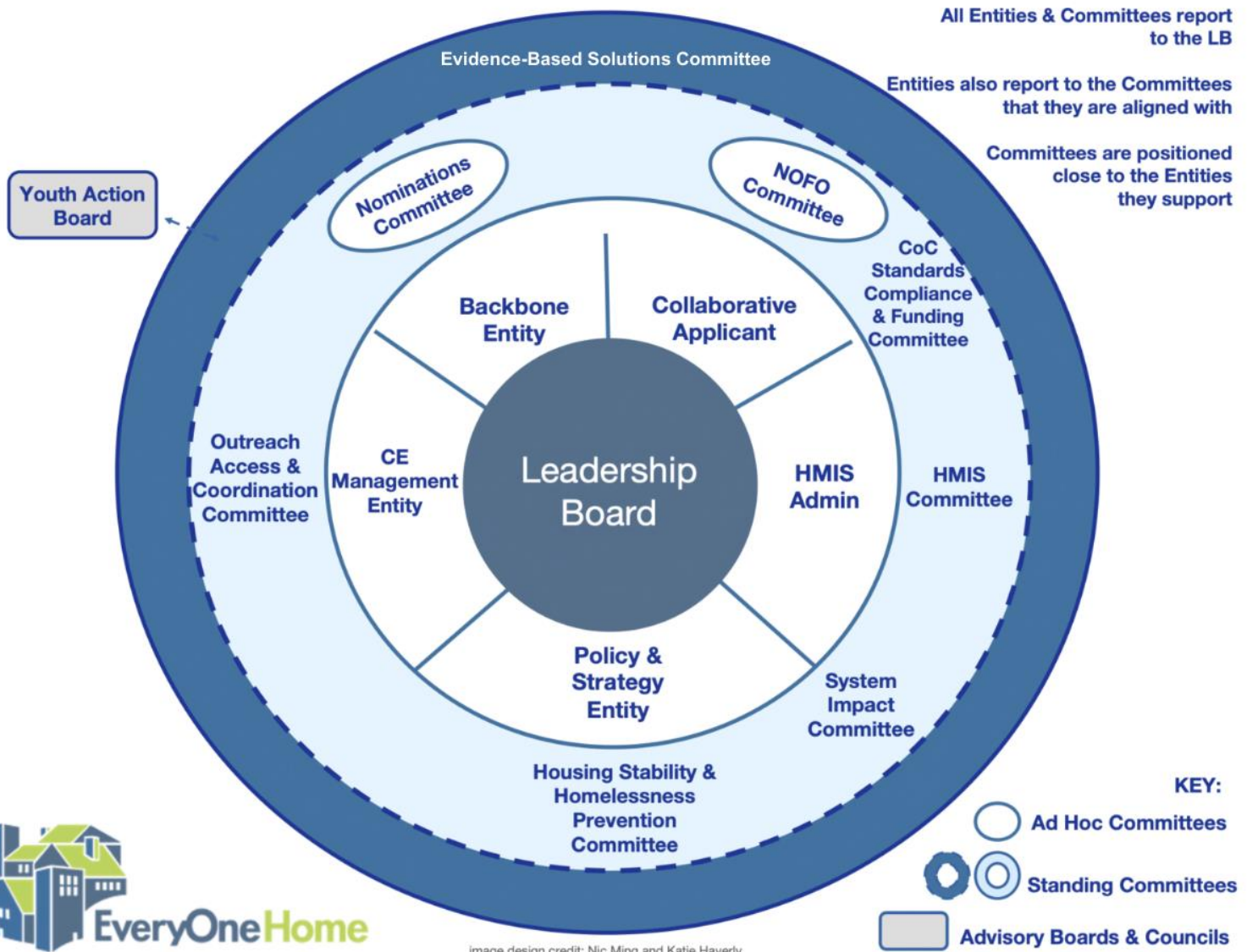


image design credit: Nic Ming and Katie Haverly

CoC Accomplishments since November 2026

**Coordinated Entry
Evaluation**
(OAC Committee and
H&H)

**Collaborative Applicant
self-evaluation**
(SCF Committee)

**Resource: Grievance
Policy Frequently Asked
Questions**
(SCF Committee,
Homebase, and H&H)

CoC-wide survey
(Evidence-Based
Solutions Committee)

**Prevention Services and
Funding Dashboard**
(Housing Stability and
Homelessness
Prevention Committee)

**Ongoing Monthly
Learning Community
Space**

**Released the initial 2026
Point-in-Time Count
results**

Leadership Board Updates

The Leadership Board is currently working on:

- Discussions on how to **streamline or restructure the Leadership Board** to maximize effectiveness through a special workgroup
- Community building, restorative justice, and conflict/harm resolution through outside facilitators, special sessions, and revisiting shared agreements
- Preparing for the 2026 CoC Notice of Funding Opportunity



Up next: Evidence-Based Solutions Committee CoC Survey Results

Presenters: Nic Ming, Fiani Johnson, Elsie Lee, Sabrina Abong

Evidence-Based Solutions Committee (ESC)

The primary purpose of the Evidence-Based Solutions Committee is to ensure that the Continuum of Care (CoC) centers and integrates evidence-based data and practices to effectively identify, prioritize and provide solutions to serve the people and populations who are most vulnerable to and disproportionately impacted by homelessness across Alameda County. The Evidence-Based Solutions Committee plays a key role within the CoC's collective impact model. **It fosters collaboration and ensures accountability for all CoC committees and workgroups, including the Leadership Board.**

ESC Survey: Experience in CoC Committees

- Purpose: To collect feedback regarding people's experiences participating in Alameda County CoC committee and meetings. The ESC will analyze the feedback and make recommendations to improve operations, equity, impact, and more.
- Survey launched: 3/25/26
- Survey closed: 4/21/26
- Survey Length: 8 question online survey (including 1 optional question to provide name and email if respondent would like Homebase to reach out for support)
- Respondents: 44

High-Level ESC Survey Findings

Respondent representation

- 62% identified as a person with lived experience of homelessness
- 52% identified as representing a nonprofit service provider
- 16% identified as a government employee

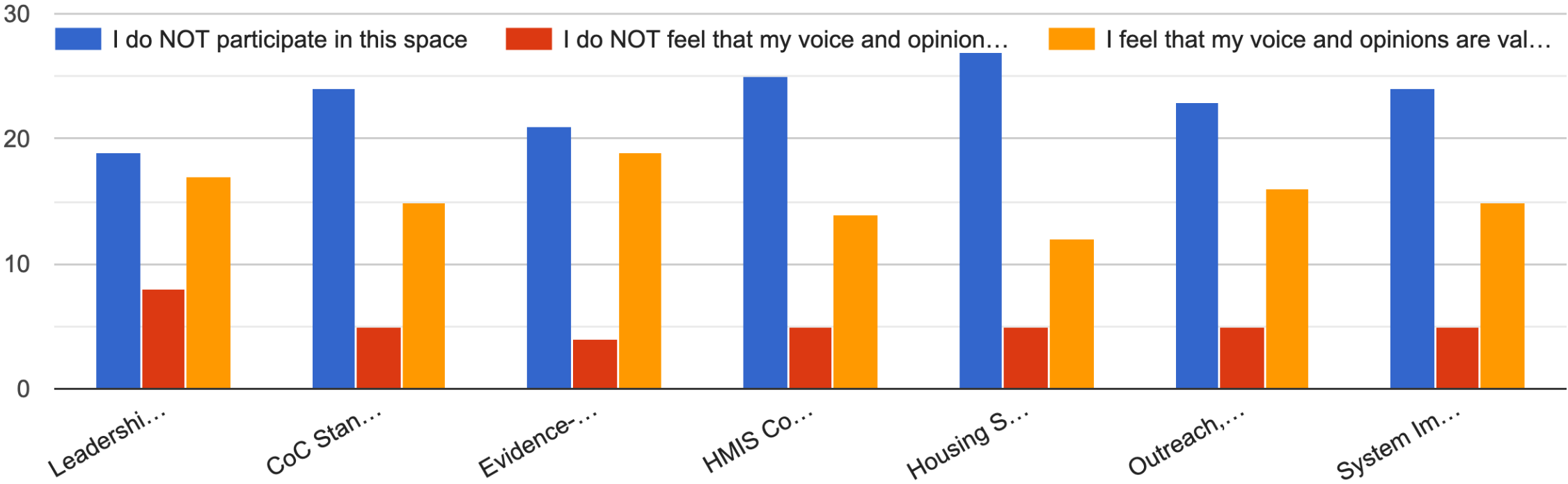
General participation level in CoC committees and meetings

- 56% regularly participate
- 37% sometimes participate

Whether respondent feels voice/opinion is valued in specific committees:

	Participates in space	Feels voice/opinion is valued	Feels voice/opinion is NOT valued
Leadership Board	25	68%	32%
SCF: Standards, Compliance, and Funding Committee	20	75%	25%
ESC: Evidence-Based Solutions Committee	23	83%	17%
HMIS: Homeless Management Information System Committee	19	74%	26%
HSHP: Housing Stability & Homelessness Prevention Committee	17	71%	29%
OAC: Outreach, Access, and Coordination Committee	21	76%	24%
SIC: System Impact Committee	20	75%	25%

Do you feel that your voice and opinions are valued in these meeting spaces? If you do not participate in the meeting space, please indicate so in your response. (please select 1 response per row)



A few constructive quotes:

“It is imperative that every voice is heard, considered and appreciated for their expertise along with experience.”

“Better education and orientation of committee members about the duties and scope of the committees.”

“It feels very exclusive and confusing and circular. Meaning select few, and always the same few, are the ones who can actually participate. It’s confusing as to which meeting are for what and with so many meetings.”

A few positive quotes:

“I began attending more committee meetings and gaining knowledge.”

“I love it, but I need a lot of help and support.”

“I’ve really enjoyed being part of a collaborative team, and overall my experience has been positive. At times, the voting process can be challenging when many people tend to lean in the same direction, but I don’t mind—I’m always in favor of building strong support and working together.”

Some early recommendations...

Expectations of and support for voting members

- Find balance between accommodating everyone and getting things done, hold expectation that people come prepared to meetings
- Directed working sessions with voting members to discuss and understand agenda items
- Committee specific training
- Do not impose ideological indoctrinations in order to have equal access to participation
- People with lived experience of homelessness have been dissatisfied with their roles and have felt tokenized, need support and accommodations

Agenda and meeting structure

- Do not overload, front load agenda with voting item, Have a clear agenda with stated goals
- Tie agenda items and goals to tangible impacts on people experiencing homelessness
- Get through the information before answering questions
- Ensure people have reasonable time to speak and that no one dominates conversation

Other

- Be compassionate and listen to understand not to respond
- Invite the street and shelter health team workers who provide direct services speak at committees

Quick Pair-Share – 5 minutes to talk!

- **What other suggestions do you have to improve committees and meetings?**
- **In-person: Talk to your table partners! Write ideas on index cards!**
- **Virtual: Share your ideas in the chat**
- **Up next: 5 minutes to share out**
 - **30 seconds per person please 😊**

ESC Survey Next Steps

The ESC will continue to analyze and discuss the survey results

The ESC will share findings with individual committees and discuss possible next steps (ESC liaisons will also be a resource)

The ESC will develop a set of improvement recommendations to be shared with the Leadership Board and committees

Take the survey today during lunch!

- <https://tinyurl.com/esc-2026>





Homebase

ADVANCING SOLUTIONS TO HOMELESSNESS

May 27, 2026

Grievance Policy and Procedure Monitoring Overview

Kris Maun, Directing Attorney

Maya Reddy, Staff Attorney

Monitoring Overview

What is the purpose of monitoring?

The purpose of monitoring is to determine whether CoC-funding recipients and subrecipients are complying with:

- US Department of Housing and Urban Development (HUD) regulations,
- Program goals identified in the Notice of Funding Opportunity (NOFO), and
- Other regulatory requirements.

Who conducts the monitoring?

- HUD regularly monitors CoCs, but CoCs should also monitor themselves at least annually.
- Pursuant to the Interim Rule and the Collaborative Applicant Memorandum of Understanding (MOU), H&H is the Collaborative Applicant and is responsible for monitoring CoC-funding recipients and subrecipients.
- H&H has asked Homebase to lead the monitoring process with H&H review/support and in collaboration EveryOne Home.

Monitoring Overview

Why focus on grievance policies and procedures?

- All CoC-funding recipients and subrecipients are required to have written grievance policies and procedures,
- The written grievance policies and procedures must meet certain requirements to comply with HUD regulations and federal law, and
- Committees and the community have identified grievance policies and procedures as a high priority for the CoC.



Monitoring Overview

What are you monitoring for?

For each mandatory or implied mandatory requirement, it will be noted if the policy and procedure:

- Meets Expectations: Achieves all required standards and fulfills responsibilities as defined by HUD regulations.
- Needs Improvement: Does not consistently meet required standards or deliverables; improvement plans should be developed and monitored.

It is important to note that policies and procedures are always evolving and improving!

- A finding of needs improvement is an opportunity for training and technical assistance.
- Entities receive support revising policies and procedures to align with HUD regulations.

Monitoring Overview

What are you monitoring for?

- This Scorecard will also evaluate whether a grievance policy and procedure includes any of the following best practices:
 - Available Online
 - Informal Resolution
 - Escalation to Higher Decision-Making
- There is no penalty for not adopting a best practice.
- It will just indicate that a grievance policy and procedure “exceeds expectations.”
- Exceeds expectations means that the policy and procedure achieve all required standards and responsibilities laid out in the HUD regulations and demonstrates clear added value.

Monitoring Timeline

Phase	Description	Milestone
Phase 1: Monitoring and Review	Homebase collected all grievance policies and procedures, requested additional information, and held a virtual orientation for HUD CoC-funded recipients and subrecipients	February 13, 2026
Phase 2: Evaluation	Homebase prepared Monitoring Scorecards for each HUD CoC-funded recipient and subrecipient's program in collaboration with the entity. Each entity was able to include a one-page response to the final Monitoring Scorecard. Homebase sought input from people with lived experience through a survey and focus group.	March 13, 2026
Phase 3: Technical Assistance	Homebase provided training and technical assistance to HUD CoC-funding recipients and subrecipients to comply with HUD requirements.	May 15, 2026
Phase 4: Reporting and Recommendations	Homebase is currently drafting and will share a Grievance Policy Monitoring Report that will include a summary of the monitoring process, all the Monitoring Scorecards and written responses, summary of the feedback from people with lived experience, and recommendations from Homebase.	June 05, 2026

Review and Evaluation

February 11	Deadline to submit grievance policies and procedures
February 13	Virtual orientation for CoC-funding recipients and subrecipients
February 11 - 20	Homebase reviewed and evaluated policies and procedures
February 20	Submitted initial Monitoring Scorecard to recipients and subrecipients
February 27	Deadline for recipients and subrecipients to provide additional information
February 27 – March 6	Homebase revised Monitoring Scorecard based on any additional information provided by recipients and subrecipients
March 6	Submitted final Monitoring Scorecard to recipients and subrecipients
March 13	Deadline for recipients and subrecipients to provide one-page statement

Input on Best Practices

- Monitoring focused on HUD compliance, but Homebase also sought feedback from people with lived experience about what grievance policy and procedure best practices should be.
- This feedback will be included in the final Monitoring Report and will inform Homebase recommendations.
- Homebase received feedback through an online survey and a virtual focus group.



Training and Technical Assistance

- Trainings and Peer Learning
 - Frontline Staff
 - Management and Administration
- Sample Policies and Procedures Document
- Notification of Civil Rights
 - English, Spanish, Cantonese, Farsi, and Vietnamese
 - Notification of Civil Rights Flyer
- Direct Technical Assistance
 - Review of draft policies and procedures



Next Steps

- Finalizing Monitoring Report with key takeaways and recommendations
- All Monitoring Scorecards and one-page responses will be included with final report
- All TA materials will continue to be available to CoC recipients and subrecipients
- Grievance Policy and Procedure FAQ will be updated with links to revised grievance policies and procedures



Grievance Policy and Procedure Monitoring Documents

- [Grievance Policy and Procedure FAQ](#)
- [Grievance Policy and Procedure Monitoring Project Plan](#)
- [Grievance Policy and Procedure Monitoring Scorecard](#)
- [Grievance Policy and Procedure Virtual Orientation Slides](#)
- [Grievance Policy and Procedure Feedback Survey](#)
- [Grievance Policy and Procedure Training Slides](#)



Up next: CoC Business

Voter Guide

<https://tinyurl.com/spring-vote>



Also available on your tables!

All registered attendees were also emailed this information with the subject line "**Please Read: Materials for the EveryOne Home Spring 2026 Community Meeting**"

Items to be Voted on Today

**1. Leadership Board seat opening:
Nonprofit Service Provider**

2. Leadership Board seat renewals



1. Leadership Board seat opening: Nonprofit Service Provider



Item 1: Background

The EveryOne Home Governance Charter holds multiple seats on the Leadership Board for nonprofit service providers.

Since one service provider on the Board is ending her term this month, the Nominations Committee outreached to the community and received 8 interested candidates.

All Leadership Board members, Committee members, and EveryOne Home mailing list subscribers were notified of the open position and given the opportunity to nominate candidates.

The Nominations Committee submitted **Anita De Asis Miralle** to the Leadership Board on May 21st, 2026. The Leadership Board approved the candidate.

About Anita: Founder and Executive Director of the Village in Oakland

“I believe my lived experience with homelessness, my 40 years as a grassroots organizer, my various experiences working with unhoused neighbors and youth through my life, and my commitment to approach homelessness with a human rights lens would allow me to bring meaningful contributions and wisdom to offer. I have served in multiple leadership positions throughout my life as a youth leader, as a cultural worker, as a grassroots community organizer, as an educator and mentor. I've managed or directed several organizations. And I also find myself in the role of a bridge builder, coalition builder, and advocate.”

Read more about Anita's experience in your voter guide!

Voting

Voting **YES** would put Anita De Asis Miralle on the Leadership Board for a three-year term, starting the date of the Community Meeting.

Voting **NO** would leave the seat open for another present candidate. If no other candidate is submitted, the seat will remain open until the next Community Meeting.

Attendees may also nominate a service provider at this time.
Any new nominees can be voted on as a write-in.

2. Leadership Board seat renewals



Item 2: Background

The following Leadership Board members have terms ending at the end of May 2026. They have all expressed interest in renewing their seats for another 3-year term. The EveryOne Home Governance Charter does not currently have a term limit for Leadership Board or Committee members.

The Nominations Committee recommended that the 3 Leadership Board members be approved for another term.

The Leadership Board approved the renewals on May 21st, 2026.

Ms. Shelley Gonzalez

Community Member with Lived Expertise, member of the following Committees: CoC Standards, Compliance, and Funding; Housing Stability and Homelessness Prevention; Evidence-Based Solutions Committee

Frank Rogers

Community Member with Lived Expertise, member of NOFO and Nominations Committees

Liz Varela

Service Provider at Building Futures, member of NOFO Response Team

Voting

You will vote individually for each member!

Voting **YES** would approve Leadership Board members to renew their seats and begin another term starting June 1, 2026.

Voting **NO** would leave the seats open for other present candidates. If no other candidates are submitted, the seat will remain open until the next Community Meeting.

Attendees may also nominate a service provider and/or 2 people with lived experience at this time.

Any new nominees can be voted on as a write-in.



Voting



Break

10:45am-11:00am



State of the System

11:00am - 12:00pm

Presented by Alameda County Health, Housing and Homelessness

State of the System

Update from the Collaborative Applicant | May 27, 2026

Jonathan Russell | Director, AC Health Housing and Homelessness

Amy Cole-Bloom | Senior Director, AC Health Housing and Homelessness

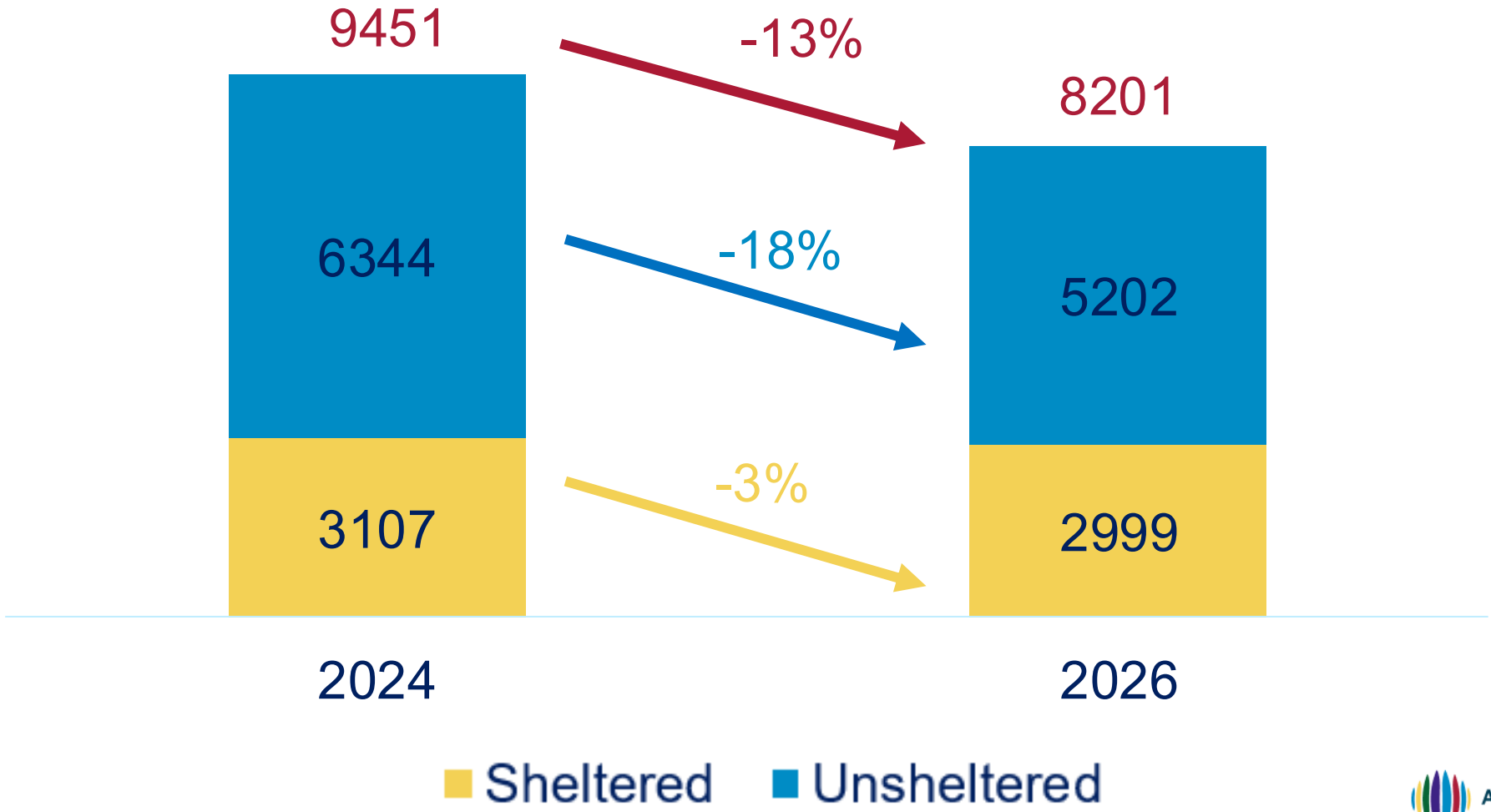


Presentation Overview

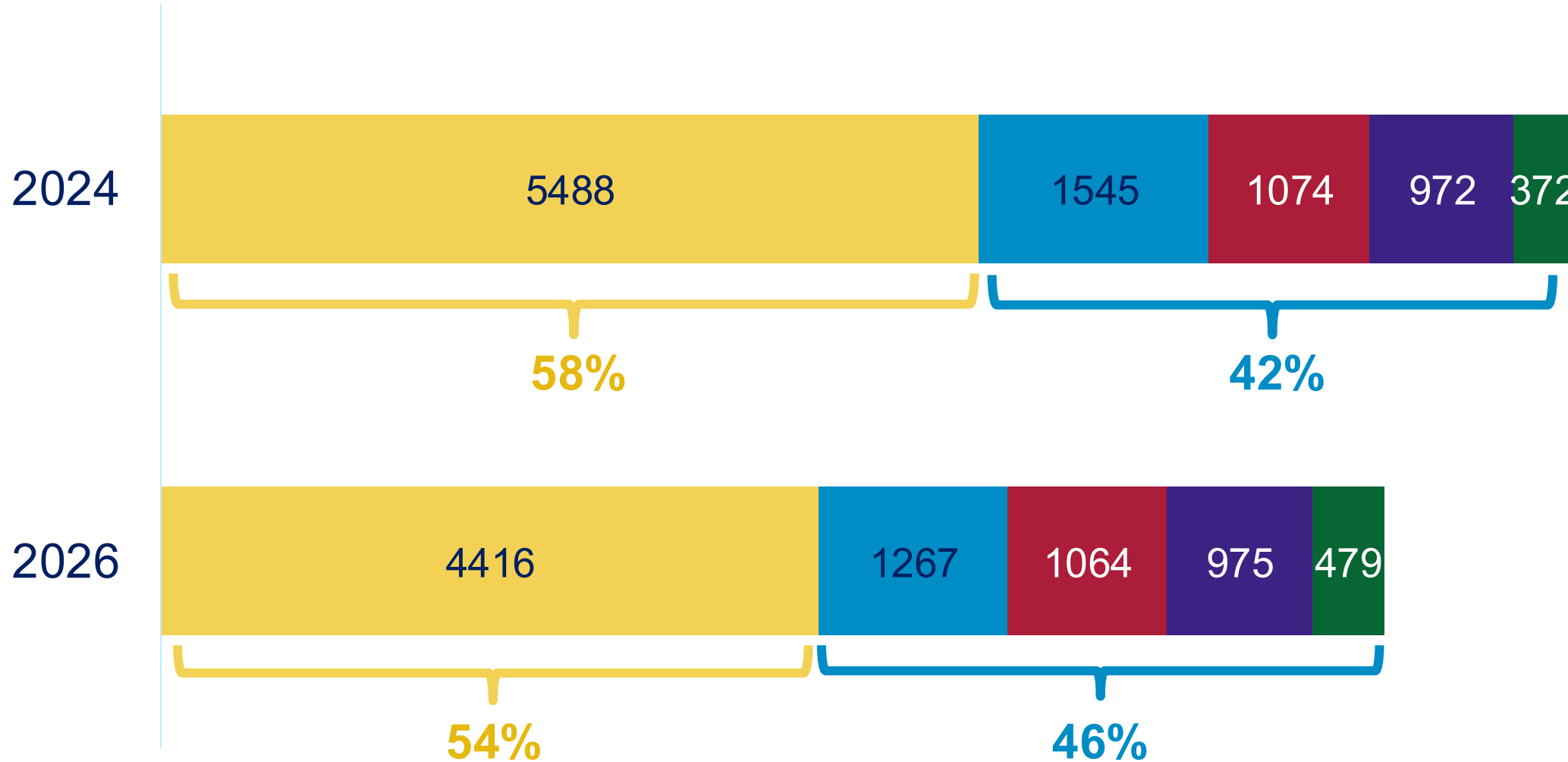
1. 2026 PIT Count
2. Home Together Plan Updates
3. Home Together Plan Racial Equity Analysis
4. Measure W
5. CoC NOFO Updates

2026 Point-In-Time Count Update

Total homelessness is down 13% and unsheltered homelessness is down 18%



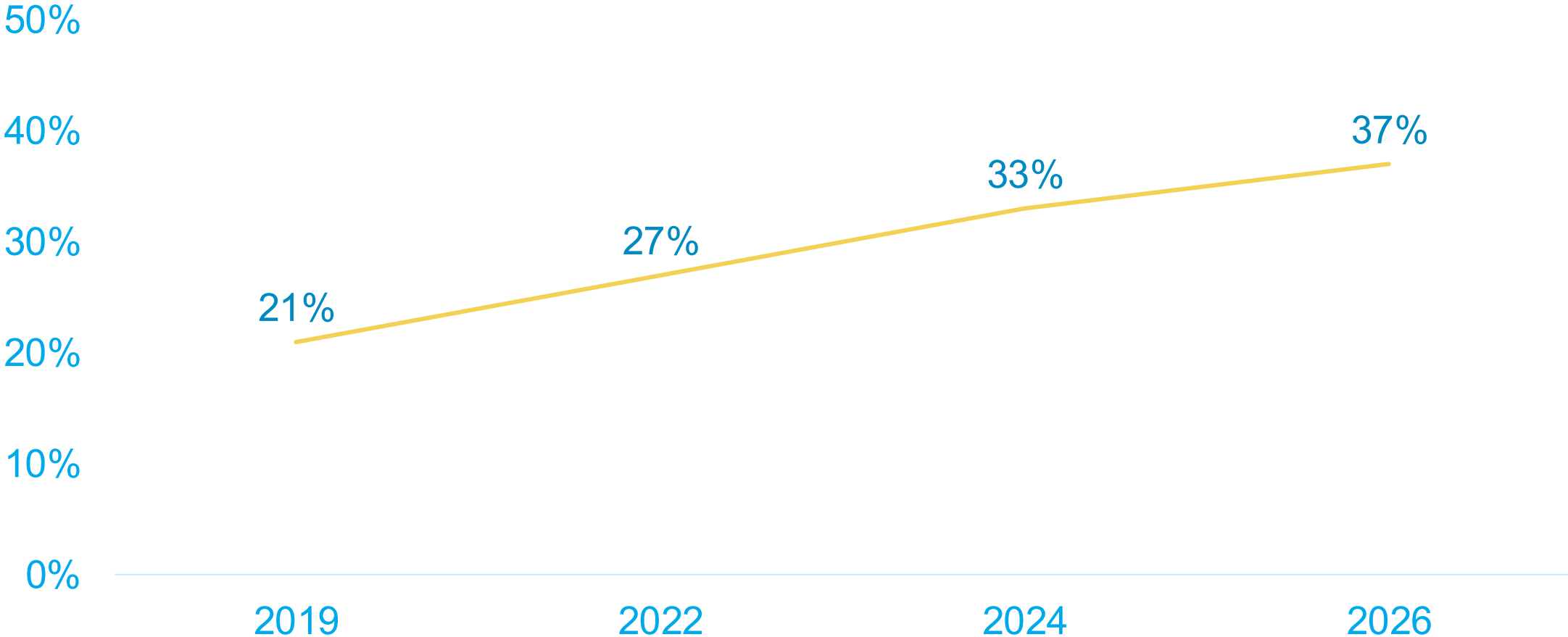
Over half of the homeless population continues to be in Oakland



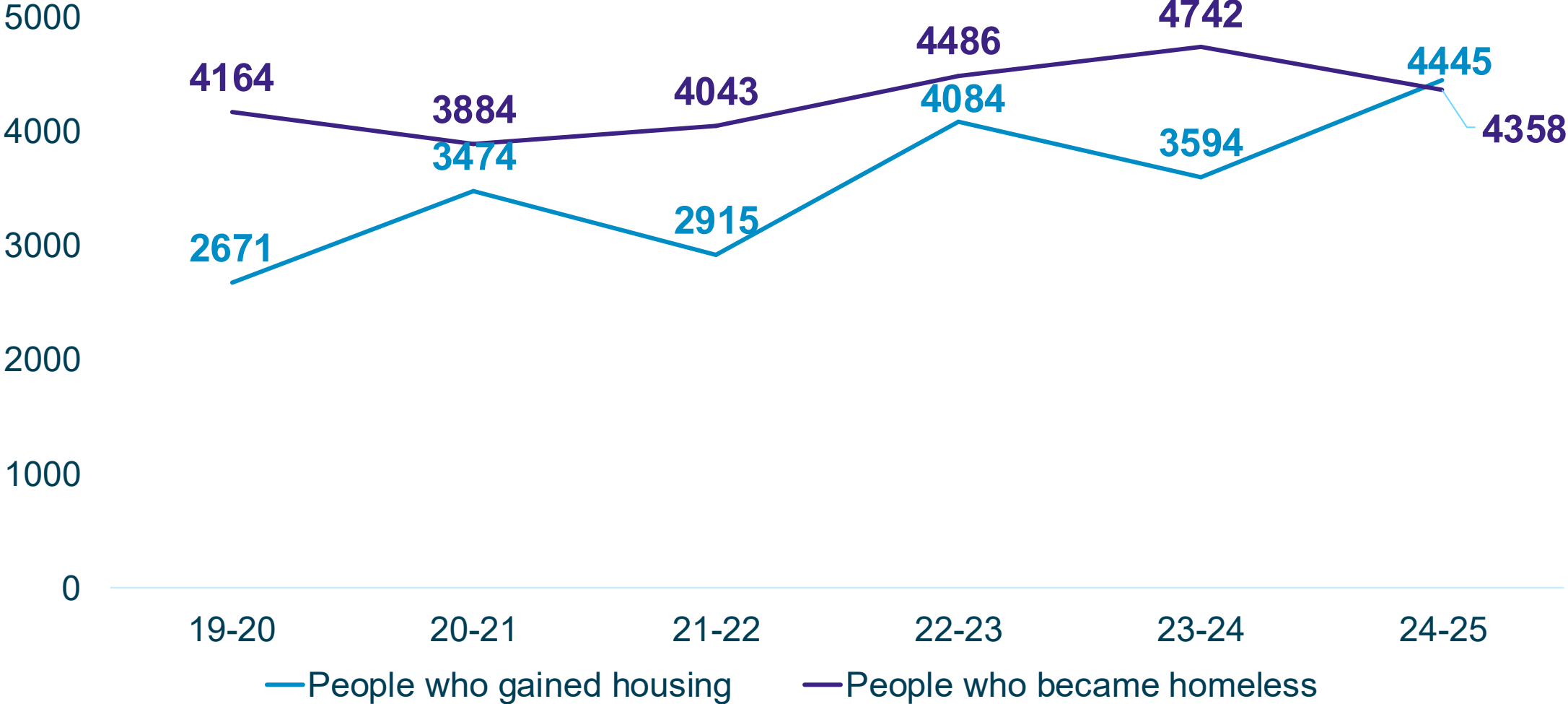
■ Oakland/Piedmont ■ Mid ■ South ■ North ■ East

The share of people experiencing homelessness who were sheltered increased from 21% in 2019 to 37% in 2026

Sheltered Rate Over Time



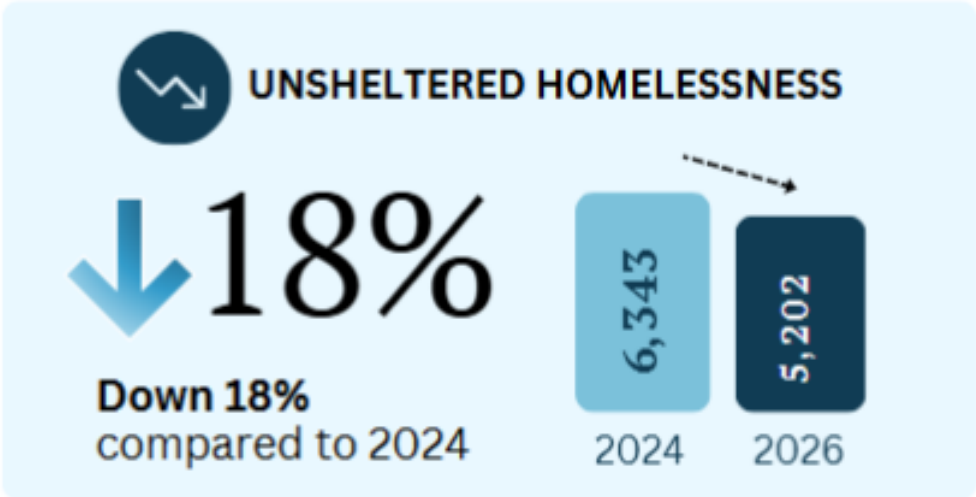
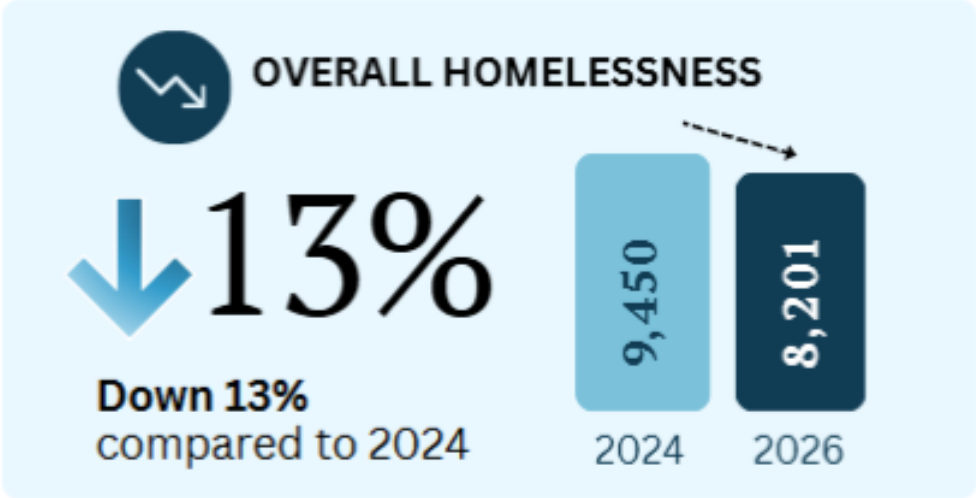
System data shows that last year, more people gained housing that entered homelessness



More data is still to come!

Additional results will be available in September

[Click here](#) for initial PIT Count data infographic, including City-specific information



Home Together Plan

We're working on refreshing the Home Together 2026 plan for Home Together 2030

Home Together 2026 is Alameda County's strategic plan for building a coordinated homeless response system to meet the needs of people experiencing homelessness and reduce racial disparities.

Alameda County is refreshing the plan as Home Together 2030, a 5-year strategic plan that will integrate:

- Updated homelessness response **System Modeling Tool** developed/ informed by current systemwide data
- Updated **racial equity analysis** expanding upon historical analyses and Home Together 2026 systemwide performance and outcomes data
- Feedback from a wide range of **community partners and people with lived experience** of homelessness
- The latest Point-in-Time Count and systemwide data

A **draft Home Together 2030 Plan** is expected this spring and anticipated to be finalized by summer/fall 2026.

Home Together 2030 is rooted in a framework of targeted universalism

- We set **universal** goals
- We pursue these goals with **targeted** implementation strategies to achieve them
- This framework enables us to achieve our racial equity goals

“Instead of setting the reduction of disparities as the goal, targeted universalism establishes a universal goal, and then seeks the development of multiple implementation processes to achieve that goal. The end result is a reduction in disparities, but always in reference to a universal goal. ”

– Othering and Belonging Institute

Home Together 2030 is organized around five main pillars



Prevention

Building a coordinated network to prevent initial homelessness and returns to homelessness for those previously experienced.



Access

Engaging people by building trust and reducing harm, removing barriers to assistance, and creating clear, navigable paths to shelter, housing, and support.



Shelter

Providing safe, dignified interim housing with essential services to support people in ending their homelessness.



Housing

Expanding and preserving options, accelerating exits from homelessness, and strengthening long-term stability via subsidies.



Coordinate

Strengthening the system's foundation—workforce, data, and policy—to support implementation at scale across the region.

What's next for Home Together 2030?

- Task Force is currently reviewing a draft
- Public comment period beginning in about a month
 - Comments collected through an online survey
- Implementation working groups over next several months
- Final draft to Board of Supervisors in November

Home Together Racial Equity Analysis Findings & Initial Data

What is the Home Together 2030 Racial Equity Analysis (REA)?

Analysis focus:

- **Understanding the current state** – disparities in who is homeless and who accesses the homelessness response system
- **Barriers and access to services** – disparities in who accesses programs and services
- **Service delivery and outcomes** – disparities in outcomes by program type

Implementation focus:

- Encampment response, access, and outcomes
- Targeted homelessness prevention
- Strengthening case management and housing sustaining services
- Enhancing workforce pipelines for BIPOC providers and roles
- Using client preference and equity analysis to inform siting and program design decisions

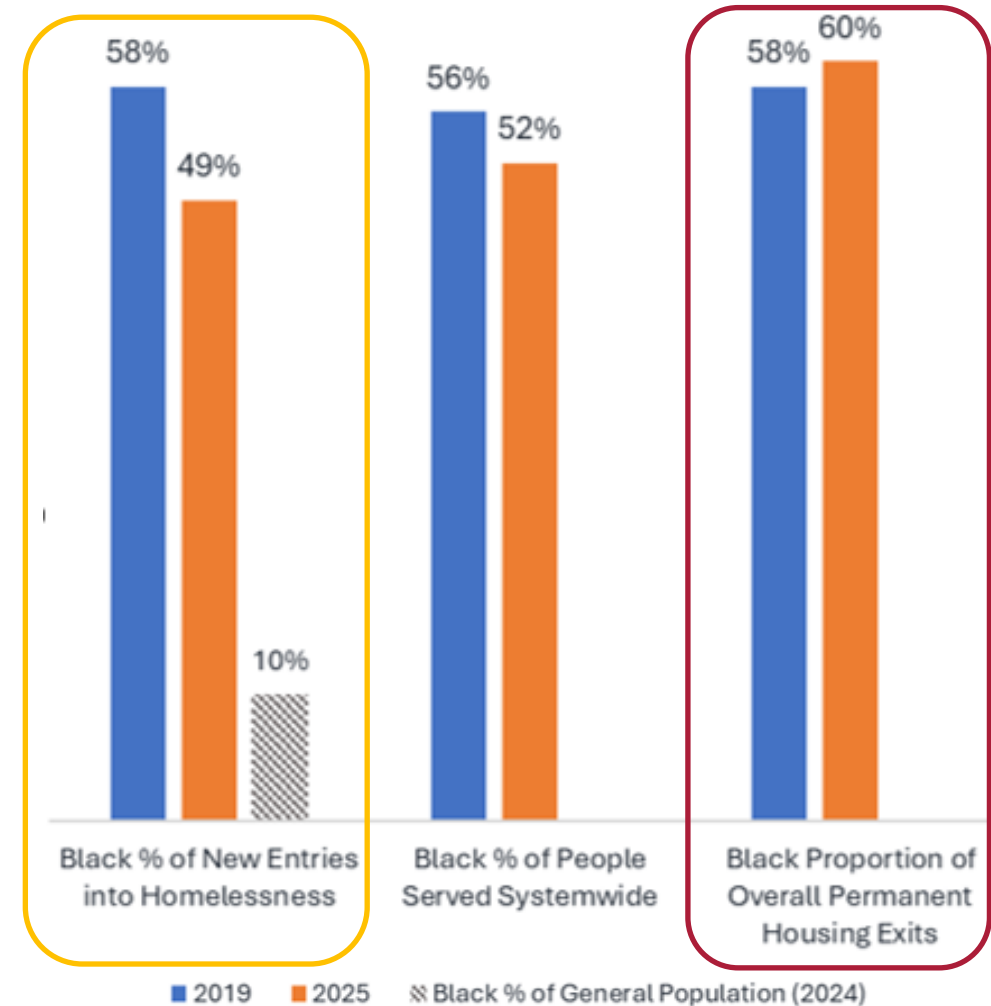
What are some of the key findings of the updated Racial Equity Analysis?

- Across several key indicators, outcomes are generally proportionate across racial and ethnic groups, indicating areas of relative equity in system access and housing stability.
- Black households experience persistent inequities in some areas, including severe overrepresentation in homelessness and weaker housing stability outcomes for *families*, despite generally proportionate access to services.
- Hispanic/Latine households face notable barriers within the system, with lower rates of enrollment in housing interventions and permanent housing exits, and higher risks of housing instability after exit.
- Although smaller in number, Native Hawaiian and Other Pacific Islander and American Indian and Alaska Native households experience disproportionately high levels of crisis and housing instability, including trauma-driven pathways into homelessness and greater challenges sustaining permanent housing.
- White households experience comparatively fewer barriers across the homelessness response system, with more favorable entry, enrollment, and housing outcomes.

Black Homelessness in Alameda County: 2019 to 2025

Black **overrepresentation in new entries into homelessness** went down from 58% of all inflow in 2019 to 49% in 2025, a 16% relative reduction

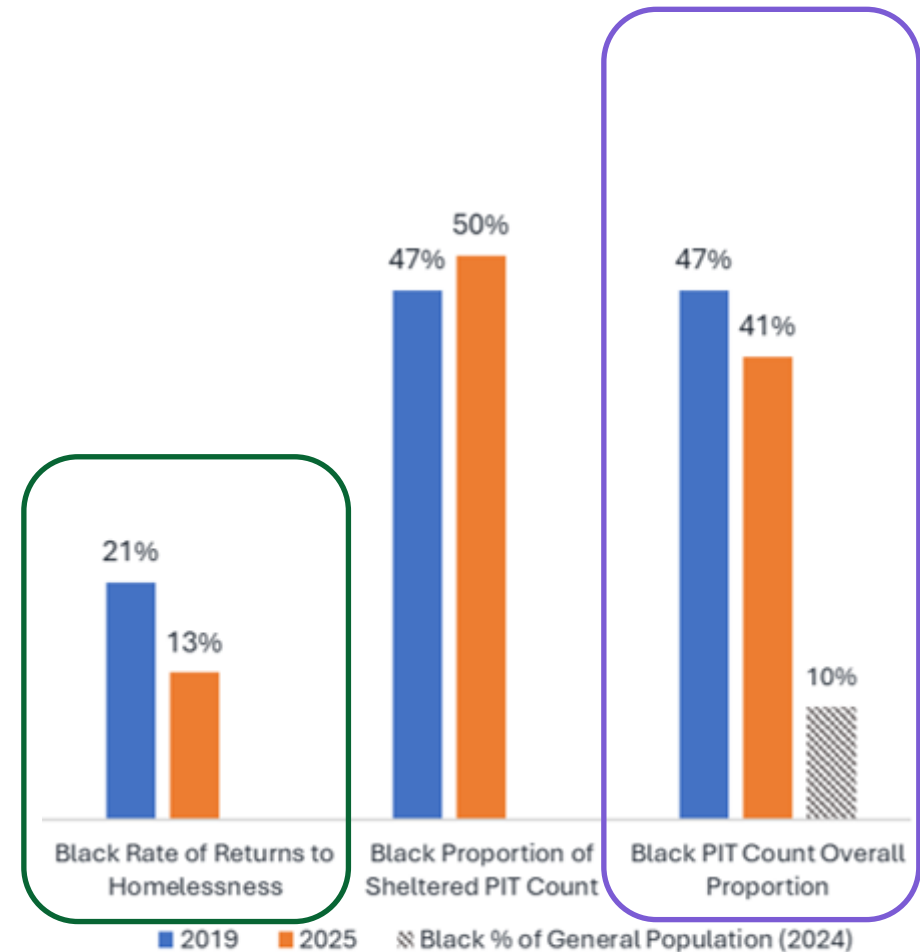
Permanent housing move-ins for Black households increased to 60% of all those who gained housing, which is 8% higher than their overall representation in the system as of 2025



Black Homelessness in Alameda County: 2019 to 2025

The rate of returns to homelessness dropped by 8% between 2019 and 2024, a 38% relative reduction, where Black household returns are now equal to the systemwide average across all races

Black representation in the overall PIT went down by 6% between 2019 and 2025, but remains more than 4 times overrepresented compared to the general population in Alameda County



Measure W Updates

FY 25-26 Board-Approved Measure W Home Together Fund Allocations to Date

Category	Amount	% Total
Capital	\$68M*	58%
Shelter	\$18M	16%
Coordinate	\$14M	12%
Housing	\$10M	9%
Admin/Indirect	\$5M	4%
Access	\$1M	1%
TOTAL	\$116M	100%

Board-approved allocations to contracts or County agencies to administer contracts

*\$11M through GSA; \$57M through CDA

Measure W HTF Procurements: Completed or In-Progress

Procurement	Release Timeline	HTF Category	MW HTF Committed	Impact
✓ Flexible Housing Subsidy Pool	Q2 2025	House	\$60M over five years	1,200-1,300 new subsidies over 8 years
✓ Interim Housing Expansion	Q4 2025	Shelter	\$33M over two years	300 new beds brought online
✓ Capital Funds for New Projects	Q4 2025	House	\$53M	950 affordable, including 310 homeless units

Measure W HTF Procurements: Planned

Procurement	Planned Release	HTF Category
Housing Resource Centers	Q1 2026	Access
Shelter Portfolio BNR Supplemental Funds	Q1 2026	Shelter
Shelter Portfolio Updated Standards and Services	Q2-Q3 2026	Shelter
Homelessness Prevention	Q3 2026	Prevent
Capital for Primary Care (Clinics)	Q3 2026	Coordinate - Health
New Resources for Unsheltered Residents: RV, Safe Parking, Hygiene, Peer sites, etc.	Q3-Q4 2026	Access, Shelter
Capital Housing Acquisition, Rehab, Preservation, Operating Reserves and Shelter Preservation	Q3-Q4 2026	House, Shelter
Workforce Development/ Employment Services	Q4 2026	Coordinate - Employment

Interim Housing Expansion FY25/26

- Oakland site operated by Cardea Health accepting referrals (serving Oakland and North County)
 - **150 new HTF units**, prioritizing medically frail individuals
 - **92 new BNR beds** through SSA
- Mid-County site (serving Mid-County/Unincorporated) pending contract finalization and start of operations
 - **48 new HTF units**
- South County (serving South and East County) site selected but awaiting conditional use approval from City of Fremont
 - **100 new HTF units**, prioritizing medically frail individuals

Capital: RFP Funding Regional Awards

Total MW Currently considered for Capital Projects: \$71.68 Million

- Capital RFP - \$53 Million awarded to 10 projects
- +
- Broadway project approved by BOS – \$18.73 million MW
 - \$11.38M - MW HTF
 - \$7.35M - MW Essential County Services Fund

Region	Recommended Amounts	% of Recommended Funding
Oakland	\$ 42,105,000	59%
North County	\$ 15,050,000	21%
East County	\$ 6,100,000	9%
Mid County	\$ 5,500,000	8%
South County	\$ 2,925,000	4%
	\$ 71,680,000	100%

NOFO Updates and Impacts

What is the collaborative applicant?

- H&H is the collaborative applicant
- Organization responsible for submitting the consolidated grant application for CoC funding
- Key responsibilities include
 - Submitting the application for funding
 - Managing CoC planning and HMIS administration funding
 - System coordination, including CoC operations, strategic planning, and the PIT Count
- The CoC provides oversight of the Collaborative Applicant
- Homebase provides administrative support with staffing, evaluation, technical assistance, and monitoring

What is the NOFO?

- Annual, competitive grant process from the federal Department of Housing and Urban Development (HUD)
- HUD distributes billions in federal funding to local organizations and governments addressing homelessness
- Local organizations apply to their regional Continuum of Care (CoC)
- The CoC then evaluates, ranks, and submits a single consolidated application for the entire region
 - In our CoC, the Leadership Board appoints people to a NOFO Committee to do this

What changes is HUD making to the NOFO process right now?

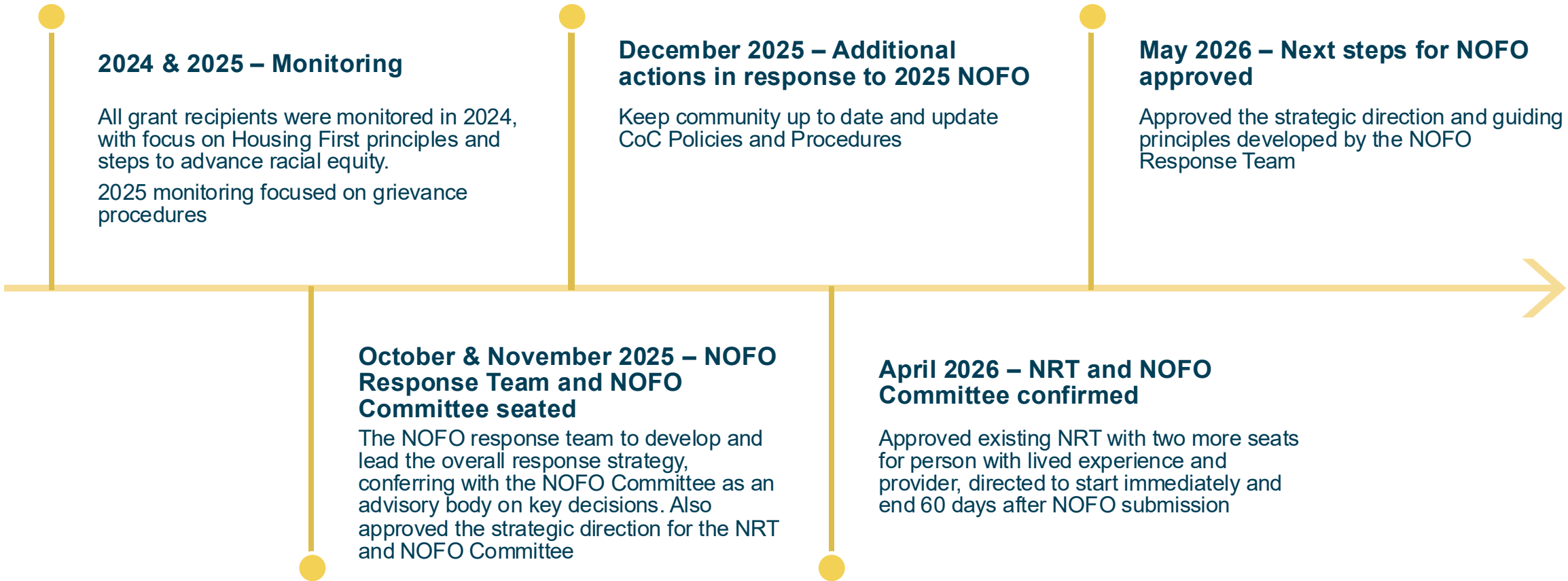
FY2025 NOFO

- Issued very late (November)
- Very short turnaround time
- Limits on funding for existing projects (ongoing housing projects at risk for loss of funding)
- Opportunity to fund new types of projects
- Shift away from Housing First towards mandatory services

FY2026 NOFO

- Expected to be issued late May or early June
- Turnaround time unclear
- Limits on funding for existing projects, but slightly higher limits
- Opportunity to fund new types of projects
- Shift away from Housing First towards mandatory services

What has the Leadership Board done related to the HUD NOFO in the last year?



What are the impacts of recent federal decisions? What can we do to address them with the NOFO process?

What can we address with the NOFO?

- Assess performance of existing projects using transparent scoring factors
- Invite applications for new funding to fill key system gaps
- Determine which projects to submit for CoC funding
- Determine which projects to shift to other funding sources

What is beyond the boundaries of the NOFO?

- HR 1 and Medi-Cal disruptions
- Proposed changes to the Equal Access Rule
- Proposed changes to Housing Choice Voucher (Section 8) program

Thank you

Questions/Comments



Lunch!

12:00pm-1:00pm



Panel: Uplifting What Works

1:00pm - 2:00pm

Featuring members of our community with lived expertise

Meet our panelists!

Read the handout for more information



Kalani Smith – moderator,
Lifelong Medical,
Leadership Board



Lyn Nesbitt - co-moderator,
Homebase

Ifalayo Harper – Wood
Street Commons, HMIS
Committee



John Janosko – Wood
Street Commons,
Leadership Board

Melissa Moore – Street
Medicine, HMIS Committee
Member



Ray Corona – Former Youth
Advisory Board Member,
CoC Standards,
Compliance, and Funding
Committee

Ms. Shelley Gonzalez – CoC
Standards, Compliance and
Funding; Evidence-Based
Solutions, Housing Stability
and Homelessness Prevention
Committees; Leadership Board



People with lived experience are consultants, caretakers, advisors, decision-makers, and community peer support, and more; there must be investment in us to help our CoC be accountable, and nurture creative solutions for resolving homelessness informed by lived experience to truly love on and support the community. Allyship and Partnership.



Research Spotlight

2:00pm - 3:00pm

Presented by Alameda County Healthcare for the Homeless

Voices from the Margins:

Listening to Experiences of Unhoused African American Men Seeking Substance Use Treatment Services in Alameda County

Alameda County Health Community Assessment,
Planning and Evaluation (CAPE)
and Alameda County Healthcare for the Homeless

May 27th, 2026



Who We Are



Alameda County Health Care for the Homeless (ACHCH) program is a federally funded health center program in its 38th year, based in Alameda County Health. We serve people experiencing homelessness across Alameda County.

ACHCH serves the Health Resources and Services Administration (HRSA) health center homeless population, whose definition includes those doubled-up and couch surfing, unsheltered on the streets and living in encampments, and people residing in shelters, recovery, and transitional programs.



Alameda County **Health Care for the Homeless**

Vision

We envision a just society where all persons have access to quality health care and housing. We believe the problems of homelessness and health inequities can be solved.

Mission

Our mission is to improve the health of Alameda County residents experiencing homelessness by ensuring access to culturally informed, whole-person health care and housing services.

What We Do

ACHCH coordinates a network of health centers and community-based organizations to increase access and improve care for people experiencing homelessness in Alameda County.

We work closely with our contractors and community partners to strengthen services, provide guidance, and care.

These services include Primary Care Medical Homes, Street Health teams, Shelter Health services, Alameda Health System (AHS) Mobile Van, and Specialty Care (Dental & Optical).

Community Feedback

ACHCH commitment to feedback from people with lived experience:

Focus groups built into strategic plan to ensure structured and consistent community input into planning, service delivery, and systems improvement

Countywide focus groups in 2023-2024 with 157 participants with current and prior lived experience with homelessness

Shared their experiences accessing health care and navigating services provided to People Experiencing Homelessness

Findings reflected self-reported experiences across the county and provided important insight into strengths, gaps, and opportunities within our system of care



This Project

Builds on 2023-2024 round of focus groups

Targeted to African American men living in shelters

In response to the overrepresentation of African American men in homelessness and substance use mortality

Reflects our responsibility to examine disparities within our system and to seek direct feedback from those most impacted

Continues our commitment to equity, accountability, and community-informed practice

Alignment with ACHCH Strategic Plan

Reduce harm

Expand access to safer use supplies, culturally responsive substance use treatment, and overdose prevention services.

Prevent premature homeless deaths

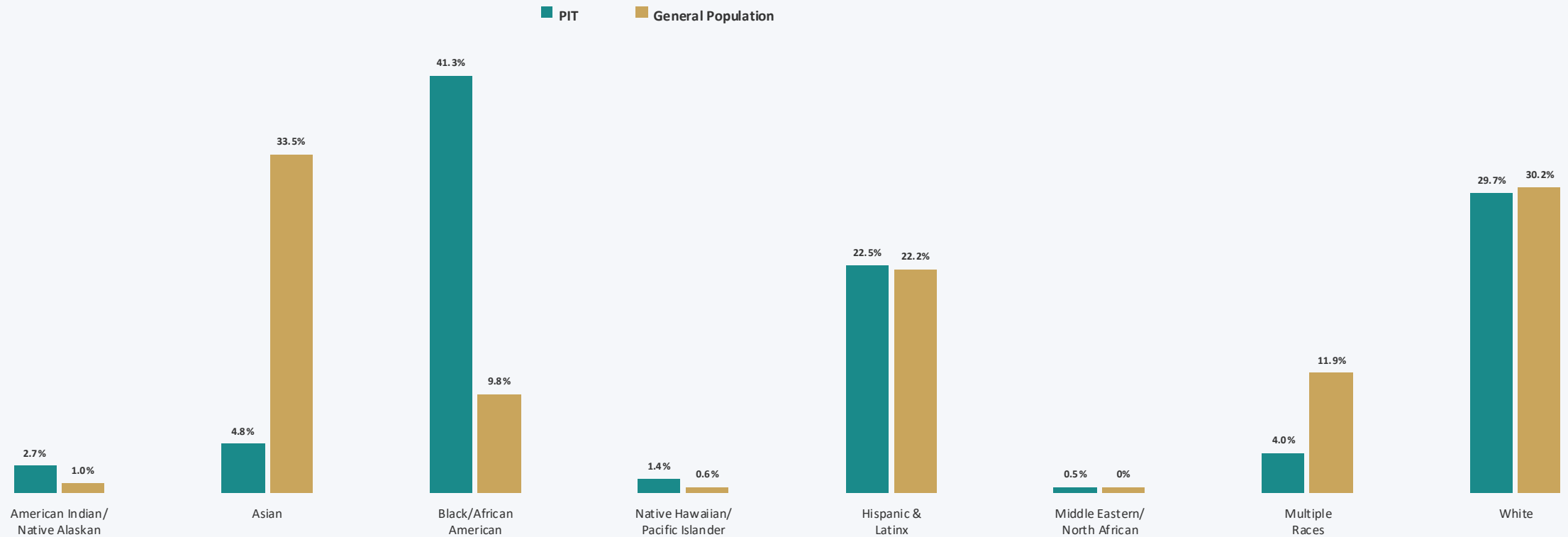
Use community-informed data to reduce preventable deaths, particularly among Black and Brown residents.

Earn trust

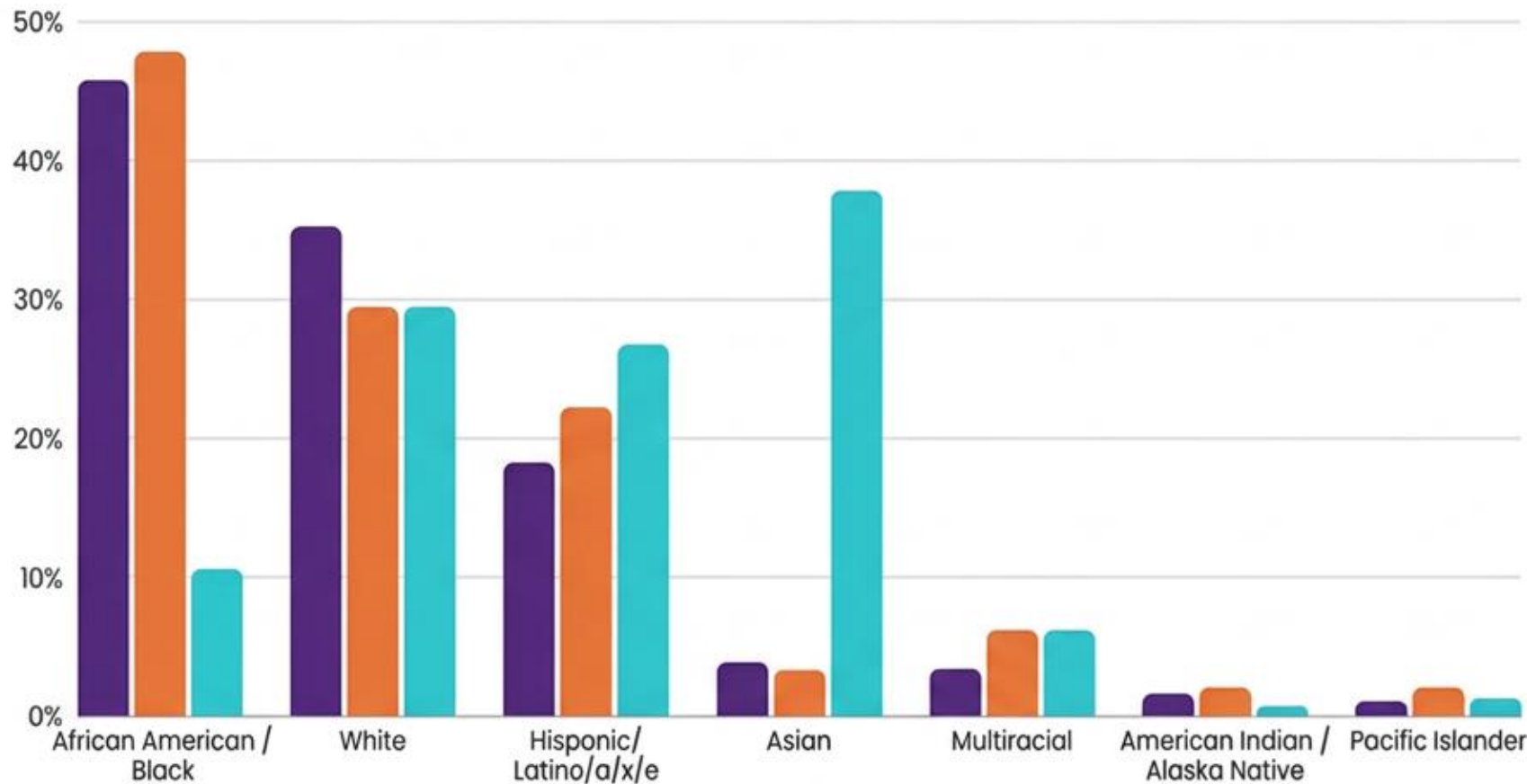
Center the leadership and expertise of people with lived experience to drive system transformation and promote anti-racist, compassionate models of care.




Disparities in Race in the Homeless Population

- According to Alameda County's 2024 Point in Time Count, the largest racial group experiencing homelessness in Alameda County is Black, African-American or African.
- Black, African American or African individuals represented **9.8%** of the County's total population but comprised **41.3%** of its homeless population
- African American Men represent **66.6%** of the homeless population



Disparities in Mortality for PEH by Gender in AC 2018-2024



-  % of Deaths of People Experiencing Homelessness at Time of Death
-  % of People Experiencing Homelessness
-  % of Alameda County General Population

Key Findings

- 80% of PEH deaths were for men
- Men were 66.6% of PEH
- And only 50% of the population

Homeless Mortality: Overdose

- 2024 ACHCH Homeless Mortality Report:

- Overdose is the leading cause of death among People Experiencing Homelessness (PEH)





- **38% (128 deaths)** of all deaths among PEH caused by intentional or undetermined cause drug overdose

- People currently or recently unhoused accounted for over half of all overdose deaths countywide

54
times
higher

Overdose mortality rates are **[54 times higher]** In PEH than in the population

Focus Group Purpose

-  Understand the lived experiences of African American/Black men as they navigate substance use services.
-  Identify effective approaches, persistent barriers and supports to improve access to care and promote recovery.
-  Inform ACHCH Shelter Health Program's services.
-  Provide feedback on barriers and strengths within the broader countywide Substance Use Continuum of Care.



“We’ve been told that we can’t keep a job... [or]... relate to a family for years [because] of Jim Crow.... But when we practice and say, yes, I am a conqueror, yes I am a king, yes. I can conquer my situation, I can better myself. I can look at myself differently. That’s when the healing takes place.”

Methodology

1. Informed by ACHCH Community Consumer Advisory Board.
2. Led by ACHCH Regional Coordinators: Zeppa, Andrea, AC Health, H&H/HCH.
3. Hosted at 9 partner shelter sites.
4. Co-facilitated by Lynette and an experienced consultant Dr. Kweli Tutashinda.
5. Tape recorded and transcribed.
6. Analyzed by CAPE in Dedoose.
7. Brief demographic and drug use survey.
8. CAPE and HCH Co-Writing Report.
9. Seeking input on findings and recommendations.



Partner Shelter Sites



**Five-Keys
Housing Services**



**Mandela
House Shelter**



**EOCP At
Crossroads**



**BACS
Eddie's Place /
Fairmont Respite**



**FirstPres
Hayward**



**Horizon Treatment
Services
Cherry Hill**



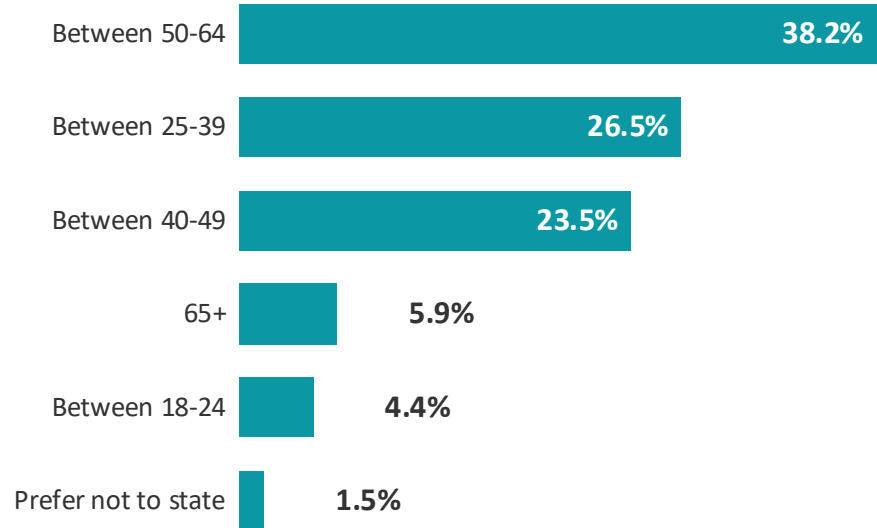
**Open Heart Kitchen
Refuge**



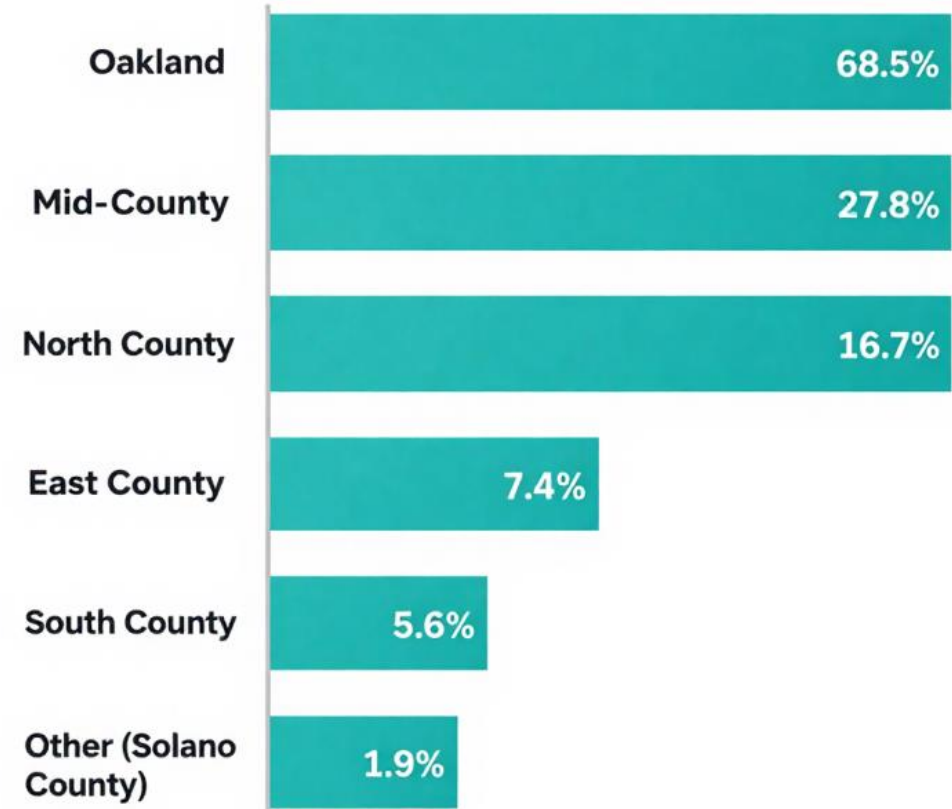
**Society of St.
Vincert de Paul**

Demographics

Participant Ages (n=68)



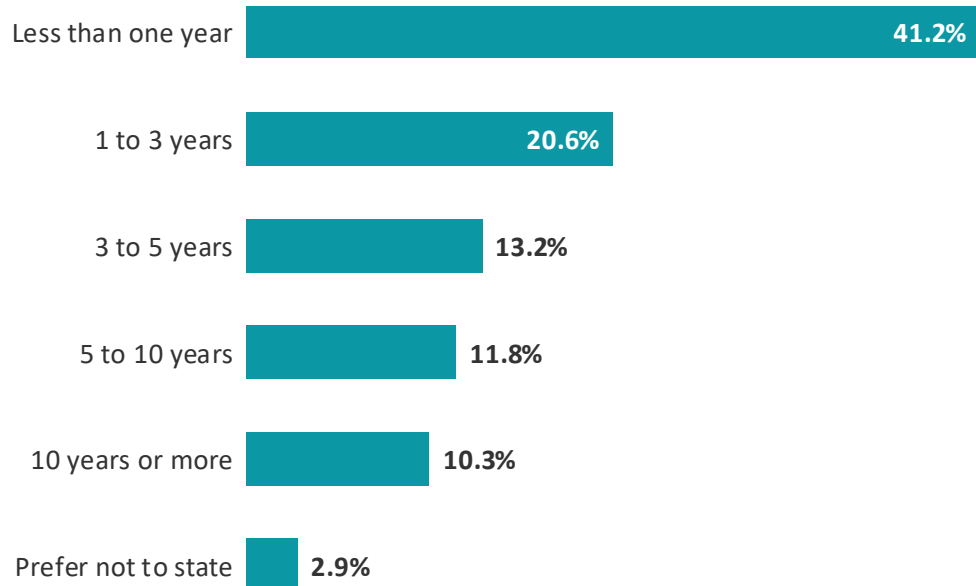
Where Participants Lived (n=54) Could Choose More than One



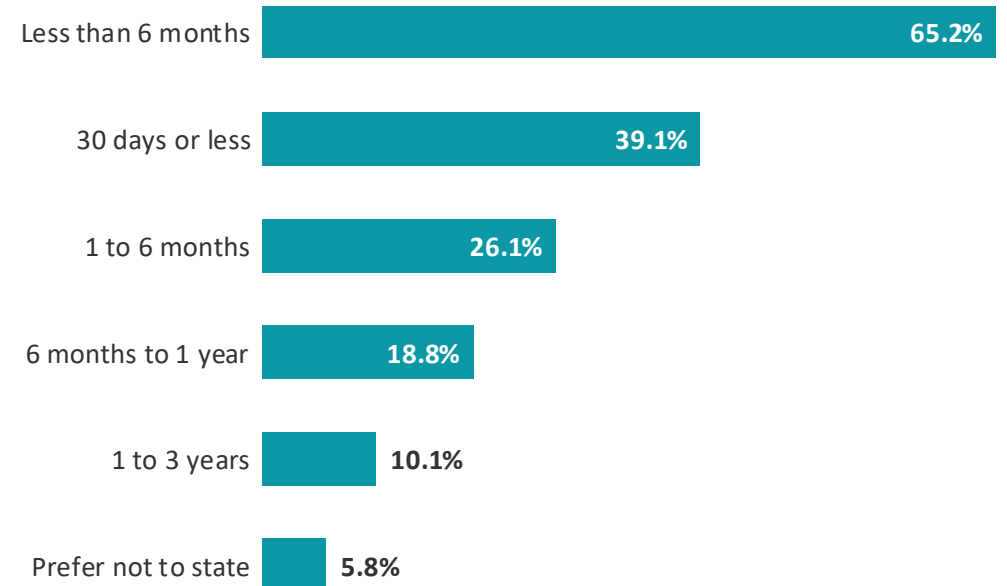
The question about where participants lived was not included in the first focus group at EOCP

Participant Housing Status

Time Unhoused (n=68)

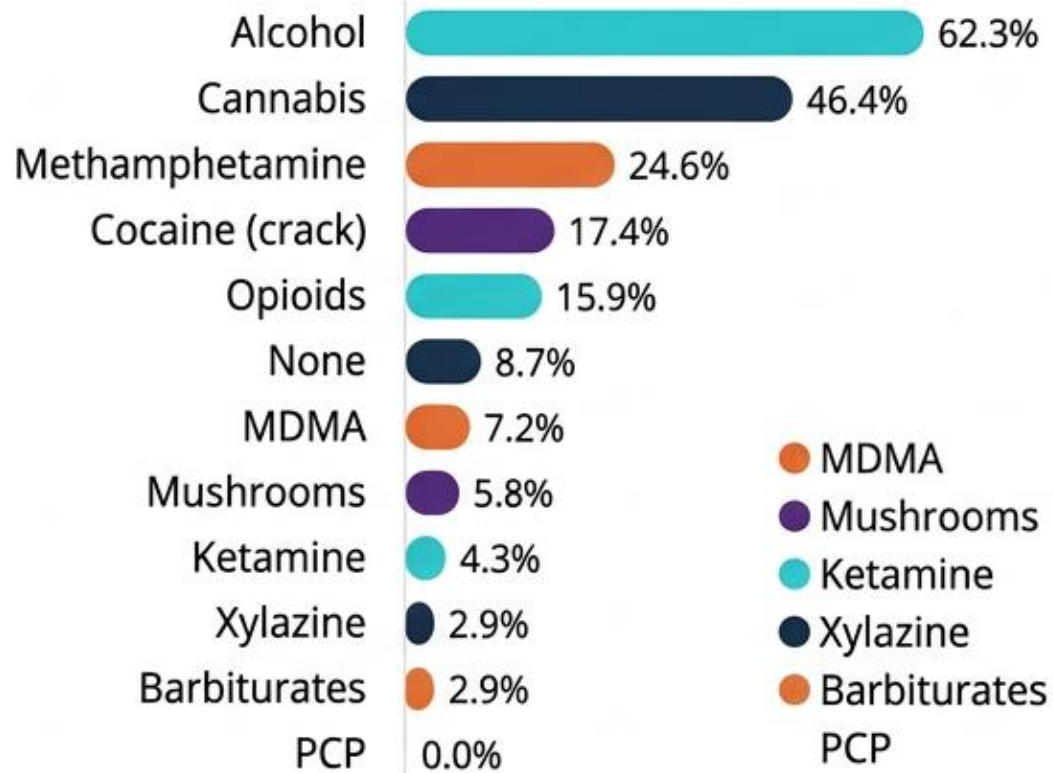


Time in Shelter (n=69)



"Drug of Choice" (n=69)

Could Choose More than One

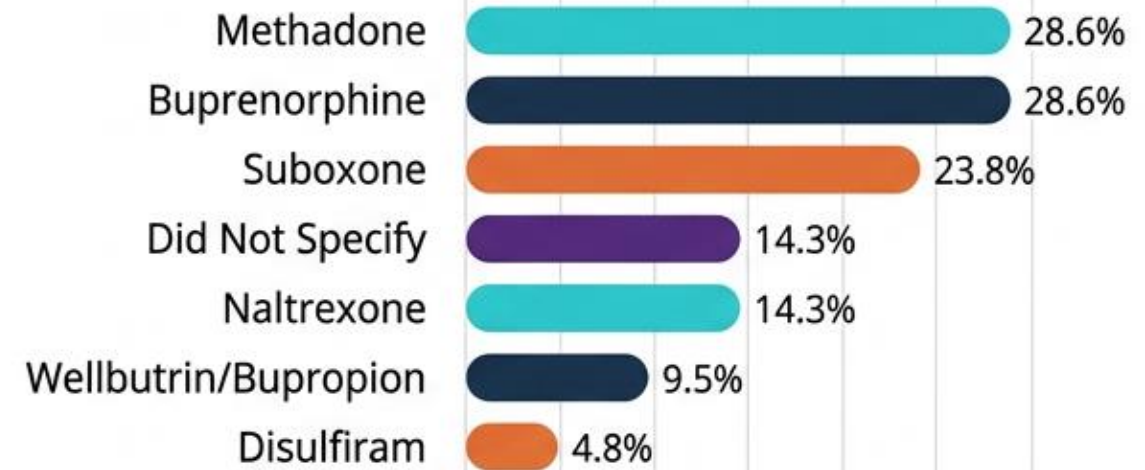


A higher percentage of respondents ages 18-39 (42.9%) chose methamphetamine, as compared with respondents who were 40 years or older (19.0%).

Which Medications (n=21)

Ever Tried Medication for Substance Use

Could Choose More than One



Twenty-one participants out of 66 (31.8%) who answered the question had ever tried medication "to cut down on substance use."

Among the 11 participants who chose "opioids," 8 (72.7%) had tried medication for substance use.

Key Themes

Importance of housing stability in recovery

Interconnected cycle of racism, housing instability and substance use

Unemployment and incarceration, which also link back to racism

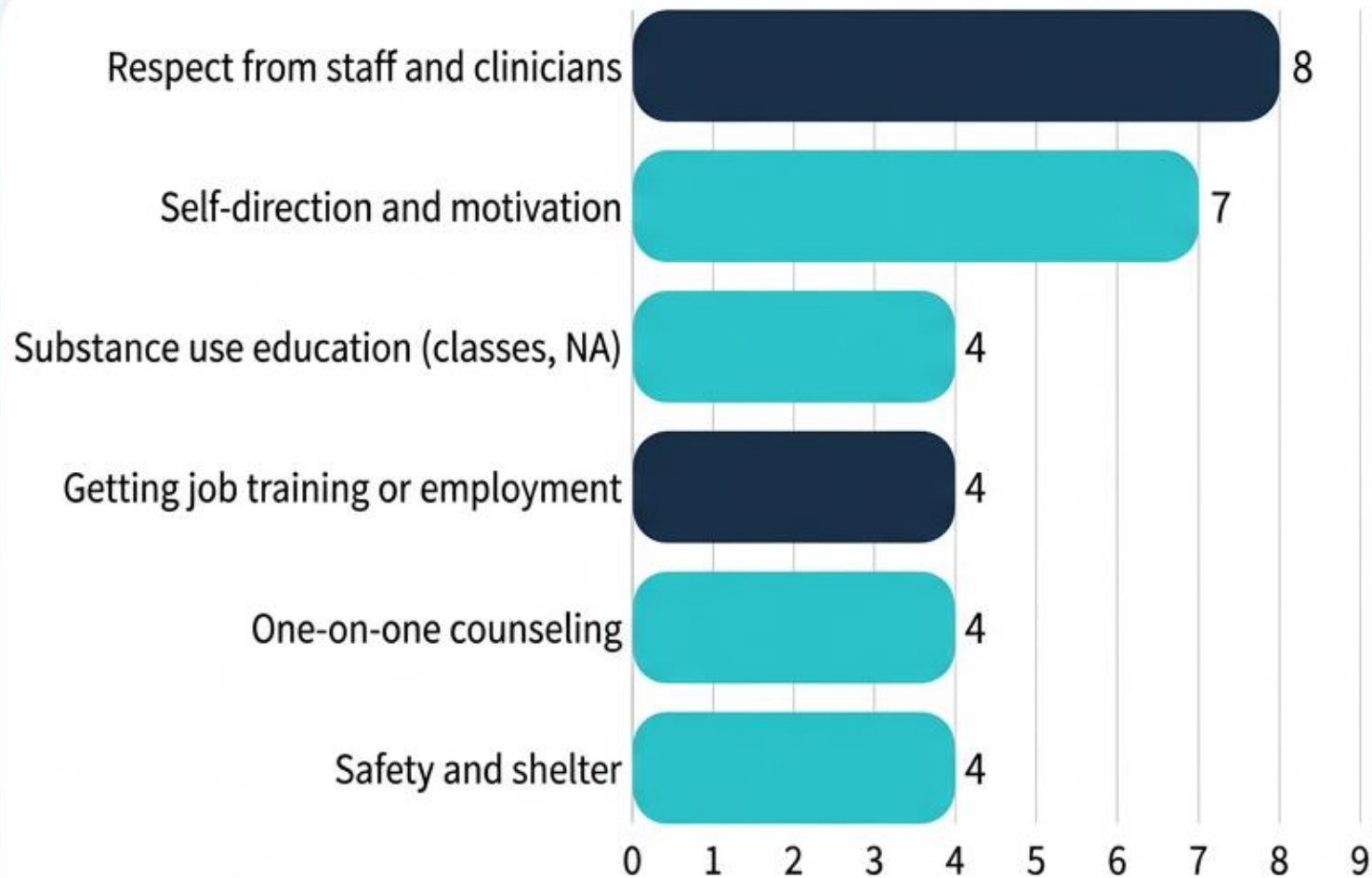
Tailored and culturally-affirming services needed for Black men

Respect is essential for staying and completing programs

Autonomy and choice are imperative in placement and services

Critical need for mental health and trauma treatment along with SUD treatment

Positive SUD Treatment Experience



“Towards the end of my stay residential. This is where I got my counselor and finding jobs and also making sure that the **jobs were near public transportation** and that they worked hours, my curfews.”



“And when I went into the treatment, I was able to talk about that and be very open about the hurt that I felt.”

Negative SUD Treatment Experiences




Number of Mentions Across Focus Groups

“At the beginning it was helpful and cool going through the program. I found out I was a light diabetic, staff helped me out. **At the end of stay, they were disrespectful,** most of the staff. They are supposed to be here to help. Nitpick on people. That is the other reason I am not there no more .”

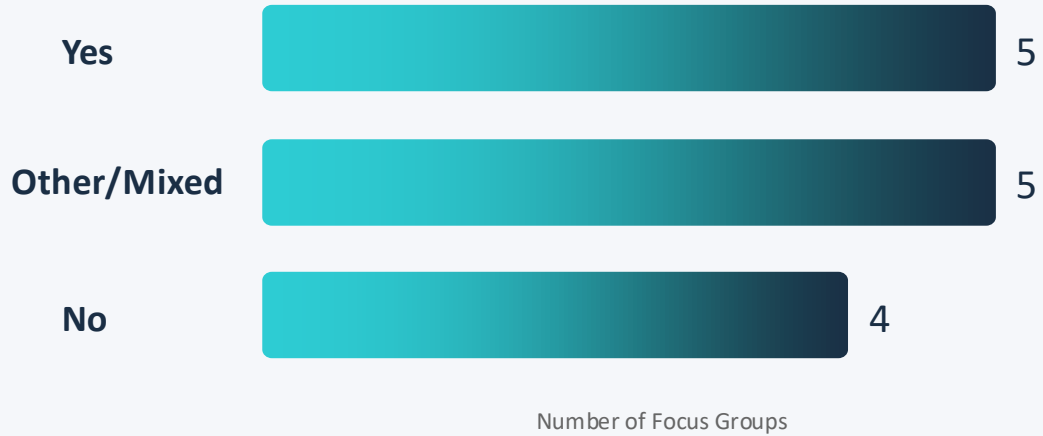


Was SUD Treatment Harder due to your Race?



“Being unhoused, it’s making it harder for me to be able to find employment. And then that process of not having those things plays into my psyche of wanting to use drugs to be able to, to stay alert, moving around all different, you know, cope just with the homelessness in general.”

Harder to Get Services Because You Are Unhoused?



Yes

- 5 Treatment effectiveness impacted
- 4 Differential treatment / stigma from staff
- 3 Section 8 eligibility concerns
- 2 Access / waitlists / service availability
- 3 Negative self-worth and social environment
- 1 Housing integration into society needed

Other / Mixed

- 2 Housing & SUD treatment seen as separate
- 2 Administrative complexity cited as harder
- 1 Information gap cited as harder

No

- 2 Targeted homelessness outreach made SUD treatment access possible
- 2 SUD treatment staff "didn't know unhoused status," so no impact

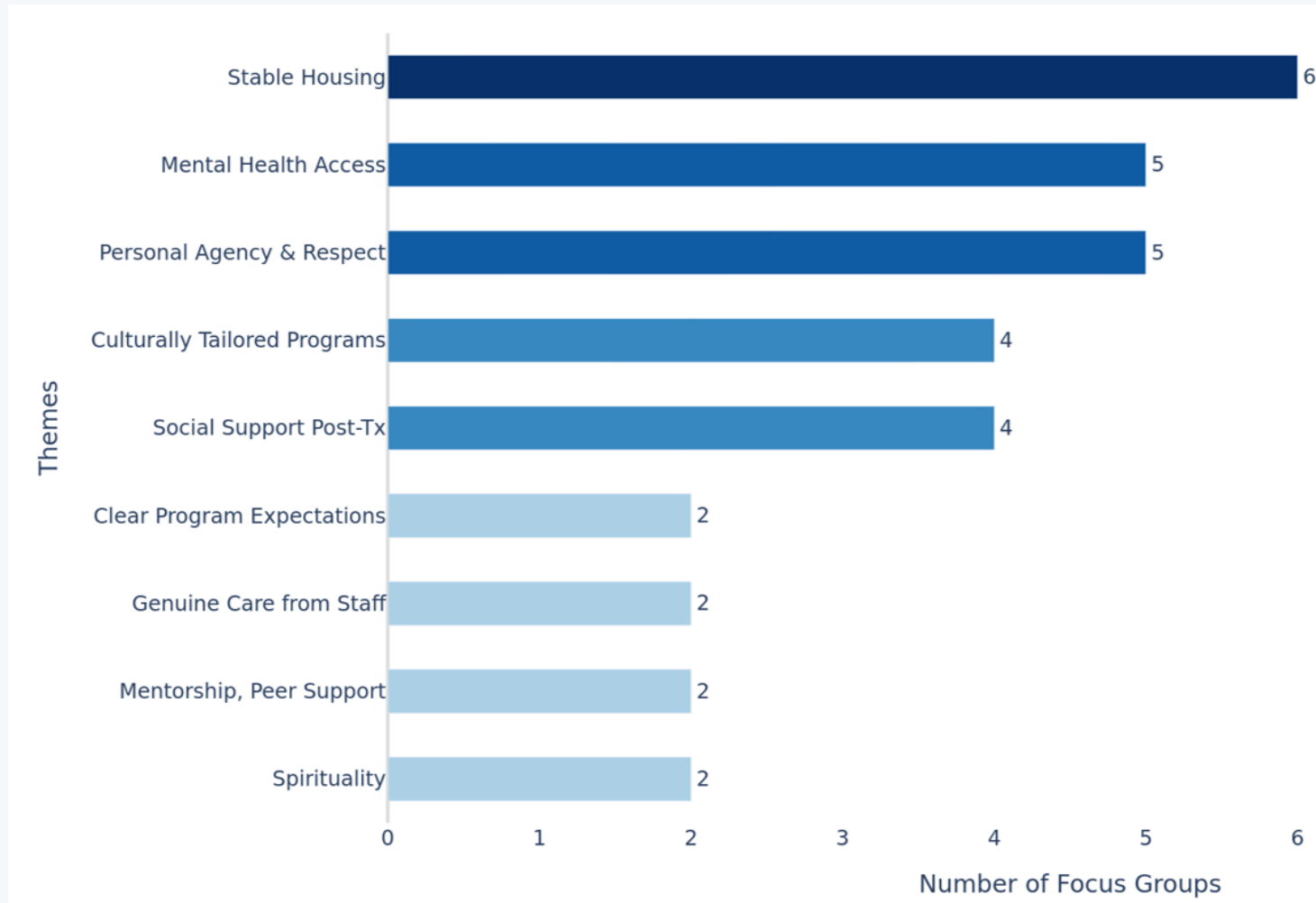
"I might as well stay doing what I'm doing because I **can't find housing.**"

"Treated differently because unhoused? Yes, for sure. Some of the staff will treat you differently. We know we need it. We were almost shunned."

"Better access to mental health... that can prevent me going into the extreme."



Top Priorities for African American Men

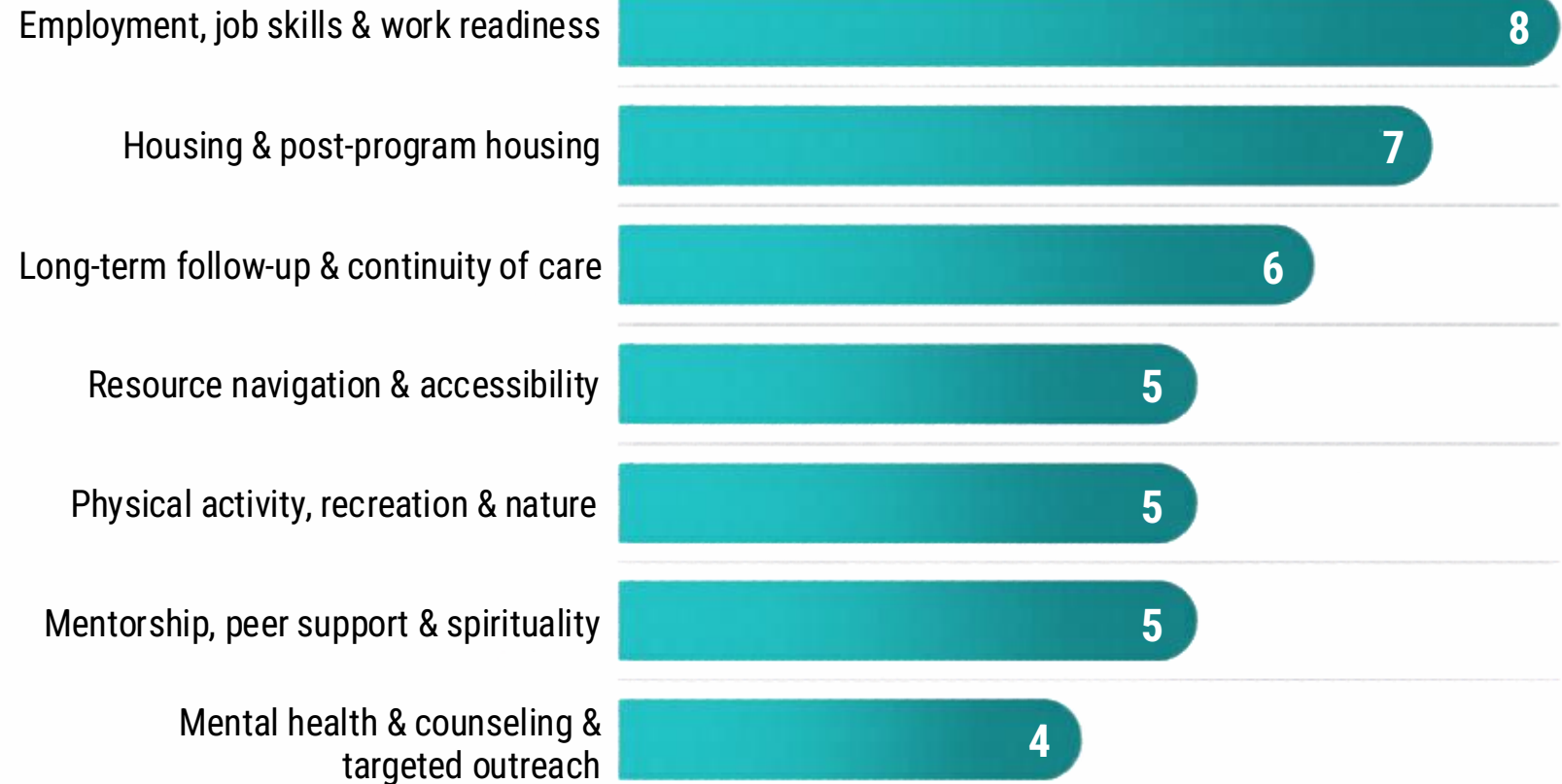


"This has to be based on me being Black and being the impact that you gotta make sure that it's a Black person who's teaching me."

"Better access to mental health... that can prevent me going into the extreme."



Ideal SUD Program



Number of Groups

Ideal SUD Program Components



"The Black society, we need to be made more aware of the underlying problem [of] mental health comes from either abuse, you know, or traumas or anything like that.... Then people know, here's where you can get help about this."

- Focus Group Participant



Mental Health Services

Access to diverse counseling before and after graduation



Workforce Development

Work readiness, employment opportunities, apprenticeships



Housing Support

Sober living housing during and after graduation



Aftercare / Follow-Up

Continuity of care and regular post-graduation check-ins



Staff Diversity and Lived Experience

Diverse backgrounds and lived experience in recovery



Wellness

Physical activity, outdoor experiences, meditation

Focus Group Findings in Action

The creation of shelter-based
Harm Reduction & Substance Use
Support Groups



Why This Matters



Intersecting challenges: racism, housing instability, stigma



Limited culturally responsive resources



Supports resilience, dignity, and self-determination

Program Design



**Replicable curriculum
for multiple shelters**



**Toolkit with session plans
and facilitation guides**



**Training and technical
assistance for sustainability**

Program Overview

- **6-week harm reduction group for African American men in shelters**
- **Safe, supportive, culturally responsive space**
- **Explore substance use, build strategies, strengthen connections**
- **Increase access to community resources**



Centering Community Voices

- Task Force of African American men with lived experience
- Participants compensated for expertise
- Shape topics, language, and facilitation style
- Ensures authenticity and cultural relevance



Community-Designed Curriculum

- **Creation of Task Force: includes PLE, facilitators, staff**
- **6 planning sessions to create curriculum**
- **Uses lived experience, 2025 focus groups, harm reduction practices**



Implementation

- **Outreach and enrollment**
- **Coordination with shelters**
- **Training for co-facilitators**



Facilitation

- Led by African American-identified clinician
- Co-facilitated by trained shelter staff
- Ensures clinical support and community-centered environment



Our Goal

- Sustainable, community-driven model
- Reduce substance-related harm
- Honor lived experience and strengthen wellness
- Create a replicable toolkit that can be accessed by shelters for use



Questions

Thank you for your time and attention



Feedback survey:



Thank you for joining us!

If you have questions or comments, please email
alameda@homebaseccc.org.