

Coordinated Entry Overview & PIT Count Updates

Oakland Commission on Homelessness | October 28, 2026



Alameda County Health



Alameda County Coordinated Entry Overview

Anna Fellers, Coordinated Entry Manager

Alameda County Health Housing and Homelessness Services (H&H)

H&H works to build a robust, integrated, and coordinated system of housing and homelessness services, serving as the County's central point of contact for homelessness strategic planning and program development... and collaborates with county agencies, city partners, and more than 50 service provider agencies to deliver comprehensive crisis response and diversion, interim housing, and permanent housing services across Alameda County's homelessness response system.

H&H is the Management Entity for our local HUD Continuum of Care (CoC) which has the same geographic borders as the whole of Alameda County.

What is Coordinated Entry?

Coordinated Entry is an approach to the coordination and management of the homelessness response system's resources that allows users to make equity consistent decisions from available information to connect people efficiently and effectively to interventions that will end their homelessness.

Coordinated Entry refers to both a process and a system

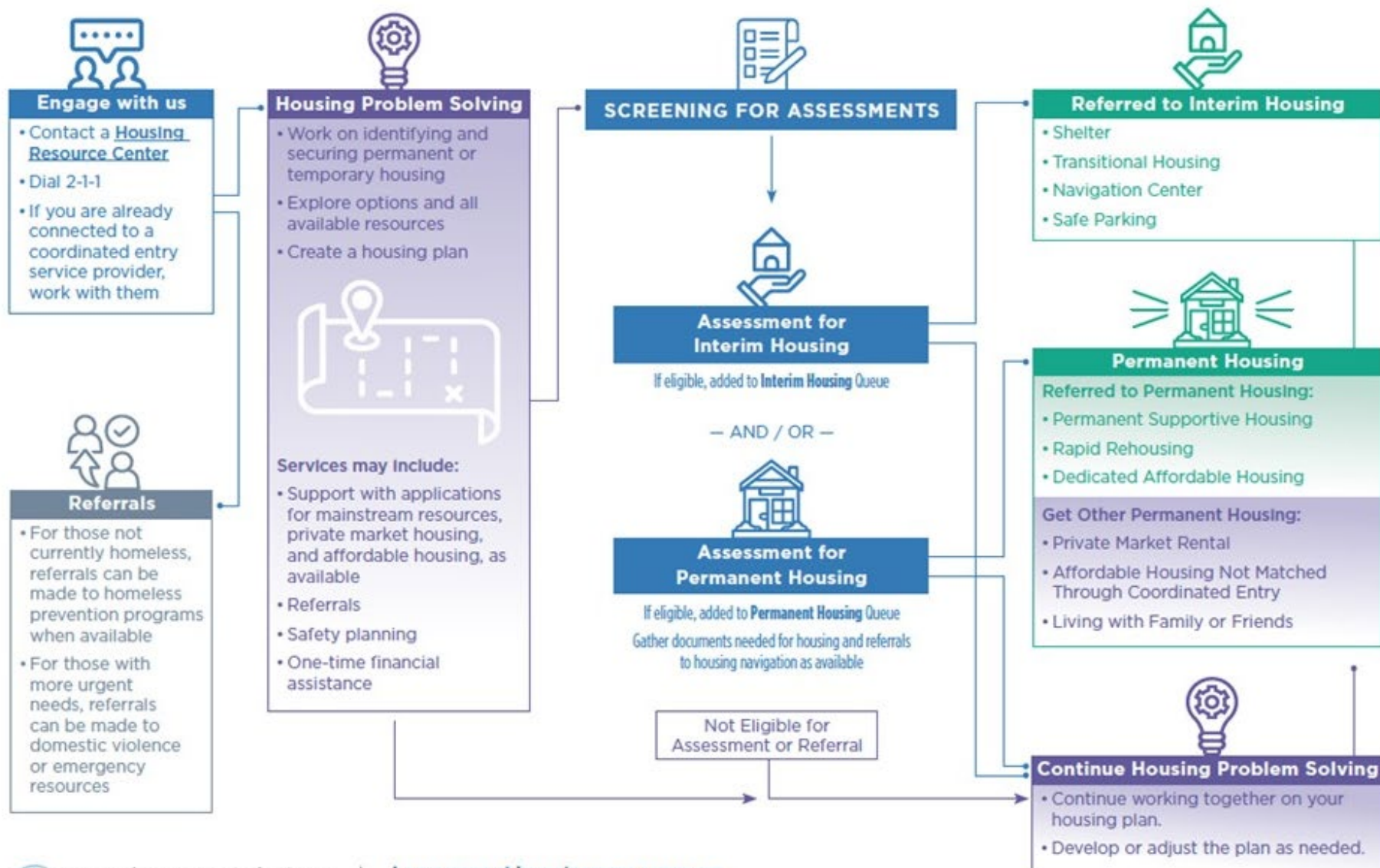
The CE Process serves to ensure that all persons experiencing homelessness have fair and equitable access to the same set of resources and services regardless of where they present for assistance, and that resources for households with greater service and housing needs are targeted to those who need them most.

The CE System refers to the whole of the public and non-profit agencies and programs that participate in Coordinated Entry in any of the ways defined in and governed by CE policies.

FROM HOMELESSNESS TO HOUSING



Alameda County Coordinated Entry Workflow



Homelessness Solutions
in Alameda County

Learn more at homelessness.acgov.org
If you are looking for housing or services,
please call 2-1-1

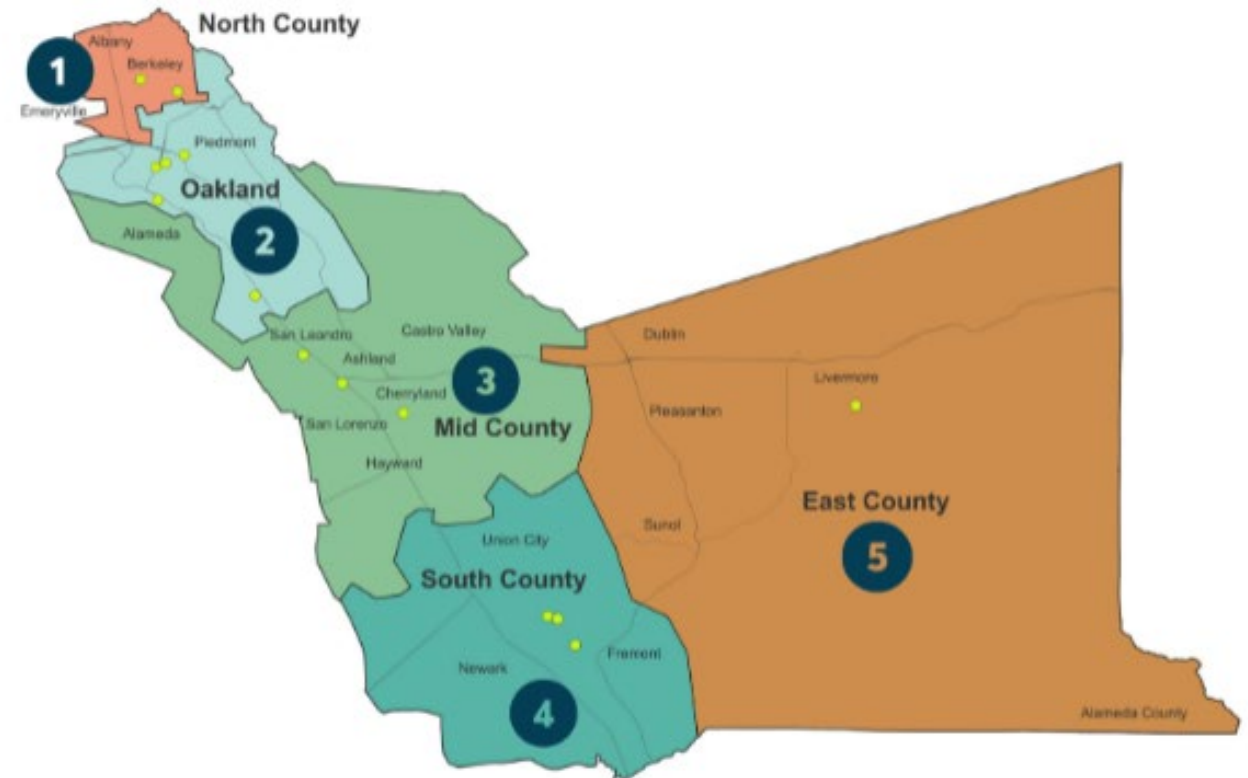
Resource Zones/Regions in Alameda County

Housing Resource Centers:

- North County (1)
- Oakland (4)*
- East County (1)
- Mid County- East (1), West (1)
- South County (2)
- Transitional Age Youth (1+)*
- Gender Based Violence Survivors (3)*
- Older Adult/Medically Frail (1)

Most HRC serve anyone! Some sites are population specific.

* Notes a region with population-specific site(s)



1 - North County: Albany, Berkeley, & Emeryville

2 - Oakland: Oakland & Piedmont

3 - Mid County: Alameda, Ashland, Castro Valley, Cherryland, Hayward, San Leandro, & San Lorenzo

4 - South County: Fremont, Newark, & Union City

5 - East County: Dublin, Livermore, Pleasanton, & Sunol

Housing Resource Centers: Scope of Services

- Homelessness Prevention
- Housing Problem Solving
- Coordinated Entry Access and Assessment
- Targeted Outreach
- Referrals to Community-Based Services
- Housing Education, Counseling, and Housing Related Resources
- Employment and Workforce Resources
- Health Care Services

Filled through CE*:

- Year Round Publicly Funded Shelter
- Some Navigation Centers
- Transitional Housing
- Some Rapid Rehousing
- Permanent Supportive Housing
- Dedicated Affordable Housing
- Shallow Subsidies
- Interim and Permanent Housing for Medically Frail Individuals*
- Some Licensed residential care (“board and care” & “assisted living”)
- Some Affordable Housing Subsidies (Section 8, VASH, Shelter Plus Care, HOPWA, BHSA, THP-Plus, etc.)

*Not in all circumstances

Not Filled through CE:

- Medical Respite and Skilled Nursing Facilities
- Nightly, Seasonal, and Privately-Funded Shelters
- Shelters for Survivors of Gender-Based Violence
- Some Navigation Centers
- Most Licensed residential care (“board and care” & “assisted living”)
- Affordable Housing (public housing, nonprofit housing, for-profit tax credit housing, etc.)
- Some Affordable Housing Subsidies (Section 8, VASH, HOPWA, etc.)
- Private market units (alone or shared)
- Behavioral Health Care Facilities (substance use or mental health treatment)
- Community/Independent Living Facilities – shared living arrangements, e.g., room and boards, board and care, “transitional housing”, sober living, single room occupancy hotels, dormitories, etc.
- Some Rapid Rehousing (population specific)
- Housing programs connected to Child welfare

Permanent Housing Resources filled through Coordinated Entry

In Alameda County, the CE housing inventory is...

- Comprised of 5,000+ permanent housing units, and growing!
- Owned/operated by more than 25 different partner entities

The greatest volume of unit types within that inventory are Permanent Supportive Housing (PSH) units.

- PSH units require household to meet eligibility related to homeless status and a qualifying disability(ies)

Over the years, CE has expanded to also include:

- Dedicated affordable housing (DAH) resources, which do not require disabilities and are intended for households with fewer ongoing service needs than PSH
- There are a growing number of projects that are opting into partnership with CE to fill dedicated homeless units, even if not required by a funder.

Crisis Assessment Prioritization Factors

The Crisis Assessment incorporates information from the participant profile and the Coordinated Entry enrollment, as well as additional questions for determining relative priority.

Questions associated with the following factors are used to establish a Crisis Assessment score.

- Prior Living Situation and length of time homeless—longer durations and multiple episodes of homelessness, including chronic homelessness, are assigned more points.
- Household Information – larger households, households with younger children, and heads of household under age 25 or over 55 are assigned more points than other households.
- Combined household income –households with little or no income are assigned more points than higher income households.
- Health – households in which one or more members of the household has a disability (including HIV/AIDS) or health condition are assigned more points than other households.

Housing Needs Assessment Prioritization Factors

The Housing Assessment incorporates factors from the participant profile and the Coordinated Entry enrollment, the Crisis Assessment questions, if completed, as well as some additional questions.

Questions associated with these factors are used to establish a score.

- All Crisis Assessment questions including household size and ages, length of time homeless, disabilities (including HIV/AIDS) and health conditions
- Additional questions about health conditions and wellbeing – persons with higher use of health services and greater health and behavioral health care needs are assigned more points.
- Questions regarding housing history and housing barriers – persons with higher barriers to regaining housing on their own, including those with past housing loss and with criminal legal histories which may impact their ability to obtain housing are assigned more points.
- Questions regarding exposure to violence and risk of violence – persons who have experienced or are experiencing violence, exploitation, or other threats to personal safety are assigned more points.

2026 Point-in-Time Count

**Amy Cole-Bloom, Senior Director for Planning,
Performance, and Strategy**

The homelessness response system serves over 25,000 people a year across all programs, from street outreach to permanent supportive housing.

- Of the 25,000 served in FY 24-25...
 - Most are single adults
 - 86% are individual adult households
 - 7% are families with children
 - Over 50% are Black, African American, or African (compared to 10% of the County general population)
 - 8% are youth ages 18-24
 - 24% are adults 55+
 - 54% are men

System data (from HMIS) is year-round information about people who interact with participating homelessness response programs.

It doesn't include people who are homeless but not engaging with a participating program.

The PIT Count is an important measure - among many - to help us understand homelessness in Alameda County

- A nationwide, **HUD-mandated census** of people experiencing homelessness on a single night each January. Conducted by **local Continuums of Care (CoCs)** using volunteers, service providers, and outreach teams.
- Captures data on individuals in:
 - **Emergency shelters**
 - **Transitional housing**
 - **Unsheltered locations** (streets, parks, vehicles, encampments)
- Provides a **snapshot of homelessness** to track trends, identify needs, and guide resource allocation. Helps communities **advocate for funding**, plan services, and measure progress toward reducing homelessness.



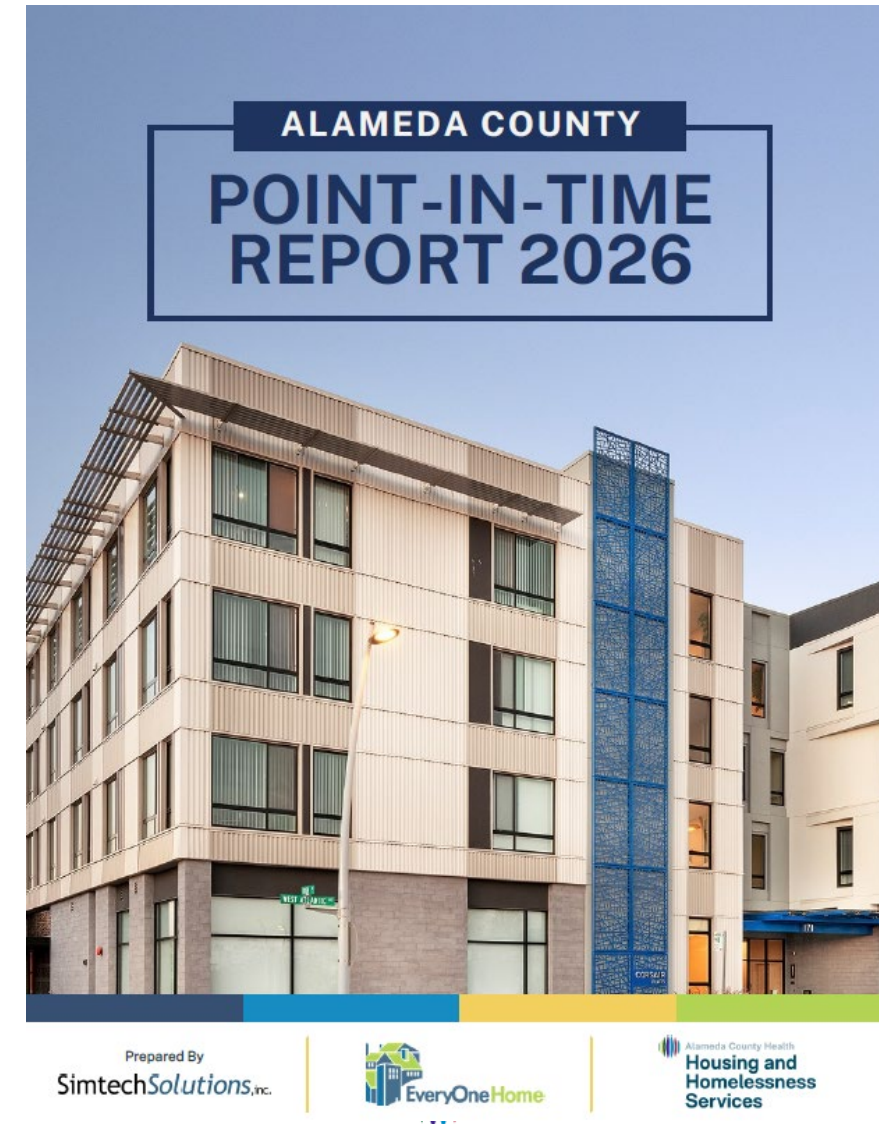
Given its limitations, it's helpful to look at the PIT Count alongside other data sources

- What are its limitations?
 - Just a one-day snapshot
 - Undercounts people unsheltered but not visible
 - Constrained by HUD definition of homelessness
 - Survey data is self-reported
- We used the same overall methods for the count as we did in 2024 to ensure continuity and increase our ability to make comparisons over time
- After the Count, we sent teams back out in Oakland and other cities to places where the count was lower than expected

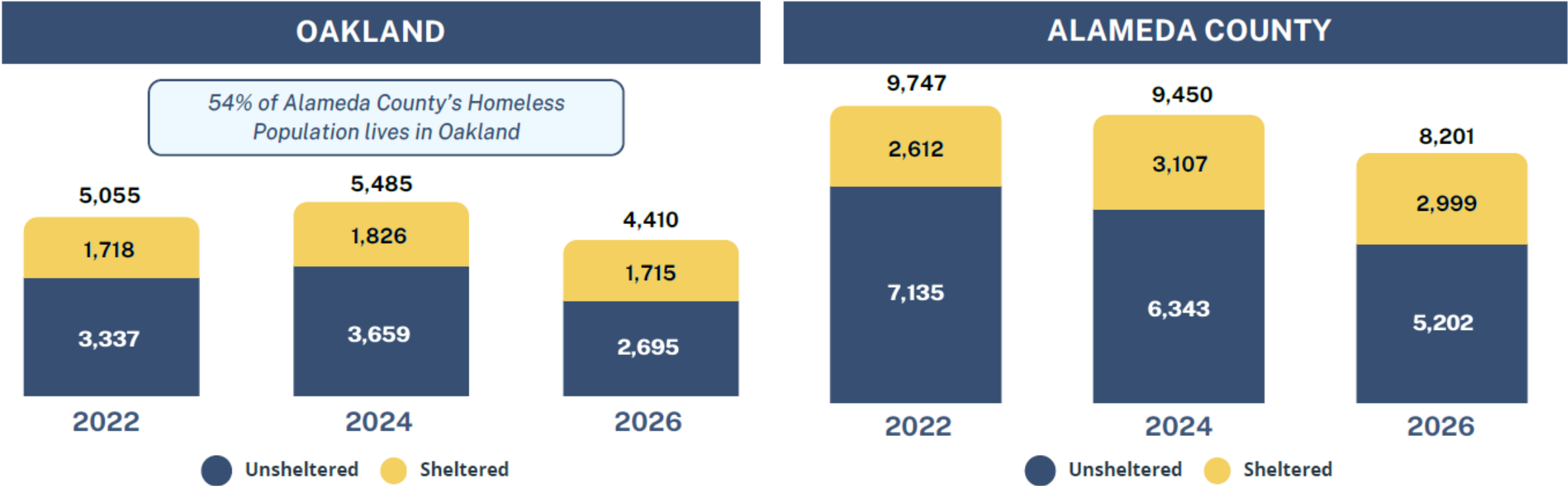


H&H is releasing several ways to engage with the 2026 PIT Count data

- Alameda County Point-Time-Report 2026
 - Detailed findings on household composition, geography, shelter utilization, demographic and key subpopulations analysis, and survey results
- Dashboards to dive deeper and make comparisons
 - [Count findings dashboard](#)
 - [Survey findings dashboard](#)
- City-specific infographics



Homelessness in Oakland decreased by 20%, and unsheltered homelessness decreased by 26%





Thank you!

Questions & Comments