CONTRA COSTA
HOMELESS SERVICE SYSTEM

Meeting the Need

5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

The average length of time homeless increased from **15 to 17 months** in one year (2017-2018). **28% are chronically homeless.**

At least **2,900 more PH interventions** are needed to meet the need in a year

*Assumes common rate of 25% self-resolve

EMERGENCY SHELTER
573 BEDS- 84% UTILIZATION RATE
Individual, Family, Youth and Veteran Beds
Serve 1700 people/year
Average LOS - 4 months
58% of exits --> Permanent Housing

AT RISK OF HOMELESSNESS
The top reasons for homelessness for people homeless for the first time include:
1. Low income
2. Job loss
3. Asked to leave

START HERE

211 - Basic needs information & referral

PREVENTION & RAPID RESOLUTION
In 2018: 90% of HH who exited prevention went to a permanent housing destination (455 HH).

COORDINATED ENTRY (CE) FRONT DOOR
ACCESS POINTS 211 OR PROVIDER STAFF FROM:
211 Phone; CARE Centers; CORE Team

CE

CE WAIT TIME
1,400 people assessed for CE; avg wait-time: 11+ mos.
Of those assessed on the current queue:
40%: High Vulnerability
48%: Medium Vulnerability
12%: Low/No Vulnerability

RRH CAPACITY
Meets 47% of the need of people waiting in CE (1,400 HH)

RAPID RE-HOUSING
CES
Family Units, Individual Units, DV Units, Vets
Projected to serve 656 HH annually
Avg Financial Assistance: $6,000/HH

OUTREACH
CORE Team

DENIED SHELTER ENTRY OR EXITED
Under the influence of drugs/alcohol
Other non-compliance

UNSHELTERED/LITERALLY HOMELESS
About 5,800 households experience literal homelessness in Contra Costa in a year.

51% (2,978 HH) experience unsheltered homelessness

The top reasons for homelessness among people who have previous homeless episodes include:
1. Low income
2. Job loss
3. Substance Use

ALTERNATIVE TO SHELTER OPTIONS
Warming Centers
Capacity: 70 cots/night

TRANSITIONAL HOUSING 136 BEDS
TH
84% utilization rate
Family Units, Youth, DV, Individual Units, Veteran
97 people exited/yr; 70% went to permanent housing destinations

PSH CAPACITY
About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (800 HH).
Average wait time for those referred is 10 months.

PERMANENT SUPPORTIVE HOUSING - 494 BEDS
CES **PH**
Family Units, Youth, Individual Units, Veterans, Chronic

17% WHO EXIT PH
return to homelessness within 2 years
X

MARKET RATE HOUSING
About 1/3 of people served in all programs, including HP and RRH, transitioned to market rate or other affordable housing as a permanent destination

REGULATED AFFORDABLE HOUSING & NATURALLY OCCURRING AFFORDABLE HOUSING
3.7% rental vacancy rate

BRIDGE HOUSING
New bridge and transitional housing- rapid re-housing (TH/RRH) beds coming on-line in the next year

LEGEND

Populations:
- Family
- Individual
- Youth
- Veteran
- DV: Domestic Violence Provider

Housing Types:
- PH: Permanent Housing
- TH: Transitional Housing
- ES: Emergency Shelter
- CE: Coordinated Entry

Acronyms:
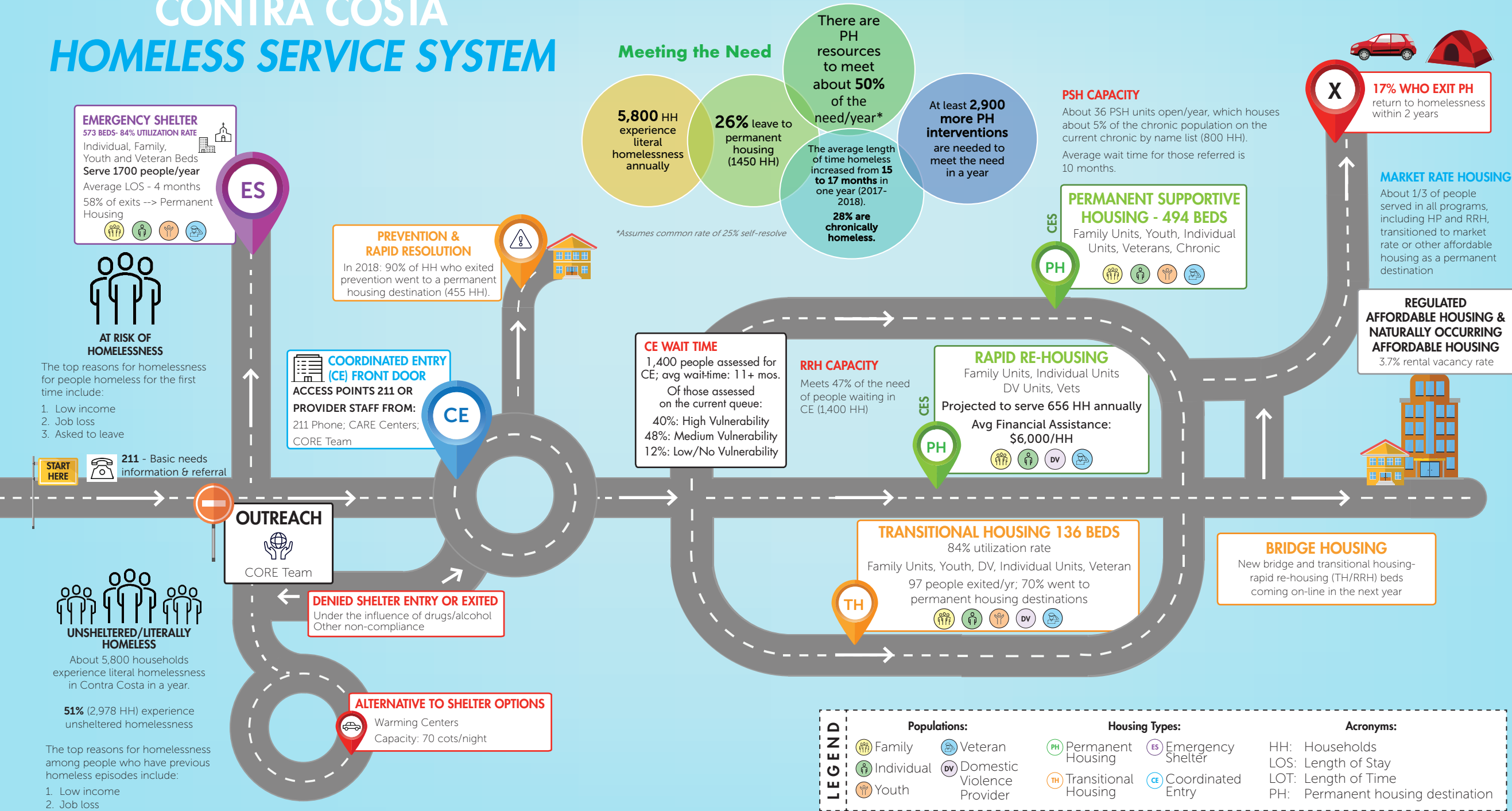- HH: Households
- LOS: Length of Stay
- LOT: Length of Time
- PH: Permanent housing destination

Data Sources: 2019 System Performance Measure Report, 2018 Point in Time Count, and HMIS reports run between 10/17-9/18.
Coordinated Entry data reflected is in real-time and reflects the current state between 1/2018-8/2019.
Note on vulnerability of score scale: High vulnerability = 10-20 scores; medium vulnerability = 5-9 scores; low-no vulnerability = 0-4 scores.

Understanding What It Takes

Using the System Map to right-size Contra Costa's homeless system of care

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Bring resources into the system

Add Shelter Beds

Providing temporary shelter for every unsheltered person requires 400 more shelter beds.

Scale Rapid Resolution Services

Increase efforts to route the 400+ individuals/mo that enter the system of care to alternate safe housing destinations.

Increase Permanent Supportive Housing

In order to offer every chronically homeless person housing, we would need approximately 1700 more PSH units.

Maximize current resources
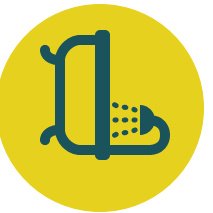
Reduce Inflow

Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care

Reduce Length of Time Homeless

Reduce wait times for persons in the community queue for resources and increase bed turnover rates at shelters.
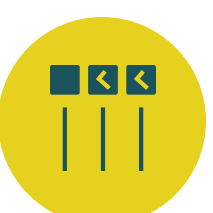
Enhance Prioritization Strategies

Maximize use of all housing resources based on highest vulnerability and length of time homeless.