



STAFF REPORT FROM THE CONTRA COSTA COUNCIL ON HOMELESSNESS

Contra Costa County Homeless System of Care Quarterly Report for Quarter 1 of 2021 (January-March)

LETTER FROM THE CHAIR

Dear Contra Costa County Board of Supervisors,

The first quarter of 2021 has been a busy one for the homeless continuum of care (CoC) and Council on Homelessness (COH) members! The CoC continues to respond to the COVID-19 pandemic by supporting the staff and clients within the homeless system of care. In the first quarter Health, Housing, & Homeless Services (H3) Division of the Health Services Department shared with Council on Homelessness members how various COVID-19 funding streams are being used to support homeless services. H3 also presented the COH with a Housing Intervention Model to illustrate housing gaps in the homeless system for the COH and community. COH members were also made aware of policy matters and system initiatives that may impact, support and further the CoC's work to serve individuals experiencing homelessness in Contra Costa County.

I want to recognize all of the hard work and dedication from all of the homeless service providers and H3 staff who support the CoC especially in the midst of this public health crisis. The pandemic has created many opportunities for our CoC and we have been able to work together to improve the system while protecting the health and safety of our clients and staff.

This report contains information on the CoC's successful pandemic response and the growing need and evidence for permanent supportive housing (PSH). The COH is excited for the opportunity to share information with you on the work happening in the Contra Costa CoC. I ask you to please review and consider the material and recommendations provided in this report. The COH hopes this information is helpful to you and allows you to speak to the needs of the clients and the County's homeless system of care as you make important decisions in your work to serve our County.

Thank you for your time, support, and commitment and this space to share the homeless system's progress and challenges.

Sincerely,

Lindy Lavender, Chair of the Council on Homelessness



INTRODUCTION

The Contra Costa Council on Homelessness (CoH) is the governing and oversight body for the County homeless Continuum of Care (CoC) and is appointed by the Board of Supervisors. The Council provides advice and input to the Board of Supervisors on the operations of homeless services, program operations, and program development efforts in Contra Costa County. The Contra Costa Council on Homelessness is the governing body for the Contra Costa County Continuum of Care (CoC).

The Contra Costa CoC is comprised of multiple partners, including service providers, members of the faith community, local business, private and public funders, community members, education system and law enforcement, and others who are working collaboratively to end homelessness. The COH and COC are supported by Contra Costa Health Services Health, Housing & Homeless Services (H3) Division. H3 functions as the CoC administrative entity and collaborative applicant, CoC Lead Agency and Homeless Management Information System (HMIS database) Lead Agency.

The purpose of this report is to share information about the CoC and COH activities with the Contra Costa County Board of Supervisors and to provide recommendations from the COH to the County Board of Supervisors on long range planning and policy formulation that would support the county homeless CoC. This report includes information on system data, funding and policy activities, and CoC initiatives. All information will reflect activities and data for the prior quarter.

This report was produced on behalf of the CoH by H3 in collaboration with the CoH and CoC partners.

SYSTEM DATA

Appendix A includes a data analysis depicting the inflow and outflow of clients in the system, current utilizers of the system, and recidivism (rates of individuals returning to homelessness). The graphics and content in that analysis depict data for the first quarter of 2021 (January, February and March).

SYSTEM FUNDING

This quarter the CoC continued to evaluate the system of care and pursue funding opportunities to address the gaps in Contra Costa's homeless system.

The CoC, with the assistance of All Home California, developed the Contra Costa Housing Intervention Model (figure below) using information from the 2019 System Map (available on H3's website) and recent data in the Homeless Management Information System (HMIS) database to determine what housing interventions are needed. Notably, the largest need is for permanent supportive housing (PSH) which is an intensive housing intervention designed to provide housing with case management and rental support for people who are chronically homeless and disabled. This housing is the primary resource for the most vulnerable households.

Contra Costa County Housing Intervention Modeling


Current Capacity vs. Immediate Need				
		Current	Optimal	Gap/Need
Exits	RRH	172	1,041	869
	PSH	541	1,750	1209
	Vouchers	35	857	822
Entry (Temporary Beds)	Emergency Shelter	630	1,430	617
	Interim Shelter (Hotel)	183		
	Transitional Housing	194	194	
Homelessness Prevention & Rapid Resolution	Prevention/Rapid Resolution	1,243	1,829	586
Total		2,998	6,561	4,103

Population Baseline: 6,900
5800 households were sheltered and unsheltered in Contra Costa.

Approximately 47% (3,250) consumers are at risk of COVID-19.

Total COVID Funds: ~\$40M

- Federal ESG \$403k
- Federal ESG-CV \$10.3M
- State ESG-CV \$1.3M
- Project Roomkey \$1.7M
- Project Homekey* \$21.4M
- CRF HCFC COVID \$858k



The current public health crisis brought additional funding into the CoC to safely shelter and house people experiencing homelessness in the midst of the COVID-19 pandemic. To date approximately \$40 million in COVID-19 one-time emergency use funding has been allocated to the CoC. The majority of the funding is dedicated to temporary Emergency Shelter hotel program, however, the CoC also benefited from one-time allocations of funding for Rapid Rehousing (RRH), Financial Assistance and Vouchers. While this funding is helpful, it does not meet all of the needs of the CoC outlined by the Housing Intervention Modeling. Specifically, one-time emergency COVID-19 funding does not provide ongoing funding or support for PSH, the most critical need identified.

Below, part two of the Housing Intervention Model shows the average annual cost per unit or household to meet the need for each intervention and to temporarily and permanently house or stabilize all clients in Contra Costa's homeless system of care at any point in time. This is an annual estimate, meaning that many of these funds, such as for PSH, will need to be ongoing in order to meet the need every year.

Estimated Cost to Reach Optimal Capacity

INTERVENTION	COST PER UNIT/HH PER YEAR	NUMBER NEEDED	TOTAL (PER YEAR)
Rapid Rehousing (RRH)	\$19,980	869	\$17.4 M
Permanent Supportive Housing (PSH)	\$24,000	1209	\$29.0 M
Vouchers	\$17,858	822	\$14.7 M
Emergency and Interim Shelter	\$10,950-\$52,560	617	\$6.7 M – \$32.4 M
Transitional Housing	\$43,070	0	\$0
Homelessness Prevention/Rapid Resolution	\$4,480	537	\$2.4 M
Total		4,054	\$70.2 M – \$95.9 M

In Quarter 1 of 2021, the CoC began annual preparations to compete for the CoC’s largest source of renewable (sustainable) funding from the US Department of Housing & Urban Development –the HUD CoC Notice of Funding Availability (NOFA). This competition brings in more than 80% of the CoC’s funding and is the primary source of funding for the County’s permanent supportive housing stock. As the Housing Intervention Model demonstrates, more PSH funding is needed to meet the need, despite this useful and reliable resource.

POLICY

The CoC works closely with H3 and local stakeholders and system partners to track homeless and affordable housing policy that may impact the CoC, its clients, funding or current and future operations.

The **Roadmap HOME 2030**¹ is an initiative led by Housing CA and California Housing Partnership. This initiative will develop and implement a long-term plan for a statewide housing and homelessness solution. This could bring a consistent approach to ending homelessness in the state of California. This policy item could bring new resources into the County to support the homeless system of care through

¹ <https://roadmaphome2030.org/>



the policy package designed to meet the four goals of Creating affordable homes, protecting low-income renters, ending homelessness, and ensuring racial equity.

State bills such as **AB 71**², **AB 816**³, and **AB 1220** are a few bills the CoC is tracking as they could bring permanent funding streams into the CoC, identify local gaps and needs and create ways to identify local gaps and needs and streamline state efforts to address homelessness.

The local initiative of **Measure X** is another important policy initiative the CoC has been tracking as it has the opportunity to bring additional resources into the community. The CoC is interested in understanding how this will impact the system of care and will continue to track this initiative.

SYSTEM INITIATIVES

The CoC regularly engages in multiple activities, partnerships, evaluations, and improvement that are designed to improve services to clients and achieve various system goals.

Regional Homeless Strategy Partnerships (Regionalism) - H3, as the CoC Lead and as a County agency, has engaged with multiple local and regional partners, including other Bay Area CoCs, to identify and implement strategies to address and solve homelessness in Contra Costa. That includes involvement in the All Home Regional Impact Council with Supervisor Andersen and Supervisor Burgis. H3 keeps the COH informed of the Regionalism efforts and supports the integration of innovative ideas and improvement strategies into the CoC's homelessness response. The COH is excited to support the goal to bring 75% of the unsheltered indoors by 2024 by improving existing systems & investing in the 1-2-4 system flow. The goals align with the system priorities found in the CoC's driver diagram⁴ and will provide an opportunity to make the CoC objectives and priorities measurable. In order for the CoC to reach this goal, the system will need to improve existing systems and policies and secure more funding for prevention and permanent housing interventions such as PSH.

Equity - CoC leadership, including members of the Council on Homelessness and staff from H3 formed a cohort with local County stakeholders as part of the Bay Area Regional Health Inequities Initiative (BARHII) Racial Equity Action Lab (REAL). This interdisciplinary team continues to participate in a regional racial equity training and action program for homeless systems of care. The cohort is developing a plan to improve client engagement in the CoC using an equity lens. H3 has also hired expert equity technical assistance consultants to produce a racial equity assessment; provide training to H3, CoC leadership,

² https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB71

³ https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB816

⁴ <https://cchealth.org/h3/coc/pdf/Strategy-Diagram.pdf>



providers and partners; support client engagement strategies; and support the identification, correction and planning of further equity improvements for the system and agencies providing service in the CoC.

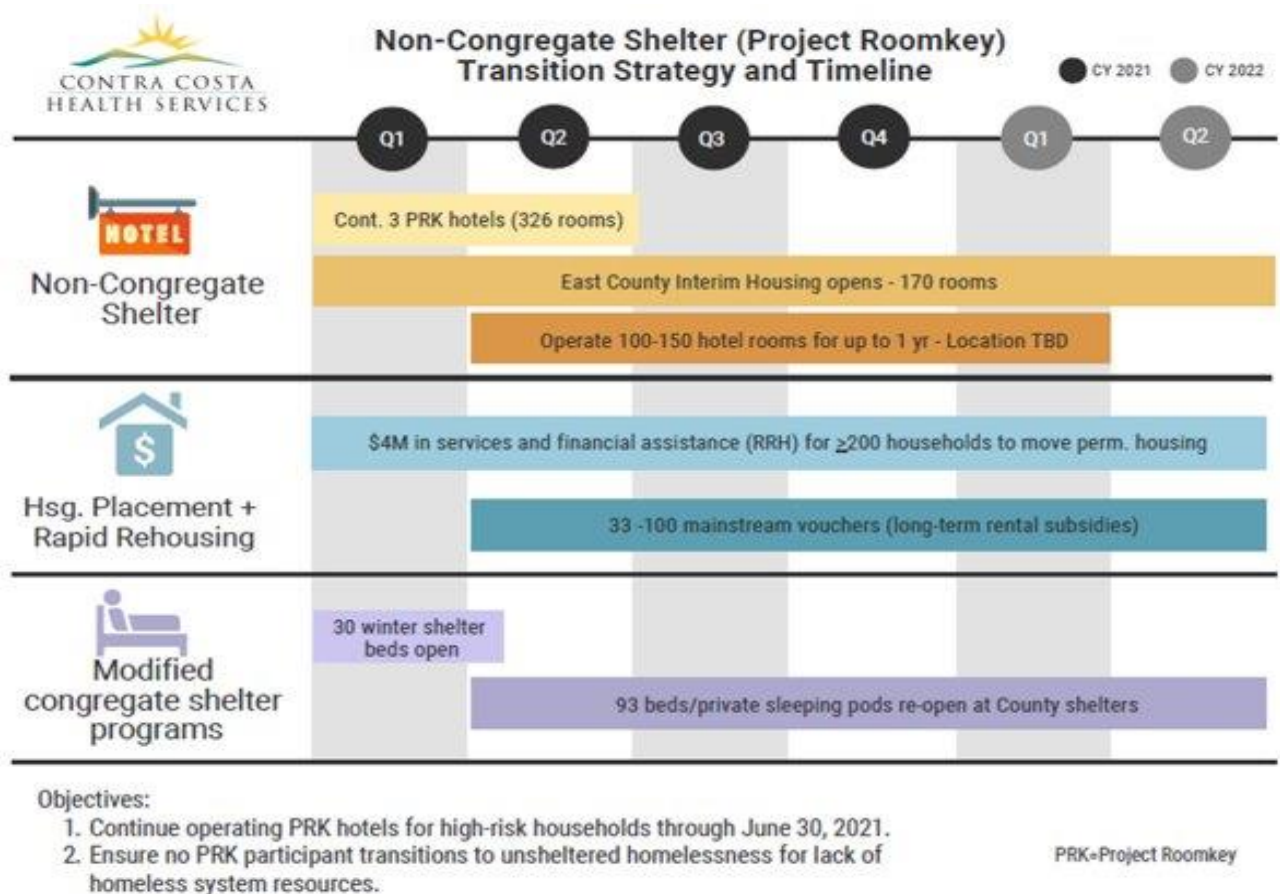
Meetings, Trainings, and Events – The CoC hosted 3 COH meetings for Councilmembers to meet to conduct the business of the CoC Board; a COH orientation to orient all Councilmembers to their role as a Board member and the CoC; 3 provider meetings; 3 trainings including Rapid Resolution, Trauma Informed Care and working with clients experiencing Domestic Violence; and 4 other events including an Oversight Committee meeting, 2 HMIS Policy Committee Meetings, and a stakeholder meeting focusing on Consumer Engagement. The stakeholder meeting was well attended and provided insight on the needs around Consumer Engagement. The recordings, minutes and materials for trainings and meetings can be found on the H3 website⁵ and on the County agenda center⁶, and a calendar of upcoming meetings and events can be found on the H3 website.

⁵ <https://cchealth.org/h3/coc/partners.php#Training>

⁶ <https://www.contracosta.ca.gov/agendacenter>

COVID-19 UPDATE

The CoC has continued to support providers, staff, and consumers during the COVID-19 pandemic providing guidance, COVID-19 testing, vaccines, and implementing a strategy to transition individuals in Project Roomkey into permanent housing. The strategy includes connecting people to vouchers, rapid rehousing and a plan to sunset hotels and re-open congregate shelters. This strategy can be seen in the figure below.



In the first quarter of 2021, 710 new COVID-19 tests were administered to the HUD homeless population. There were 137 positive tests for COVID-19 among the HUD homeless population. The total number of vaccines administered to the HUD homeless population during Q1 of 2021



was 1,914. Additional data related to COVID-19 and those experiencing homelessness can be found on the data dashboard.⁷

RECOMMENDATIONS

In conclusion, the first quarter shed more light on the CoC's pandemic response and the growing need and evidence for PSH. The data, funding, policy and system initiatives sections included in this report provide information to see this need for PSH. Below are a few recommendations from the COH to the BOS that will help to support the CoC in addressing these needs.

1. The COH recommends the Board of Supervisors consider directing funding towards Prevention and Permanent Housing including Permanent Supportive Housing to increase outflow by housing people and reduce inflow by supporting individuals before they enter the homeless system of care.
2. The COH recommends the Board of Supervisors consider investing in specific funding for additional PSH when dedicating funding to meet the County homeless system of care's greatest needs.
3. The COH recommends the Board of Supervisors consider supporting bills such as AB 71, AB 816, and AB 1220, as they fit into our County Legislative Platform, bring new funding and resources into the County, and help identify and meet needs in the homeless system of care.
4. The COH recommends the Board of Supervisors consider the needs of the CoC when developing Regionalism work to ensure adequate resources to meet identified goals.
5. The COH requests the Board of Supervisors support to encourage and approve additional federal and state funding for purposes of developing, rehabilitating, or acquiring permanent supportive housing and to help the CoC build and maintain temporary and permanent housing capacity.

⁷ <https://www.coronavirus.cchealth.org/homeless>

APPENDIX A



Contra Costa County Health, Housing, and Homelessness Data Summary

Description of the data:

- **What:** Race and ethnicity analysis of Contra Costa Continuum of Care (CoC) consumers
- **Who:** System utilizers, system inflow (new consumers), system outflow (consumers leaving system), and recidivism (returns to system in non-permanent supportive housing programs)
- **When:** January 1, 2021 – March 31, 2021 (Quarter 1)
- **Why:** Presentation to the Board of Supervisors

Breakdown of Analyses:

High-level analysis of system utilizers during the first quarter of 2021 focusing on four indicators:

- System utilizers active during the reporting period
- System inflow during the reporting period
- System outflow during the reporting period
- Recidivism (or returns to homelessness) during the reporting period

Main Findings

This data summary provides an analysis of people using the Contra Costa County homeless system of care (prevention, crisis response, and permanent supportive housing programs) during the first quarter (Q1) of 2021 (January 1 to March 31). The key findings are provided below:

- 6,321 unique consumers (4,710 households) were accessing the homelessness system of care during Q1. The majority of consumers were White (40%), followed closely by Black (36%); 22% were Hispanic/Latino.

- More consumers entered the system of care in Q1 than exited. There were no significant differences in the proportion of in-flow and out-flow by race or ethnicity.
 - 16% of total consumers served were categorized as “in-flow” or “new to the system” (n=1,002). Black consumers made up the largest group (38% of in-flow), followed by White (34%); 28% were Hispanic/Latino.
 - 9% of all consumers served were categorized as “out-flow” or exited the system of care (n=570). More Black consumers exited the system (41% of out-flow), followed by White (35%); 24% were Hispanic/Latino.
- Black/African American consumers returned to homelessness at nearly 4x the rate of White consumers (62% vs 17%).

Current System Utilizers

6,321 total unique consumers (making up 4,710 households) had an active enrollment during Quarter 1. This included all project types accessing services within Contra Costa County’s Homelessness CoC (prevention, crisis response, and permanent supportive housing programs). The racial distribution across unique consumers is presented below in Table 1 and Figure 1. The ethnic distribution across unique consumers is presented below in Table 2 and Figure 2.

Race	Number of Consumers	Number of Households	% (Individual Consumers)
White	2,550	2,019	40%
Black or African American	2,282	1,656	36%
American Indian or Alaska Native	514	384	8%
Multi-Racial	384	230	6%
Asian	164	101	3%
Native Hawaiian or Other Pacific Islander	133	81	2%
Missing (N/A)	294	239	5%
Total (unduplicated)	6,321	4,710	100%

Table 1. Race Breakdown by Unique Consumers and Households

Race (Individual Consumers)

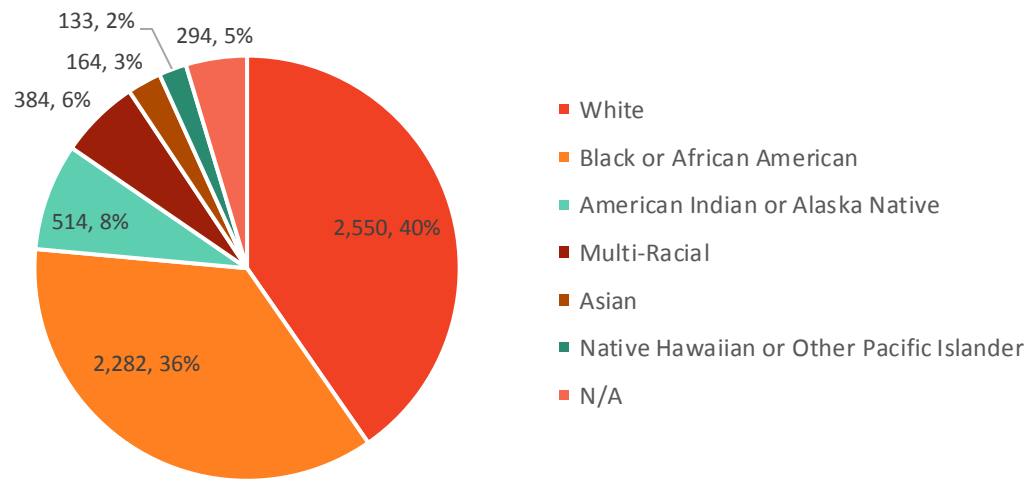


Figure 1: Race Breakdown of Individual Consumers

Ethnicity	Number of Consumers	Number of Households	% (Individual Consumers)
Non-Hispanic/Non-Latino	4,643	3,596	74%
Hispanic/Latino	1,413	893	22%
Missing (N/A)	257	214	4%
Total (unduplicated)	6,313	4,703	100%

Table 2. Ethnicity Breakdown by Unique Consumers and Households

Ethnicity (Individual Consumers)

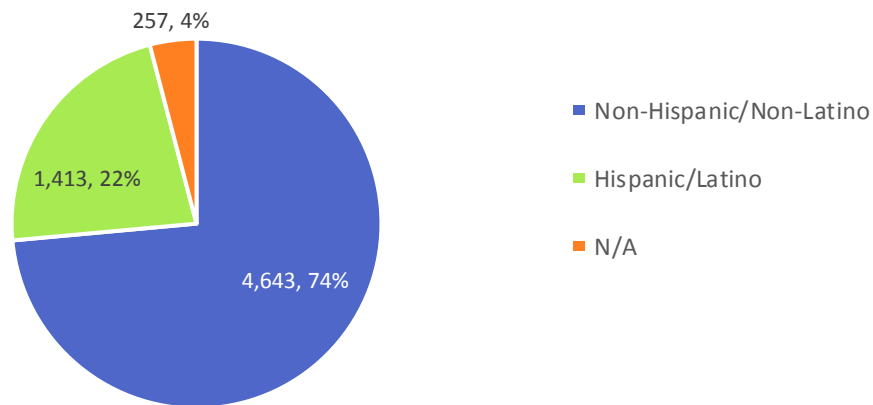


Figure 2: Ethnicity Breakdown of Individual Consumers

System Inflow

1,002 unique consumers (making up 629 households), or 16% of all active consumers, enrolled into the system of care for the first time ever during Quarter 1 of 2021. This includes new enrollments into prevention, crisis response, or permanent supportive housing programs. The racial distribution across new unique consumers is presented below in Table 3. The ethnic distribution across new unique consumers is presented below in Table 4.

Race	Number of Consumers	Number of Households	% (Individual Consumers)
Black or African American	382	239	38%
White	344	223	34%
American Indian or Alaska Native	70	54	7%
Asian	64	27	6%
Multi-Racial	33	28	3%
Native Hawaiian or Other Pacific Islander	17	14	2%
Missing	92	77	9%
Total (unduplicated)	1,002	629	100%

Table 3: Race Breakdown of Consumers New to System of Care

Ethnicity	Number of Consumers	Number of Households	% (Individual Consumers)
Non-Hispanic/Non-Latino	651	414	65%
Hispanic/Latino	285	176	28%
Missing	66	60	7%
Total (unduplicated)	1,002	629	100%

Table 4: Ethnicity Breakdown of Consumers New to System of Care

System Outflow

570 unique consumers (421 households) exited the system during Quarter 1 to any destination and are not currently active in any other projects. The racial distribution across exiting unique consumers is presented below in Table 5. The ethnic distribution across exiting unique consumers is presented below in Table 6.

Race	Number of Consumers	Number of Households	% (Individual Consumers)
Black or African American	233	168	41%
White	201	172	35%
American Indian or Alaska Native	50	38	9%
Multi-Racial	33	28	6%
Native Hawaiian or Other Pacific Islander	22	11	4%
Asian	8	6	1%
Missing	23	22	4%
Total (unduplicated)	570	421	100%

Table 5: Race Breakdown of Consumers Exiting the System of Care

Ethnicity	Number of Consumers	Number of Households	% (Individual Consumers)
Non-Hispanic/Non-Latino	407	313	71%
Hispanic/Latino	139	92	24%
Missing	24	24	4%
Total (unduplicated)	570	421	100%

Table 6: Ethnicity Breakdown of Consumers Exiting the System of Care



Recidivism

42 unique consumers (28 households) returned to the system of care in Quarter 1 of 2021. A return to homelessness included anyone who enrolled into a non-permanent supportive housing program within 365 days or sooner from their last exit to a stably housed destination. The racial distribution across unique consumers returning to the system of care is presented below in Table 7. The ethnic distribution across unique consumers returning to the system of care is presented below in Table 8.

Race	Number of Consumers	Number of Households	% (Individual Consumers)
Black or African American	26	14	62%
White	7	7	17%
Multi-Racial	5	3	12%
American Indian or Alaska	3	3	7%
Native Hawaiian or Other Pacific Islander	1	1	2%
Asian	0	0	0%
Total (unduplicated)	42	28	100%

Table 7: Race Breakdown of Consumers Returning to System of Care

Ethnicity	Number of Consumers	Number of Households	% (Individual Consumers)
Non-Hispanic/Non-Latino	38	24	90%
Hispanic/Latino	4	4	10%
Total (unduplicated)	42	28	100%

Table 8: Ethnicity Breakdown of Consumers Returning to System of Care

In-flow and Out-flow by Race/Ethnicity

There are differences by race and ethnicity for system utilizers, in-flow, out-flow, and returns to the homelessness system of care.

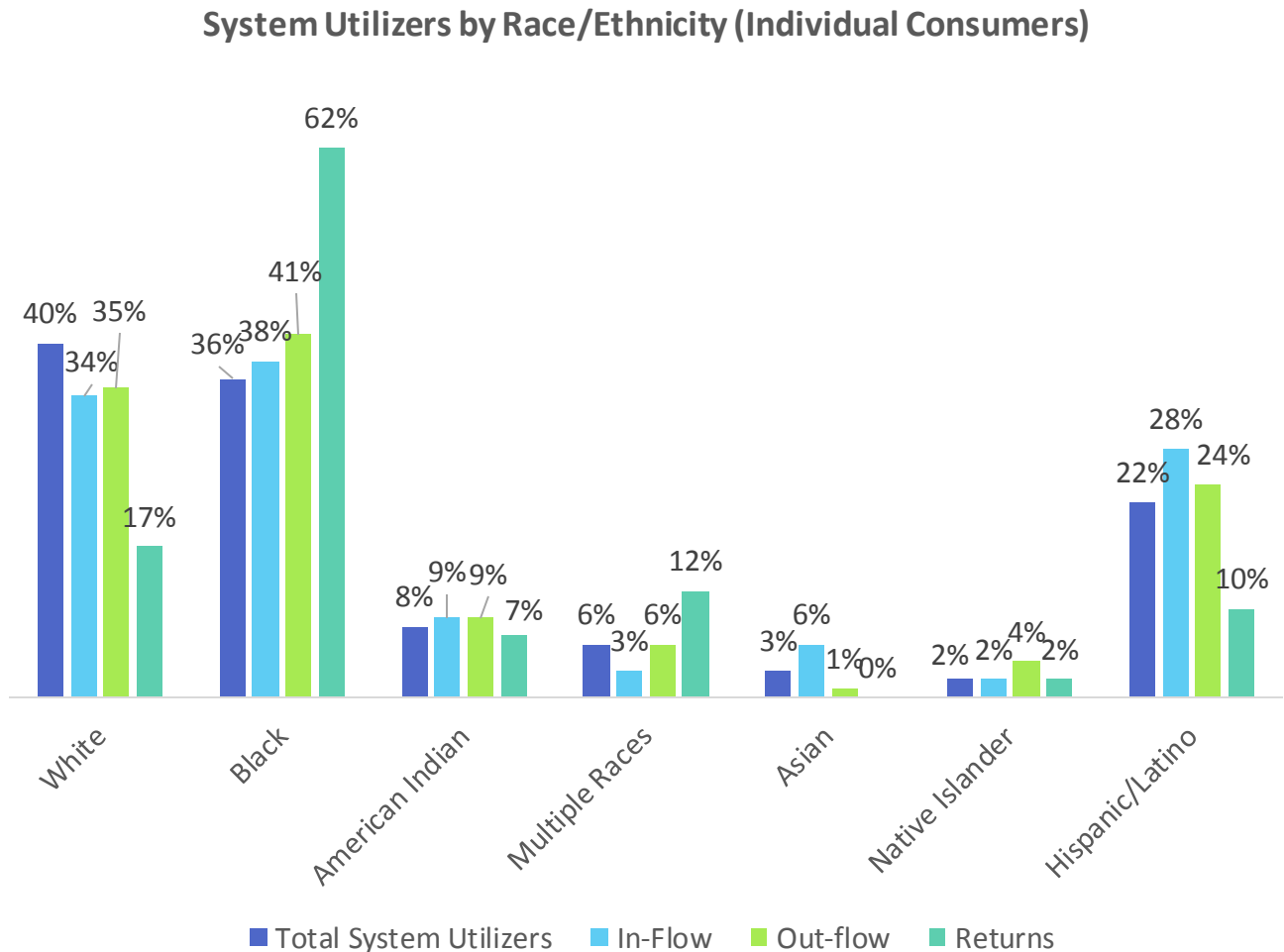


Figure 3: System Utilization by Race & Ethnicity



APPENDIX B

Commonly Used Acronyms

Acronym	Definition
APR	Annual Performance Report (for HUD homeless programs)
CARE	Coordinated Assessment and Resource
CCYCS	Contra Costa Youth Continuum of Services
CDBG, CDBG-CV	Community Development Block Grant (federal and state programs) and the federal Community Development Block Grant CARES Act coronavirus allocation.
CESH	California Emergency Solutions and Housing program (state funding)
Continuum of Care (CoC)	Continuum of Care approach to assistance to the homeless. Federal grant program promoting and funding permanent solutions to homelessness.
Con Plan	Consolidated Plan, a locally developed plan for housing assistance and urban development under CDBG.
CORE	Coordinated Outreach Referral, Engagement program
COVID-19	Coronavirus
DOC	Department Operations Center
EHSD	(Contra Costa County) Employment and Human Services Division
EOC	Emergency Operations Center
ESG and ESG-CV	Emergency Solutions Grant (federal and state program) and the federal Emergency Solutions Grant CARES Act coronavirus allocation.
ESG-CV	Emergency Solutions Grant CARES
FMR	Fair Market Rent (maximum rent for Section 8 rental assistance/CoC grants)
HCD	Housing and Community Development (State office)
HEAP	Homeless Emergency Aid Program (State funding)
HEARTH	Homeless Emergency and Rapid Transition to Housing (HEARTH) Act of 2009
HHAP	Homeless Housing and Assistance Program
HMIS	Homeless Management Information System
HOME	Home Investment Partnerships (CPD program)
HUD	U.S. Department of Housing and Urban Development (federal)
MHSA	Mental Health Services Act
NOFA	Notice of Funding Availability
PHA	Public Housing Authority
PUI	Persons Under Investigation
SAMHSA	Substance Abuse & Mental Health Services Administration
SRO	Single-Room Occupancy housing units
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 16-24)
VA	Veterans Affairs (U.S. Department of)



COH QUARTERLY REPORT

VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

Contra Costa County COVID-19 Resources:

Please see below for additional resources on COVID-19.

Health Services COVID Data Dashboard- <https://www.coronavirus.cchealth.org/dashboard>

Health Services Homeless Specific Data Dashboard- <https://www.coronavirus.cchealth.org/homeless-dashboard>

Health Services COVID Updates- <https://www.coronavirus.cchealth.org/health-services-updates>

Health Services Homeless-Specific COVID Resources -<https://www.coronavirus.cchealth.org/for-the-homeless>