

# Contra Costa County Continuum of Care

## CALENDAR YEAR 2020 ANNUAL REPORT

A summary of the impact of COVID-19 on the CoC, as well as demographic data and outcomes for consumers who utilized programs for people at-risk of homelessness, currently experiencing homelessness, or in permanent supportive housing during 2020.



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# Table Of Contents

EXECUTIVE SUMMARY: 2020 MAIN FINDINGS.....	5
INTRODUCTION.....	8
Contra Costa County's Continuum of Care (CoC).....	8
Health, Housing, and Homeless Services (H3) .....	9
How to Use Report and How to Share the Data .....	9
CONTRA COSTA COUNTY'S RESPONSE TO COVID-19 FOR PEOPLE EXPERIENCING HOMELESSNESS ...	12
General Oversight of COVID-19 Planning and Implementation .....	13
Procurement of Resources for Service Providers .....	13
Decompressing Emergency Shelters and Congregate Settings .....	14
Serving Unsheltered Consumers .....	15
Maintaining services for the housed population .....	16
Effective Strategies Identified by Service Providers .....	17
Partnerships, Collaborations, and Key Stakeholders.....	18
COVID-19 SCREENING, TESTING, AND OTHER DATA .....	20
Table One: COVID-19 Test Data in Contra Costa County, By Population Type, 2020 .....	21
Table Two: Age Distribution for People Experiencing Homelessness Who Tested Positive for COVID-19, 2020.....	21
Table Three: COVID-19 Testing and Positivity Rates Among People Experiencing Homelessness, by Race, 2020 .....	22
Table Four: COVID-19 Testing and Positivity Rates Among People Experiencing Homelessness, by Ethnicity, 2020 .....	22
Table Five: City Population, Number of Positive Cases, and Positive Rate for People Experiencing Homelessness, for Three Highest Cities, 2020 .....	22
COC PROGRAM UTILIZATION: INTERVENTION TYPES AND OUTCOMES .....	23
COC PROGRAM UTILIZATION AND OUTCOMES.....	24
Figure One: Number of Households and Individuals Accessing CoC Services, 2018-2020 .....	24
Figure Two: Household Program Utilization by Intervention Level, 2020.....	26
Figure Three: Number of Housholds Served in Prevention, Crisis Response, and PSH, 2018-2020 .....	26
Inflow and Outflow for Crisis Response.....	27
Figure Four: Inflow and Outflow for Crisis Response, 2018-2020 .....	27
Figure Five: Types of Inflow into Crisis Response, 2020 .....	28
Positive Outcomes and Exit Destination by Intervention Model.....	28
Table Six: Household Exit Rates to Exit Destination by Intervention Level, 2020.....	29
Table Seven: Household Exit Rates to Exit Destination by Intervention Level within Crisis Response, 2020 .....	30
Prevention & Diversion (N=956 Households).....	31

Figure Six: Exit Destinations for Households that Accessed Prevention and Diversion, 2020.....	31
Figure Seven: Exit Destinations for Households that Accessed Crisis Response, 2020 .....	32
Rapid Exit (N=63 Households).....	33
Figure Eight: Exit Destinations for Households that Accessed Rapid Exit, 2020.....	33
Street Outreach (N=3,755 Households) .....	34
Figure Nine: Exit Destinations for Households that Accessed Street Outreach, 2020.....	34
Support Services (N=1,680 Households).....	35
Figure Ten: Exit Destinations for Households that Accessed Support Services, 2020.....	35
Emergency Shelters (N=1,599 Households) .....	36
Figure Eleven: Exit Destinations for Households that Accessed Prevention and Diversion, 2020.....	36
Housing Navigation (N=351 Households) .....	37
Figure Twelve: Exit Destinations for Households that Accessed Housing Navigation, 2020 .....	37
Figure Thirteen: Exit Destinations for Households that Accessed Transitional Housing, 2020.....	38
Rapid Rehousing (N=351 Households).....	39
Figure Fourteen: Exit Destinations for Households that Accessed Rapid Rehousing, 2020.....	39
Permanent Supportive Housing (N=929 Households) .....	40
Figure Fifteen: Exit Destinations for Households that Accessed Permanent Supportive Housing, 2020	40
DEMOGRAPHICS.....	41
HOUSEHOLD TYPE.....	42
Table Eight: Number of Households, by Household Type, Served in the CoC, 2018-2020.....	42
Table Nine: Number and Percent of Families and Adult-Only Households by Programming for Homeless Status, 2020 .....	43
Figure Sixteen: Program Utilization by Intervention Level and Household Type, 2020.....	43
Figure Seventeen: Utilization of Various Crisis Response Interventions, by Household Type, 2020 .....	44
Figure Eighteen: Percent of Exits to Permanent Housing or Retention in PSH by Intervention Level and Household Type, 2020.....	44
Figure Nineteen: Exit Destinations Across Crisis Response Interventions, by Household Type, 2020 ....	45
AGE GROUPS.....	46
Figure Twenty: Age Distribution for All Consumers Served by the CoC, 2020 .....	46
Table Ten: Number of Each Age Group Served in Each Intervention Level, 2020.....	47
Figure Twenty-One: Program Utilization by Intervention Level and Age Group, 2020 .....	47
Table Eleven: Three-Year Percent Change in the Number of People Served in Each Age Group .....	47
Figure Twenty-Two: Percent of Each Age Group with Exits to Permanent Housing or Retention in PSH by Intervention Level, 2020 .....	48
RACE AND ETHNICITY .....	49
Figure Twenty-Three: Racial Distribution of Heads of Households in the CoC, 2020 .....	49
Figure Twenty-Four: Racial Distribution of Heads of Households in the CoC, 2020.....	50

Figure Twenty-Five: Racial & Ethnic Distribution for Contra Costa County General Population vs CoC Consumers, 2020 .....	50
Figure Twenty-Six: Proportion of Head of Households in the CoC with Children, by Race/Ethnicity, 2020 .....	51
Table Twelve: Proportion of Households Accessing Each Intervention Level, by Head of Household's Race/Ethnicity, 2020 .....	52
Table Thirteen: Number of Households Served in Intervention Levels and Percent of Exits to Permanent Housing by Race, 2020.....	52
Figure Twenty-Seven: Proportion of Exits to Permanent Housing Across Intervention Levels, by Race/Ethnicity, 2020 .....	53
GENDER .....	54
Figure Twenty-Eight: Program Utilization Across Each Intervention Level, by Gender, 2020 .....	54
Figure Twenty-Nine: Household Type, by Gender, 2020.....	55
Figure Thirty: Proportion of Exits to Permanent Housing or Retained PSH Across Intervention Levels, by Gender, 2020.....	55
DISABLING CONDITIONS AND CHRONIC HOMELESSNESS.....	56
Figure Thirty-One: Proportion of Households with at Least One Family Member with a Disabling Condition, by Intervention Level, 2020.....	56
Figure Thirty-Two: Percent of Households with Disabling Conditions, by Disability Type, 2020.....	57
Figure Thirty-Three: Exits to Permanent Housing from Prevention and Crisis Response, by Household Disabling Condition, 2020.....	58
Figure Thirty-Four: Chronically Homeless Households, 2018-2020 .....	59
OTHER POPULATIONS: DOMESTIC VIOLENCE, SEXUAL ORIENTATION, VETERAN STATUS.....	60
Figure Thirty-Five: Number of People Fleeing Domestic Violence and with History of Domestic Violence, Served in Crisis Response, 2020 .....	60
Figure Thirty-Six: Exits to Permanent Housing from Prevention and Crisis Response, by Sexual Orientation, 2020 .....	61
Figure Thirty-Seven: Percent of Veterans Accessing Services by Intervention level, 2020 .....	62
Figure Thirty-Eight: Percent of Veterans with Exits to Permanent Housing by Intervention Level.....	62
HOUSING OUTCOMES SUMMARY .....	63
Table Fourteen: Percent of Each Sub-Population Exits to Permanent Housing from Prevention and Crisis Response, 2020 .....	63
CAUSE OF DEATH PER CORONER.....	64
Figure Thirty-Nine: Cause of Death Recorded by Coroner for People Experiencing Homelessness, 2018-2020.....	64
HUD SYSTEM PERFORMANCE MEASURES .....	65
Performance Measure One: Length of Time Homeless.....	66
Figure Forty: Number of People Served in Emergency Shelters and Transitional Housing, 2018-2020 .....	67

Figure Forty-One: Self-Reported Length of Time Homeless for People Enrolled in Emergency Shelter, Transitional Housing, and Rapid Rehousing, and Exited to Permanent Housing, 2018-2020.....	67
Figure Forty-Two: Average Number of Bed Nights in Emergency Shelters and Transitional Housing, 2018-2020.....	68
Figure Forty-Three: Returns to Homelessness from Emergency Shelter, Transitional Housing, and Rapid Rehousing, and PSH within Two Years, 2018 to 2020.....	68
Figure Forty-Four: Proportion of Permanent Housing Exits that Returned to Homelessness by Intervention Model, 2018 to 2020.....	69
Figure Forty-Five: Sheltered Individuals Identified in PIT, 2019-2021 .....	69
Figure Forty-Six: Number of People Identified in Sheltered PIT Counts, 2019-2020.....	70
Figure Forty-Seven: Percent of System Stayers and System Leavers with Increase in Total Income by Year, 2018-2020 .....	70
Measure 5: Number of Persons Who Become Homeless for the First Time.....	71
Figure Forty-Eight: Number of Persons who Became Homeless for the First Time, 2018 to 2020 .....	71
Measure 6: Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-Funded Projects .....	71
Measure 7: Successful Placement from Street Outreach and Successful Placement In, or Retention of, Permanent Housing .....	71
Figure Forty-Nine: Number of Exits from Street Outreach, 2018-2020 .....	72
Figure Fifty: Percent of Positive Exits from Street Outreach, 2018-2020.....	72
Figure Fifty-One: Percent of Exits to Permanent Housing from Emergency Shelters, Transitional Housing and Rapid Rehousing, 2018-2020.....	73
Figure Fifty-Two: Housing Retention Rates for People in Permanent Supportive Housing, 2020.....	73
APPENDIX A: INTERVENTIONS AND PROGRAMS IN COC .....	74
Table Fifteen: Number of People and Households Served in Prevention and Diversion, 2020.....	74
Table Sixteen: Number of People and Households Served in Crisis Response Interventions, 2020 .....	74
Table Seventeen: Number of People and Households Served in Prevention and Diversion, 2020 .....	75
APPENDIX B: METHODOLOGY .....	77

# EXECUTIVE SUMMARY: 2020 MAIN FINDINGS

This executive summary provides a high-level review of the main findings within the Contra Costa County Continuum of Care (CoC) 2020 Annual Report. This report includes a summary of the households accessing homeless services and their outcomes related to program utilization during calendar year 2020 as well as how the CoC responded to the COVID-19 pandemic while serving the community. This information can be used to determine system-wide needs for planning, grant-writing, and program and policy development. The sections of this report include the county's COVID-19 Response, COVID-19 Screening, Testing, and Data; CoC Program Utilization and Outcomes; Demographics; Coroner's Data; and System Performance Measures.

## Contra Costa County's Response to COVID-19

During 2020, the county and CoC service providers conducted services while focusing on the impacts of COVID-19 pandemic on the health, safety, and wellness of CoC consumers and staff. Health, Housing, and Homeless Services (H3) was the lead agency working with county leadership and health officers to address these five primary objectives:

- a. general oversight of COVID-19 planning and implementation;
- b. procurement of resources for service providers, including Project Roomkey hotels;
- c. decompressing emergency shelters and other congregate-living facilities;
- d. distributing resources to the unsheltered population; and
- e. maintaining services for the housed populations.

Partnerships between H3, county leadership, CoC service providers, local agencies, non-profits, and faith-based organizations resulted in rapid and efficient response to COVID-19. Every service agency was adaptable, responsive, and committed to the well-being of their clients and staff.

## COVID-19 Screening, Testing, and Data

Screening for COVID-19 took place at service sites with the help of HealthCare for the Homeless and multiple health clinics and hospitals across the county.

- During 2020, there were 11,045 COVID-19 screenings conducted on 4,427 people experiencing homelessness
- There were 342 positive cases and five deaths due to COVID-19 among the homeless population in the county
- The cities with the highest number of positive cases were Concord (68), Richmond (63), and Antioch (57)

## CoC Program Utilization and Outcomes

There were 9,767 people served in the CoC during 2020, making up 7,365 households. This is a 9% increase over three years. Households sought services across three intervention levels: prevention and diversion for households at risk of homelessness, crisis response services for

households experiencing literal homelessness, and permanent supportive housing (PSH) for formerly homeless households with need for continue supports.

- 75% of households were served in crisis response (N=5,750), 13% in prevention and diversion (N=956 households), and 12% in permanent supportive housing (N=929 households).
- Street outreach was the most accessed intervention (N=3,755 households; followed by support services (N=1,680) and emergency shelters (N=1,599 households).
- Permanent housing rates were best for households in PSH (96% either retained their PSH or exited to permanent housing); followed by 78% for those in prevention and diversion, and 11% for households accessing crisis response interventions.

## Demographics

Sub-populations experience homelessness at difference rates and have different housing outcomes. This report includes demographic data and outcomes for household type, age groups, race and ethnicity, gender, disabilities, and other populations (domestic violence, veterans, sexual orientation)

- Household Types:
  - 86% of households in the CoC were adult-only
  - Since 2018, there was a 12% increase in adult-only households and a 2% decrease in households with children
  - Households with children made up 32% of those served in prevention, 9% in crisis response, and 20% of PSH
  - Households with children had higher rates of exits to permanent housing from crisis response (24% for families and 7% for adult-only)
- Age groups:
  - 1/2 of those served in the CoC were working age adults (25 to 54 years old)
  - Since 2018, there was a 50% increase in the number of people 62 years and older served, 9% decrease in minors (<18), and 5% decrease in transition age youth (18-24)
- Race and ethnicity:
  - Black/African American and American Indian/Alaska Native were over-represented in the CoC relative to the county census data (4x among Black/African American and 2x among American Indian/Alaska Native;
  - 19% of households who accessed services across all CoC services were Hispanic/Latin(a)(o)(x)
  - Asian, people of Multiple Races, and Hispanic/Latin(a)(o)(x) households had the highest proportion of families accessing services relative to other races and non-Hispanic/Latin(a)(o)(x) with at least 20% of households being households with children
  - American Indian/Alaska Native were the most likely to access crisis response (88% of American Indian/Alaska Native accessed crisis response while other races ranged from 62% to 83%); they also had the lowest housing rate of exits to

permanent housing from crisis response (8% while all others ranged from 10% to 15%)

- Gender:
  - The CoC was comprised of 53% male, 47% female consumers (less than 1% were transgender or gender non-conforming)
  - Females were more likely than males to be in households with children and had higher exits to permanent housing from all three intervention levels (prevention and diversion, crisis response, and PSH)
- Disabilities and chronicity:
  - 53% of households across the CoC had a disabling condition
  - Mental health conditions were the most common disability (N=2,854 households)
  - 40% of households accessing crisis response interventions were chronically homeless
  - Households with a disabling condition had a lower exit rate to permanent housing from prevention (65%) compared to those without a disabling condition (86%)
- Other populations: People with history a of domestic violence, LGBTQ, and Veterans
  - 1/4 of households accessing crisis response services had a history of domestic violence; 80% were women
  - Veterans made up 1/3 of households enrolled in PSH
  - Veterans had a higher rate of exits to permanent housing from crisis response than any other sub-population (33% for veterans)
  - 2% of the CoC identified as LGBTQ; LGBTQ had higher rates to permanent housing from crisis response than other sub-populations (30%)

### Coroner's Data

Coroner data is collected for all people who pass away without a medical provider present. During 2020, 100 people experiencing homelessness were identified by the coroner's office.

- There was an 82% increase in the number of people identified since 2018
- Accidental overdose was the most common cause of death (N=35), followed by natural causes (N=24), and other accidents (N=20)

### HUD System Performance Measures

Housing and Urban Development (HUD)'s System Performant Measures illustrates many significant shifts in consumer outcomes from 2018 to 2020.

- 27% decrease in people served in shelters, transitional housing, and rapid rehousing from 3,062 to 2,346
- 26% increase in the number of adult-only households identified in shelters for PIT from 506 to 642; no shift in families
- 42% increase in the number of days homeless from 546 days to 776 days
- 55% decrease in the number of people identified for the first time from 2,300 to 535
- 25 increase in the number of exits from street outreach from 3,154 to 3,943



# INTRODUCTION

Contra Costa County's Continuum of Care of (CoC) experienced many unique challenges in 2020, as homeless service providers worked quickly and collaboratively to prevent the spread of Coronavirus SARS-CoV2 (COVID-19) among people experiencing homelessness. COVID-19 is a highly contagious respiratory virus that killed an estimated 3 million individuals globally<sup>1</sup> and over 375,000 individuals in the United States in 2020<sup>2</sup>.

The 2020 CoC Annual Report addresses how the CoC and its many partners rapidly and efficiently adapted programming to meet the needs of the community during the COVID-19 pandemic. COVID-19 data collected on people experiencing homelessness is presented and helps highlight how robust the county's response was in serving this population during uncertain times.

This report also summarizes the demographics, program utilization, and outcomes for consumers who accessed services in Contra Costa County's CoC during calendar year 2020. The findings within this report are important for describing shifts among the homeless population accessing services and identifying programmatic needs to inform funding, policy, and program implementation strategies. The report is organized into the following sections:

- ❖ Introduction describing the CoC; Health, Housing & Homeless Services (H3), and the utility of this report;
- ❖ Summary of the COVID-19 response and the CoC's efforts to reduce the impact of the pandemic on those experiencing homelessness;
- ❖ Data on COVID-19 screening, positive tests, and deaths;
- ❖ Description of program utilization in the three Project Type Categories (prevention, crisis response, and permanent supportive housing);
- ❖ Detailed review of demographic and outcome data for sub-populations within the CoC (household type, race/ethnicity, gender, age, chronic homelessness and disabling conditions, people who experienced domestic violence, LGBTQ, and veterans); and,
- ❖ Review of HUD's Fiscal Year 19/20 System Performance Measures.

## Contra Costa County's Continuum of Care (CoC)

Contra Costa County's CoC is designed to assist individuals and families who are either at risk of homelessness or are currently experiencing homelessness by providing services that are needed to help these individuals and families move into permanent housing, with the goal of long-term stability. The CoC relies upon community-wide planning and strategic use of resources to address homelessness and improve coordination with mainstream resources and other programs targeted to people experiencing homelessness.

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<sup>1</sup> The true death toll of COVID-19: estimating global excess mortality. (2021). World Health Organization. <https://www.who.int/data/stories/the-true-death-toll-of-covid-19-estimating-global-excess-mortality>

<sup>2</sup> Ahmad, F. B. (2021, June 17). Provisional Mortality Data — United States, 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm>

The CoC believes everyone should have a home and is committed to ending homelessness for all persons experiencing homelessness today in our community by proactively working to ensure that any future housing crisis is uncommon, brief, and nonrecurring. The county's CoC is comprised of multiple partners, including service providers, members of the faith community, businesses, private and public funders, community members, education systems, and law enforcement, who are working collaboratively to end homelessness. Between 2020 and 2021, the Contra Costa CoC received approximately \$15.2 million dollars to fund the operation and administration of housing and services for people experiencing and at risk of homelessness in Contra Costa County. This was a slight increase in funding since FY19-20 (\$15.1M).

The CoC offers a variety of programs related to housing and homeless related services for people at risk of homelessness and those who are literally homeless (unsheltered and temporarily sheltered). This includes, but is not limited to, Prevention and Diversion, Emergency Shelter, Transitional Housing, Supportive Services Only (including CARE centers, Housing Navigation and Rapid Exit), Street Outreach, and Permanent Housing services (including Rapid Rehousing and Permanent Supportive Housing). These resources are provided in large part through a CoC-wide coordinated entry system (CES) that streamlines, assesses, prioritizes, and coordinates access to community housing resources. Information on service utilization and consumer demographics is collected using standardized assessments and stored in a system wide Homeless Management Information System (HMIS) database.

### [Health, Housing, and Homeless Services \(H3\)](#)

Health, Housing & Homeless Services (H3) is a division of Contra Costa County Health Services Department (CCHS). H3 coordinates and integrates housing and homeless services across the health system and functions as the collaborative applicant, CoC Lead, HMIS Lead, and operates the CES. H3 also acts as staff to the Council on Homelessness. H3 provides strategic direction, coordination of funding, and programmatic oversight of CoC programs.

### [How to Use Report and How to Share the Data](#)

This report is a summary of the consumers who used the various homeless prevention, crisis response, and housing programs in the CoC during 2020. These analyses include people who were enrolled in a program in the CoC and authorized their data to be entered into HMIS. It does not capture information for people who seek homeless or housing services outside of the CoC programs and/or request their data be excluded from HMIS. Although this report is not intended to describe every person experiencing homelessness in the county, the CoC provided services to over 7,365 households in 2020 and data for these households helps describe who is at risk or experiencing homeless and which programs are utilized by these households.

The data in this report is analyzed by sub-populations within the system of care to better understand where disparities may exist within and across these groups: household type, race/ethnicity, gender, age, chronic homelessness and disabling conditions, people with a history of domestic violence, LGBTQ, and veterans.

This information is meant to be shared with local stakeholders, county and city leaders, funders, and our CoC partners to inform programs and policies that may reduce the prevalence of homelessness in our community.

A summary of the methodology and data sources used to generate this report is further provided in Appendix A to ensure transparency in how the data was run and analyzed. A list of homeless service provider data that was included in this report is available in Appendix B.

## SECTION ONE:

# CONTRA COSTA COUNTY'S RESPONSE TO COVID-19 FOR PEOPLE EXPERIENCING HOMELESSNESS

# CONTRA COSTA COUNTY'S RESPONSE TO COVID-19 FOR PEOPLE EXPERIENCING HOMELESSNESS

In March 2020, California declared a state of emergency in response to the COVID-19 pandemic that was rapidly spreading across the nation. The state issued an Executive Order with impacts and guidelines for residents, businesses, non-profits, healthcare systems, and service providers. Local health departments across the United States were the primary agencies responsible for responding to their communities' pandemic needs, including planning local efforts and supporting the vast stakeholders involved in stopping and preventing the spread of COVID-19. Those experiencing homelessness in Contra Costa County were one of the many priority populations with a high risk for contracting and spreading COVID-19. Planning and implementing efforts to prevent the transmission of COVID-19 among people experiencing homelessness required a cross-sector community approach, involving multiple partners who worked collaboratively to develop the county's response.



Leadership for all of Contra Costa's COVID-19 activities was provided by the county's Emergency Operations Center (EOC). This is a structured protocol, staffed by various emergency and public health professionals to guide a local community during emergency situations. The EOC structure provides a hierarchy of leadership to assess the community's needs during the emergency (or in this case, pandemic), identify solutions, gather resources, and implement strategies. The EOC provides direction for the Department Operations Center (DOC) in five key areas: 1) management and administration of resources; 2) operations; 3) planning; 4) logistics; and 5) financial and administrative. Contra Costa County's Health Services Department (CCHS) activated their DOC and worked closely with H3 to address the needs of those experiencing homelessness during the pandemic.

H3 held three critical roles during the pandemic. The first as the county agency working closely with the DOC; the second as the CoC lead; and the third, as a program provider. The immediate needs focused on the following objectives:

- general oversight of COVID-19 planning and implementation;
- procurement of resources for service providers;
- decompressing emergency shelters and other congregate-living facilities;
- distributing resources to the unsheltered population; and
- maintaining services for the housed populations.

## General Oversight of COVID-19 Planning and Implementation

When the COVID-19 pandemic surfaced in the community, Contra Costa County's Health Services Department (CCHS) was one of many government agencies responding to county-wide efforts to prevent the spread of COVID-19. County employees are designated by the state as Disaster Service Workers. Staff from all county divisions were assigned to support and respond to COVID-19 activities. While continuing to serve as the CoC lead, H3 was tasked with developing CoC-wide efforts to prevent the spread

among the homeless population in collaboration with local homeless service providers. H3's primary role at the start of the surge of COVID-19 cases was to disseminate federal, state, and county mandates and guidelines specific to protecting the homeless community in congregate living facilities and those living on the streets. When the California State Executive Order called for the local authority to implement strategies to prevent the spread of COVID-19, Contra Costa's Health Officer called for decompressing shelters and shifting outreach practices. Based on these recommendations, H3 made critical decisions about how service providers within the CoC should continue operations while reducing exposure for clients and staff. As the lead agency guiding the



CoC during the pandemic, H3 provided communications to various stakeholders and partners, technical assistance to service providers, and overall coordination for service providers and other community partners.

H3 also sought input from homeless service providers and healthcare professionals to identify the challenges encountered by both consumers and providers as new guidelines and restrictions were rolled out.

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*H3 formed partnerships with CEOs and established effective communication. They kept us so well informed so we could make sure our services were coordinated with new laws and new funding. They contracted with CBOs (community-based organizations), got financial assistance, etc. They were so quick, so collaborative, and [at the same time] so centralized."*

*-Chris Ciello, Executive Director, HUME Center*

## Procurement of Resources for Service Providers

H3 was responsible for identifying and procuring the many resources that were immediately necessary for preventing the spread of COVID-19 among the population and for agencies who served them. H3 worked with CCHS's Disaster Operation Center (DOC) and the broader County's Emergency Operation Center (EOC) to acquire supplies and resources, including but not limited to:

- ✓ leased hotels to serve as non-congregate shelter settings under the State's Project Room Key (PRK) Program
- ✓ meals, laundry, and cleaning services for the hotel consumers
- ✓ personal protective equipment (PPE) for shelters, hotel staff, service providers, and outreach teams (masks, gloves, Tyvek suits/gowns, face shields, etc.)
- ✓ 48 porta potty/hard washing stations placed regionally across six cities in the County
- ✓ hand sanitizer, hygiene kits, two-day, non-perishable food kits, bottled water, transportation to/from testing appointments, hospitals, shelters, PRK (the hotel program), and health clinics

- ✓ room dividers for the shelters that remained open
- ✓ tents and solar chargers to encourage social distancing practices among unsheltered individuals living in encampments



### Decompressing Emergency Shelters and Congregate Settings

The county Health Officer's order to decompress congregate living facilities required immediate action at all homeless shelters across the county. Shelters had to reduce capacity by moving consumers to temporary hotel sites, isolating households to certain areas distanced from other households, and could not accept new intakes. As a response, the state established an initiative in April called Project Room Key (PRK) to provide funding (\$1.7 allocated to Contra Costa) for non-congregate shelter options for people experiencing homelessness and who were at high risk of getting COVID-19 or having more severe complications from COVID-19 based on health risk factors. These efforts prioritized protecting individuals who were at the highest risk per the Federal Emergency Management Agency's (FEMA) guidelines. Risk factors were based on age, health conditions, and those residing in congregate facilities, as well as minimizing the strain on the health care system's capacity.



Initially, all county-run shelter consumers were placed in PRK while other shelters (Greater Richmond Interfaith Program, Bay Area Rescue Mission, STAND, Trinity Center, Winter Nights, and Don Brown) continued serving consumers at a reduced capacity. Mountain View was the only shelter that closed completely. As space became available in the hotel programs, CORE Outreach, psychiatric emergency, hospitals, and emergency rooms made referrals to the public health on-call team to make final decisions about eligibility and placement in the hotel program. The primary focus was making placements for the most vulnerable people sleeping outside during the pandemic.

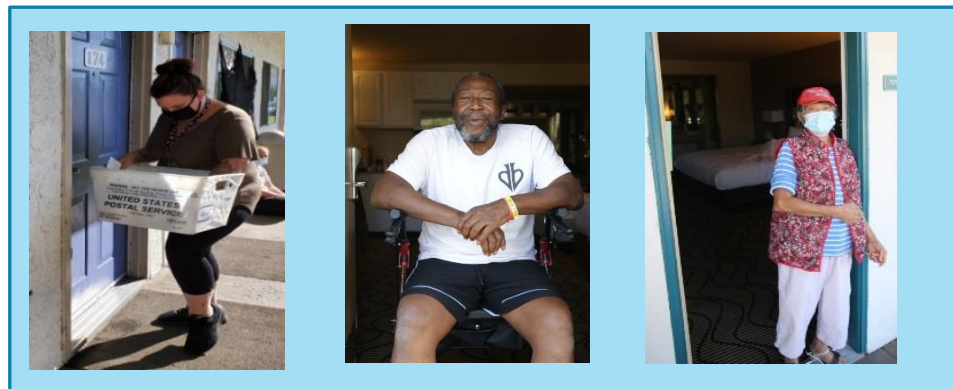
PRK also gave people who were experiencing homelessness and were recovering from COVID-19, or had been exposed to COVID-19 and waiting for a test result (PUI, People Under



Investigation), a place to recuperate and properly quarantine outside of a hospital setting. This further reduced the burden on the over-taxed healthcare systems.

Protocols were established to ensure consumers and staff at shelter sites and the hotel sites maintained social distance. A cleaning service was procured for the PRK program and PUI sites in the event any room was contaminated by a COVID-19 positive client.

Service providers partnered with the PRK sites to provide case management to house clients across the PRK sites and other shelters. Housing placements proved challenging as landlords were reluctant to take new tenants, family and friends were not opening their homes to people, movers were temporarily banned from conducting moves, and as non-profits could not take furniture donations.



Healthcare for the Homeless (HCH) provided medical services, including COVID-19 testing, at PRK and PUI sites to ensure access for that population and to reduce burden at local health clinics. HCH also worked to keep people away from emergency departments where they could be exposed to COVID-19 and to reduce burden on the already over-taxed emergency departments. HCH staff were flexible as they created modified clinics at the PRK and PUI sites in hotel rooms.

### Serving Unsheltered Consumers

CORE Outreach teams continued serving unsheltered consumers during the pandemic, with a focus on providing services usually provided at CARE Centers and shelters, which were serving fewer people as they significantly reduced capacity as well as services at their facilities. The teams were re-organized based on needs specific to the pandemic; BART CORE teams were discontinued because BART was temporarily closed while all other teams remained active. CORE Outreach distributed two-day non-perishable food packs, hygiene kits, bottled water, PPE, and hand sanitizer to their consumers. CORE also provided education about COVID-19 to the unsheltered population and encouraged people to prevent the spread of COVID-19 by having them remain in one encampment area (and not move around), not share living space with people outside of their household, and to practice social distancing. CORE





also distributed tents to allow people who had been sharing tents with people outside their households to physically distance themselves from other people in the encampment.



CORE was the primary referral source to PRK, using guidance developed by the public health on-call team, using FEMA guidelines to prioritize placements into PRK for those most vulnerable to COVID-19 (such as those 70 years of age and older or people 60 and older with two or more FEMA eligible health conditions).

Most CARE centers remained opened at a reduced capacity; however, they were unable to provide their standard meals and basic needs services (bathrooms, showers, and case management). CARE Centers adjusted their services by providing packaged food and bottled water and played an essential role in educating their consumers about COVID-19 screening and prevention measures.

Healthcare for the Homeless also provided medical street outreach and COVID-19 testing at community clinics, encampments, food distribution sites, and CARE Centers. HCH also led efforts in contact tracing for people experiencing homelessness who tested positive for COVID-19.



### Maintaining services for the housed population

Service providers operating permanent housing and rapid rehousing programs changed their case management to be conducted entirely over the phone and online. Shelter Inc, Hope Solutions, and H3 quickly adopted new technology, including confidential case management apps for their phones.

Hope Solutions' permanent supportive housing program that serves families responded to the shelter-in-place order by providing educational supplies, including Chromebooks, tutoring, educational support, and case

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*"Clients were desperate for social interaction."*

*-Deanne Pearn, Executive Director, Hope Solutions*

management for families in their housing programs. Hope Solutions' site-based housing programs also recognized that clients were eager to be social and created outdoor social space that allowed participants to have socially distanced outdoor events.

Shelter Inc's eviction prevention program, which was initially developed to identify the needs of people about to lose housing, was adapted to identify the needs of their residents and help them gaining access to PPE, food, hygiene kits, and other necessities.



### Effective Strategies Identified by Service Providers

There were key activities and strategies that helped service providers quickly and sufficiently address COVID-19 efforts for their staff and consumers:

- ✓ Many providers adapted tools or processes already in place at their organization before COVID-19, such as triage tools or ways in which supplies are distributed, allowing for quick and efficient response .
- ✓ Many agencies established daily COVID-19 meetings to provide up-to-date information, troubleshoot challenges, and identify needs.
- ✓ Service providers bolstered supports for their staff to ensure they had more flexibility and resources to support their clients/consumers. Support included adequate technology to work from home and in the field with telehealth, PPE, flexible schedules, and ability to speak candidly to supervisors and peers about their challenges.
- ✓ Partnerships were key. New partners (churches, non-profits, and community members) became engaged with the CoC or individual service providers to help with hygiene kits, foot kits, and donations.
- ✓ Multiple service providers emphasized that their staff stepped up in every way possible. It seemed everyone took a leadership role in one way or another.
- ✓ Service providers were quick to accept recommendations from the county and acted quickly to implement the necessary changes.

## Partners and Stakeholders

Contra Costa County was able to effectively serve people experiencing homelessness during COVID-19 thanks to the many partners including non-profits, government agencies, service providers, faith community, and community members.



1

### Administrative

Board of Supervisors  
County Health Officers  
County's Business Intelligence  
Emergency Operations Centers  
HomeBase  
Public Health Department  
State of California



2

### Donations

Best Western Corporate  
Church of Ladder Day Saints  
Friends Feeding Friends  
New Hope Church  
St. Bonaventure  
Vestia  
VOOAD



3

### PRK Sites

Premier Inn – Concord  
Best Western – Concord  
Best Western – Richmond  
Courtyard Marriott – Richmond  
Motel 6 – Pittsburg



4

### Services

211  
Bay Area Community Services  
Bay Area Rescue Mission  
Coordinated Outreach & Referral  
Community Connect  
County Alcohol and Other Drugs  
County Behavioral Health  
Girard's Catering  
Greater Richmond Interfaith Program  
Health, Housing & Homeless Services  
HealthCare for the Homeless  
Hope Solutions  
Lee's Building Maintenance  
Loaves and Fishes  
Monument Crisis  
Shelter Inc  
Sunrise Bistro  
Trinity Center  
Uber/LYFT  
The Bay Church  
Wence House



## SECTION TWO:

### COVID-19 SCREENING, TESTING, AND DATA

# COVID-19 SCREENING, TESTING, AND OTHER DATA

## 342 COVID-19 CASES

11,045 tests on 4,264 people experiencing homelessness (8% positivity rate)



## 5 COVID-19 DEATHS

Among people experiencing homelessness, all were 62 or older

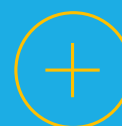
Higher positivity rates among:

- Minors, <18 (13%)
- Hispanic/Latin(a)(o)(x) (14%)
- Native Islanders (11%)
- Multiple Races (18%)



Cities with the highest # of positive cases:

Concord: 68 cases  
Richmond: 63 cases  
Antioch: 57 cases



Testing for COVID-19 took place all over the county at health clinics, county and private hospitals, county health centers, pharmacies, and mobile clinics. Test results for every person tested were entered into EPIC (the county's electronic health record database) and uploaded daily to the state CALREDIE database. This data collection and management ensured accurate and complete tracking to understand the impact of COVID-19 in Contra Costa County. There were 866,887 COVID-19 tests completed in Contra Costa County in 2020 on 440,010 people (some people had multiple tests completed). Among those 440,010 unique individuals, there were 43,350 positive COVID-19 cases amongst Contra Costa County's general population; 10% of all people tested.



The homeless population was identified as a vulnerable group in Contra Costa County and efforts were made to identify and monitor people in the homeless community who tested positive. Databases in the county containing homeless, medical, and behavioral health data were integrated to allow for real time identification of positive cases and confirmed homeless status per HUD's homeless definition<sup>3</sup>. Pulling data from multiple county providers who serve the homeless community ensures that COVID-19 testing information was captured for people in HMIS as well as other county databases and likely captured many people not accessing CoC services yet still experiencing homelessness.

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<sup>3</sup> HUD's definition of Homelessness: Resources and guidance. HUD Exchange. (2019, March 8). <https://www.hudexchange.info/news/huds-definition-of-homelessness-resources-and-guidance/>.



In total, there were 11,045 COVID-19 tests administered on people experiencing homelessness (1.3% of all COVID-19 tests completed in the county) across 4,247 unique people (1% of all people tested in Contra Costa County). There were 342 positive cases among people experiencing homelessness; 8% of all homeless people tested (Table One). This is slightly lower than the 10% identified among the general population tested in the county.

**Table One: COVID-19 Test Data in Contra Costa County, By Population Type, 2020**

	# Tests in General Population	# Tests in Homeless Population
<b>Total Tests Conducted</b>	866,887	11,045
<b>Unique People Tested</b>	440,010	4,247
<b>Positive Tests</b>	43,350	342
<b>Positivity Rate</b>	10%	8%

More than half (57%) of those experiencing homelessness who tested positive were adults ages 25 to 54, followed by seniors ages 62 and older (17%) and older adults 55 to 61 (13%). Minors experiencing homelessness had the highest rate of positive cases among all age categories (13%) and transition age youth and rising seniors had the lowest (6% each, Table Two).

**Table Two: Age Distribution for People Experiencing Homelessness Who Tested Positive for COVID-19, 2020**

Age Group	Number of People Tested	Positivity Rate
<b>Minors (&lt;18)</b>	212	13%
<b>Transition Age Youth (18-24)</b>	286	6%
<b>Working Adults (25-54)</b>	2,383	8%
<b>Rising Seniors (55-61)</b>	685	6%
<b>Seniors (62+)</b>	692	9%

\* The total number in each graph do not equal the unduplicated number of people who were tested

Of the 324 confirmed positive cases of COVID-19, there were no differences in the rates of positive COVID-19 test results between males and females. Among the 1,682 women who were tested, 143 tested positive (8%) and among the 2,517 men tested, 230 tested positive (8%). There was one positive case (less than 1%) among 332 individuals with missing or “other” gender identified data.

Race and ethnicity data were also collected for each person tested. There is a significant amount of missing data, likely due to the way in which data was collected at sites (some sites requested race and ethnicity data during the online registration and many participants did not complete the full form). Among those experiencing homelessness, 28% (N=1,223) had missing or unknown racial data and 24% had missing ethnicity data. People identifying with Multiple Races had the highest positivity rate at 18%, followed by Native Hawaiian/Other Pacific Islander at 11%, and Other at 9%. American Indian/Alaska Native, Asian, and Unknown had the lowest rates at 4% (Table Three).

Table Three: COVID-19 Testing and Positivity Rates Among People Experiencing Homelessness, by Race, 2020

Race	Number of People Tested	Positivity Rate
Multiple Races	66	18%
Native Islander	28	11%
Other	1,122	9%
White	1,717	8%
Black	1,281	7%
American Indian	25	4%
Asian	105	4%
Unknown	101	4%

\* The total number in each graph do not equal the unduplicated number of people who were tested

People experiencing homelessness who identified as Hispanic/Latin(a)(o)(x) had higher positivity rates than non-Hispanic/Latin(a)(o)(x) (14% compared to 8%; Table Four). Those with missing ethnicity data had a 4% positivity rate.

Table Four: COVID-19 Testing and Positivity Rates Among People Experiencing Homelessness, by Ethnicity, 2020

Race	Number of People Tested	Positivity Rate
Hispanic/Latin(a)(o)(x)	714	14%
Non- Hispanic/Latin(a)(o)(x)	2,565	8%
Other/Unknown	1,018	4%

\* The total number in each graph do not equal the unduplicated number of people who were tested

Last known addresses were collected for each person experiencing homelessness when they registered for a COVID-19 test. The top three cities with the highest number of positive cases were Concord with 68 positive cases, Richmond with 63, and Antioch with 57. Among these three cities, Concord had the highest positive rate (11%), followed by Antioch (9%), and Richmond had the lowest with 7% (Table Five).

Table Five: City Population, Number of Positive Cases, and Positivity Rate for People Experiencing Homelessness, for Three Highest Cities, 2020

	City Population	# of Positive Cases Among Homeless	Positivity Rate
Concord	130,935	68	11%
Antioch	112,520	57	9%
Richmond	131,133	63	7%

\* The total number in each graph do not equal the unduplicated number of people who were tested

**SECTION THREE:**

**COC PROGRAM UTILIZATION:  
INTERVENTION TYPES AND OUTCOMES**



# COC PROGRAM UTILIZATION AND OUTCOMES

Over 7,000 households served in CoC in 2020



9% increase since 2018

3/4

of consumers were in crisis response programming for people experiencing literal homelessness

All programs were affected by the pandemic; some stopped services while some shifted their practices and priority populations

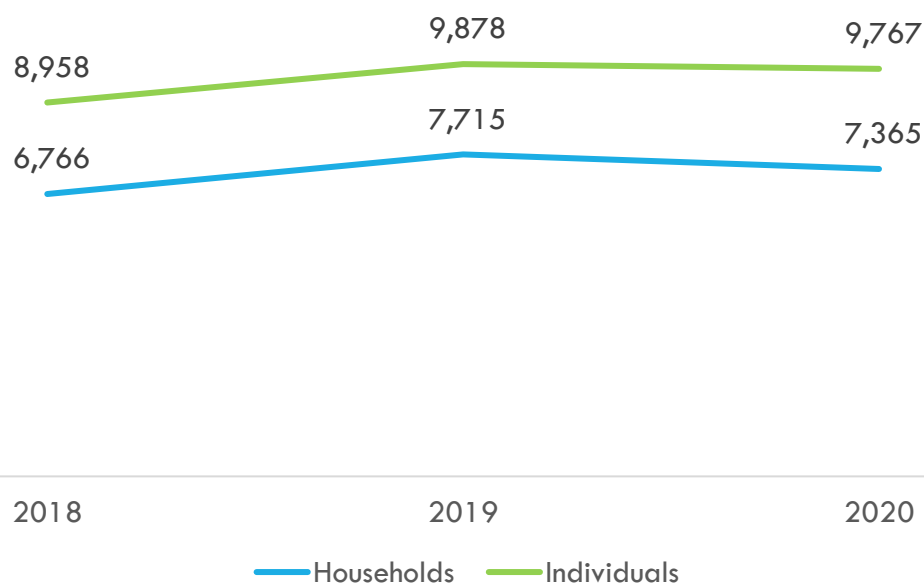


Street Outreach was the most commonly used intervention with 3,755 households

Almost 10,000 people were served in the CoC during calendar year 2020; 9,767 people in 7,365 households. This represents a 9% increase in unique consumers and in households served since 2018. There was a 14% increase in consumers from 2018 to 2019 and a 5% decrease from 2019 to 2020, largely due to the COVID-19 pandemic (5% decrease, Figure One).

9% increase in the number of households served from 2018 to 2020

Figure One: Number of Households and Individuals Accessing CoC Services, 2018-2020



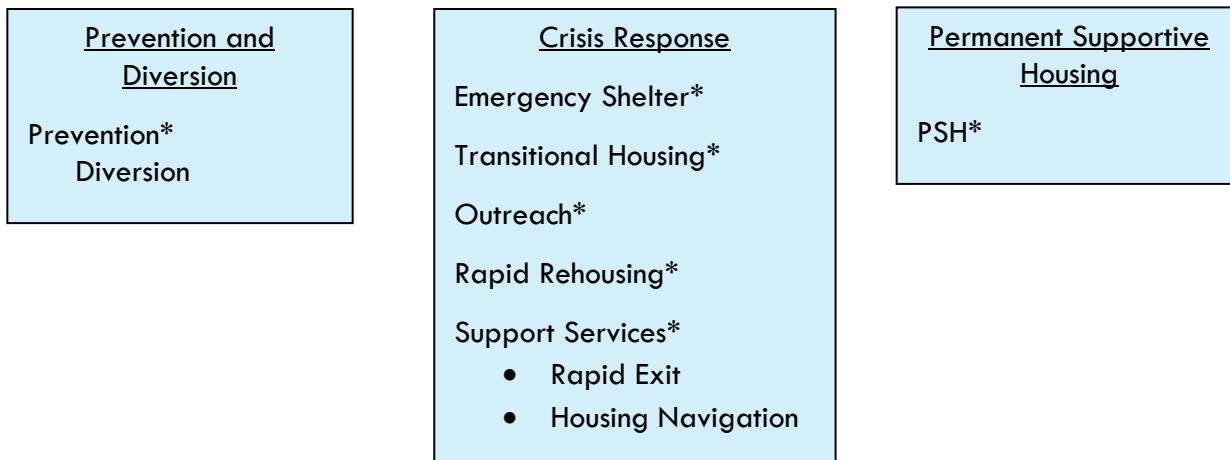
CoC Programs are distinguished by three primary intervention levels based on the homeless status of those people utilizing those services:

**Prevention & Diversion Interventions** are for people/households who are at imminent risk of homelessness. Services include case management, conflict resolution, and financial assistance.

**Crisis Response Interventions** are for people/households currently experiencing literal homelessness. Services include outreach, emergency or interim shelter, basic needs, case management, referrals to financial and social benefits, housing navigation, and linkages to health and housing services.

**Permanent Supportive Housing (PSH)** is for people/households who were formerly homeless, who have disabilities, and need long-term wrap-around services. PSH programming includes long-term housing supports with case management.

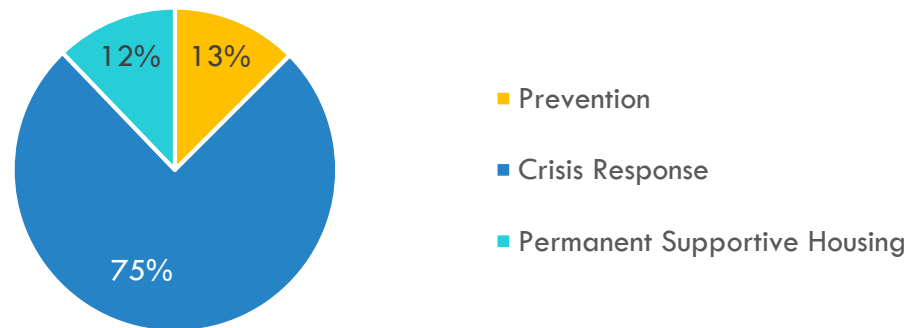
There are ten intervention models that fall under prevention, crisis response, and permanent supportive housing. The intervention models with an asterisk (\*) are also Project Types defined by HUD and the bulleted items are program models that fall under a Project Type.



The majority of households served in the CoC were served in crisis response programs, meaning they sought services designated for literally homeless people (75% of consumers, N=5,750 households). Households in prevention made up 13% of enrollments (N=956 households) and 12% of enrollments (N=929 households) were in permanent supportive housing, Figure Two).

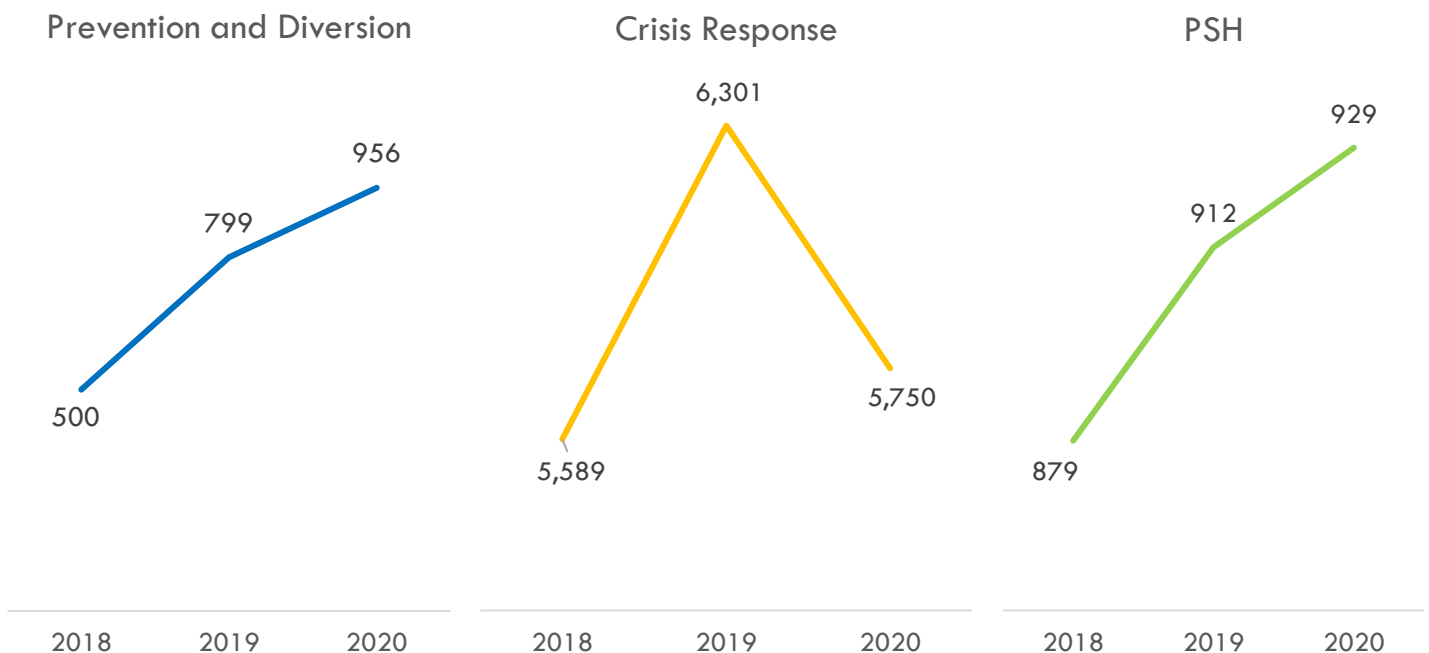
**3/4** of all consumers in CoC were enrolled in crisis response programs in 2020

Figure Two: Household Program Utilization by Intervention Level, 2020



There was a three-year increase in the number of households served in prevention and PSH, with an overall increase of 91% in prevention and 6% in PSH programs. These programs serve based on their capacity (staffing and funding) and the increases reflect greater capacity over the last two years (and an on-going need for more services in these categories). Crisis response had a 6% decrease in 2020 likely due to fewer people engaging in programs as program capacity was reduced during the pandemic for those who were unsheltered (Figure Three).

Figure Three: Number of Housholds Served in Prevention, Crisis Response, and PSH, 2018-2020

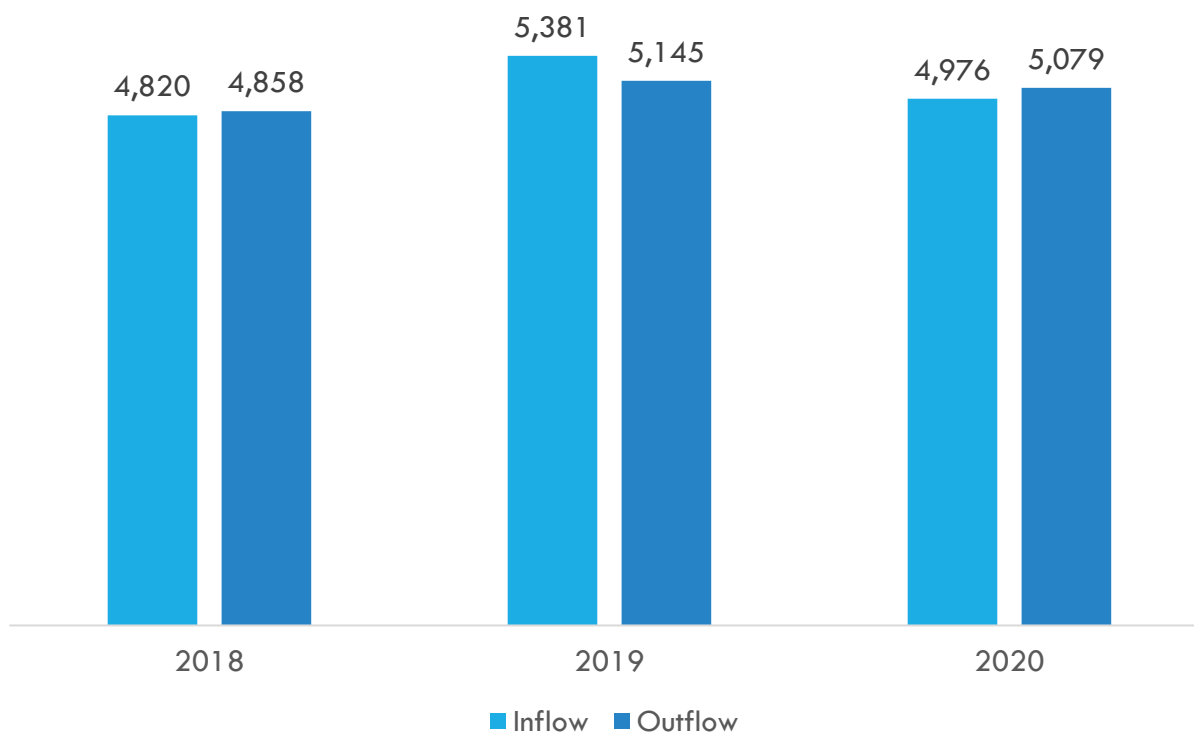


### Inflow and Outflow for Crisis Response

During 2020, there were 4,976 people who entered into crisis response programs (they were not enrolled at the beginning of the year). These consumers were considered “inflow” into crisis response. Outflow from crisis response programs included people who exited to permanent or temporary housing, or became inactive during 2020. There were 5,079 people who exited crisis response, making up the outflow during 2020. Therefore, during calendar year 2020, there were 9 more consumers exiting the system of care each month compared to those enrolling or entering programs (103 more people over the course of the year). Inflow and outflow numbers do not match the total enrollments or exits from crisis response presented above because people enrolled in multiple programs and had multiple exits while the inflow and outflow data is deduplicated for each consumer.

Inflow and outflow from 2018 to 2020 show that the crisis response system of care generally did not increase or decrease, but instead consistently served close to the same number of people coming into and leaving the system. However, during 2020, there were proportionally more exits than enrollments than in previous years (Figure Four).

Figure Four: Inflow and Outflow for Crisis Response, 2018-2020



The majority of people (57%) making up inflow into crisis response were newly homeless (they had not been in HMIS as literally homeless in the last three years (N=3,000, or 57% of inflow). Another 1,925 people (37%) returned from inactive; 313 (6%) were people who returned to homelessness after previously exiting to permanent housing, returning to homelessness in 2020 after exiting to permanent housing (Figure Five).

Figure Five: Types of Inflow into Crisis Response, 2020



\* Consumers may fall in multiple categories

### Positive Outcomes and Exit Destination by Intervention Model

The CoC had 72 programs in the CoC (Appendix A) in ten intervention models; each having different objectives. Prevention and diversion programs are designed for people about to lose their housing (within the next two weeks). Exits from these programs to a permanent housing destination were much higher compared to crisis response programs for people who are literally homeless.

Street outreach and support services provide services for people sleeping outside who need access to basic necessities and housing supports. Positive outcomes for outreach and support services entails further engagement in the CoC and referrals to housing services. Many people simply disappear from outreach and support services because they move away or find housing without formally exiting CoC programs. Data collection on exit destination is limited for these programs because many people simply stop engaging with those programs.



Other intervention models in crisis response, however, such as rapid rehousing (RRH), rapid exit, and housing navigation, have a housing focus and help consumers achieve housing through case management, financial assistance, and housing supports. Data collection on exit destination is more complete for these types of programs. A positive outcome for permanent supportive housing

is simply maintaining housing through permanent supportive housing or exiting to other permanent housing destinations.

### Positive Exits Overview

*From Prevention & Diversion —*  
remained housed upon program exit

*From Crisis Response (other than RRH) —*  
temporary stay at a shelter, transitional housing, friend or family member's home, or permanent housing, institution, long-term care setting

*From RRH —*  
exited to permanent housing, subsidized or not

*From PSH —*  
remained housed in PSH or exited to other permanent housing

The success of housing rates or maintaining housing should be judged based on the model of the program categories, as described above, and should not necessarily be compared across program types. The exit destinations for 2020 from each intervention level and each intervention model (Tables Six and Seven) are described below.

Table Six: Household Exit Rates to Exit Destinations by Intervention Level, 2020

Intervention Level	Still Active	Permanent Housing	Temporary Setting	Institution	Emergency Shelter	Un-sheltered	Missing Exit Destination
Prevention/Diversion (N=956)	7%	78%	10%	1%	1%	0%	3%
Crisis Response (N=5,772)	6%	11%	4%	1%	15%	7%	55%
Permanent Supportive Housing (N=929)	93%	3%	1%	1%	1%	1%	1%

\* Exit Destination Type is determined by the federal Department of Housing and Urban Development

Table Seven: Household Exit Rates to Exit Destinations by Intervention Level within Crisis Response, 2020

Intervention in Crisis Response	Still Active	Permanent Housing	Temporary Setting	Institution	Emergency Shelter	Un-sheltered	Missing Exit Destination
Rapid Exit (N=63)	0%	37%	3%	0%	10%	8%	43%
Street Outreach (N=3,755)	2%	3%	1%	1%	22%	0%	70%
Support Services (N=1,680)	29%	5%	1%	0%	3%	11%	59%
Emergency Shelter (N=1,599)	8%	11%	8%	7%	22%	16%	29%
Transitional Housing (N=88)	21%	36%	30%	1%	5%	2%	4%
Housing Navigation (N=351)	15%	33%	1%	1%	5%	5%	40%
Rapid Rehousing (N=585)	17%	49%	10%	4%	2%	5%	13%

\* Exit Destination Type is determined by the federal Department of Housing and Urban Development

A description of each intervention model is provided in the next few pages, along with the number of households served and demographic data for those served during 2020. The intervention models are listed in order of intervention level based on homeless status (prevention and diversion, crisis response, and PSH) followed by the interventions that fall under crisis response for households experiencing literal homelessness. Blue headers indicate the program category is for people in prevention, orange for those currently experiencing homelessness, and green is for people in PSH.

## Prevention & Diversion (N=956 Households)

### Utilization and Demographics

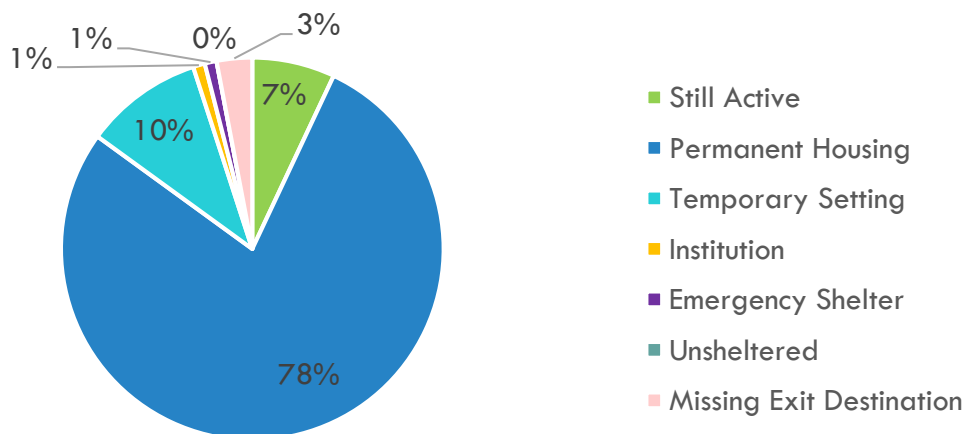
Prevention and diversion programs provide short-term, one-time supports for people at imminent risk of homelessness (meaning they are at risk of losing their housing within two weeks) or just recently became homeless for the first time. Supports include conflict resolution between consumers and landlords or family members, financial assistance for utilities, rent, deposits or fees related to housing, and case management. Demographics for those served in prevention in 2020:

<b>Household Type</b> 68% adult-only; 32% households with children	<b>Chronic Homelessness</b> There are no chronically homeless in prevention	<b>Age</b> <18 (34%), 18-24 (7%), 25-54 (48%), 55-61 (6%), 62+ (5%)
<b>Race</b> White (44%), Black (33%), Asian (9%), all others 5% or less	<b>Ethnicity</b> 38% Hispanic/Latin(a)(o)(x)	<b>Gender</b> 56% female, 44% male, <1% transgender or gender non-conforming

### Outcomes

Outcomes for prevention and diversion focus on maintaining permanent housing or rapidly returning if very recently entering homelessness; most households stay in their own housing or find other permanent housing. More than three-quarters of households served in prevention and diversion during 2020 exited to permanent housing; ten percent exited to a temporary setting, and one percent exited to an institution or emergency shelter. No households exited to an unsheltered situation. Exit data was missing for only 3% of all households who exited prevention and diversion programming (Figure Six).

Figure Six: Exit Destinations for Households that Accessed Prevention and Diversion, 2020

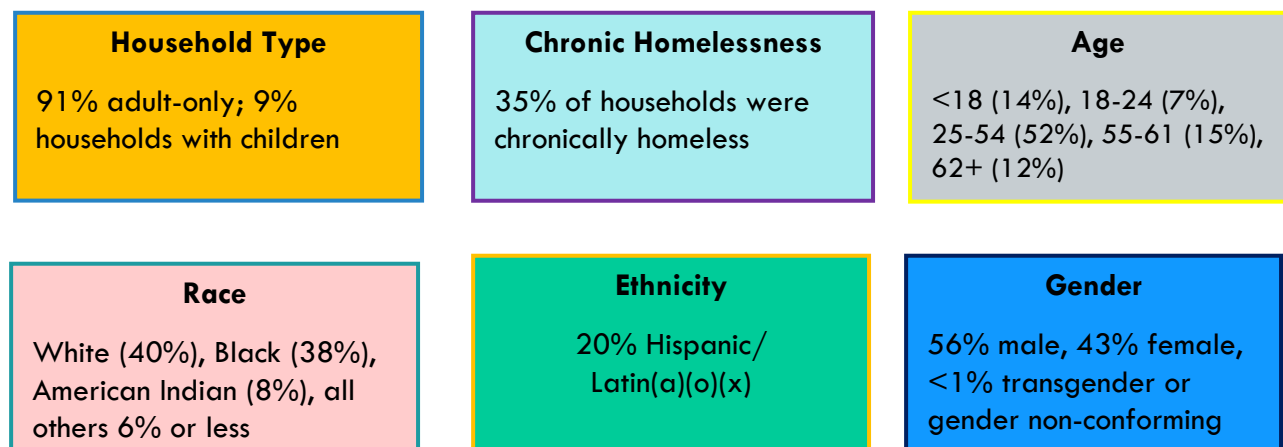




## Crisis Response-All Interventions (5,772 Households)

### Utilization and Demographics

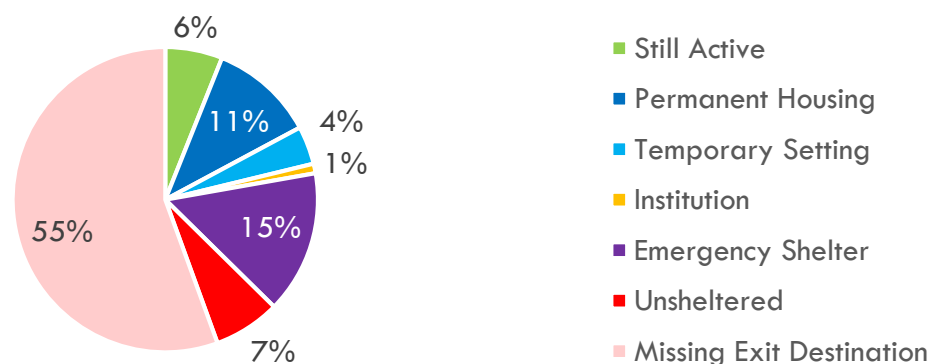
Crisis response includes all the intervention models that served people who were literally homeless at the time of program enrollment. Interventions models in crisis response are rapid exit, street outreach, support services, emergency shelters, housing navigation, transitional housing, and rapid rehousing. Demographic and outcome data specific to each intervention model is provided in the next section. However, it is helpful to analyze data in aggregate across all different interventions within crisis response to be able to compare differences between populations and outcomes (such as how the prevention and diversion, crisis response, and PSH populations compare or contrast). Demographics for those served in all crisis response interventions in 2020:



### Outcomes

More than half of those in crisis response interventions had missing data (55%); 15% exited to emergency shelter, 11% to permanent housing, 7% to unsheltered settings, and 5% to a temporary setting or institution. Six percent had not yet exited their intervention at the time this report was generated (Figure Seven).

Figure Seven: Exit Destinations for Households that Accessed Crisis Response, 2020



## Rapid Exit (N=63 Households)

### Utilization and Demographics

Rapid Exit is a housing intervention designed for households who are newly homeless but not yet active in the CoC to prevent entry into literal homelessness or to quickly resolve a household's homelessness once they enter shelter, transitional housing situation, or an unsheltered situation.

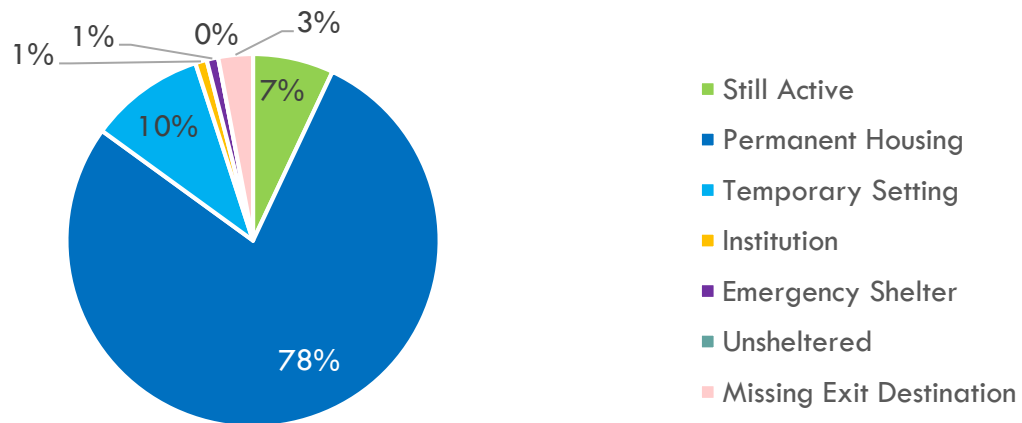
Demographics for those served in rapid exit in 2020:

<b>Household Type</b> 100% adult-only	<b>Chronic Homelessness</b> 11% of households were chronically homeless	<b>Age</b> <18 (34%), 18-24 (7%), 25-54 (48%), 55-61 (6%), 62+ (6%)
<b>Race</b> White (53%), Black (29%), American Indian (6%), all others 5% or less	<b>Ethnicity</b> 19% Hispanic/ Latin(a)(o)(x)	<b>Gender</b> 56% female, 42% male, 2% transgender or gender non-conforming

### Outcomes

For those served during 2020 in rapid exit, 37% exited to permanent housing. However, 21% were not able to rapidly retain housing (10% of households exited to emergency shelter, 8% exited as unsheltered, and 3% to a temporary setting). Exit destination was not collected from 43% of the households because they simply “disappeared” from programming and may have found housing, left the area, or simply remained homeless but stopped using services. Because rapid exit is meant to be a short-term intervention, no households were still active at the time this report was developed (Figure Eight).

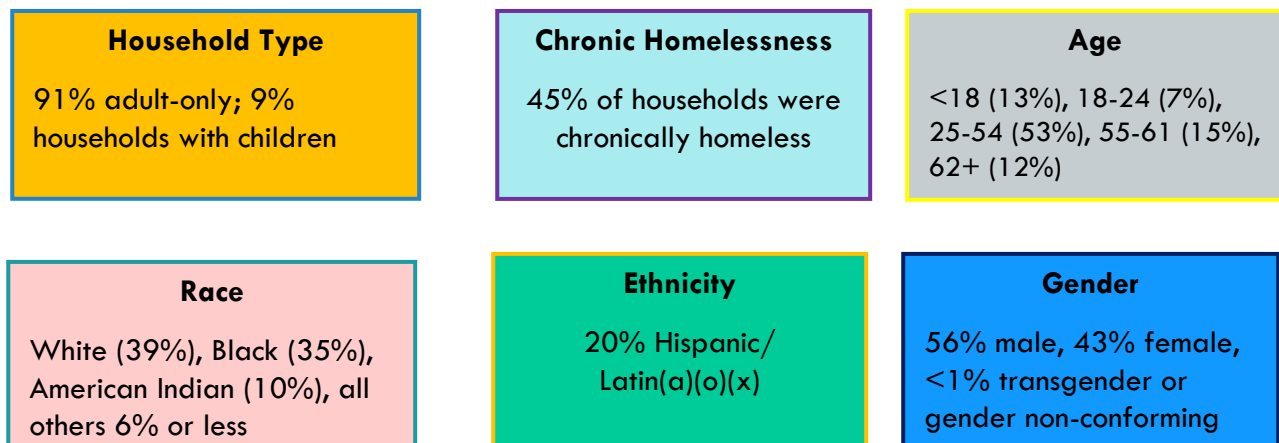
Figure Eight: Exit Destinations for Households that Accessed Rapid Exit, 2020



## Street Outreach (N=3,755 Households)

### Utilization and Demographics

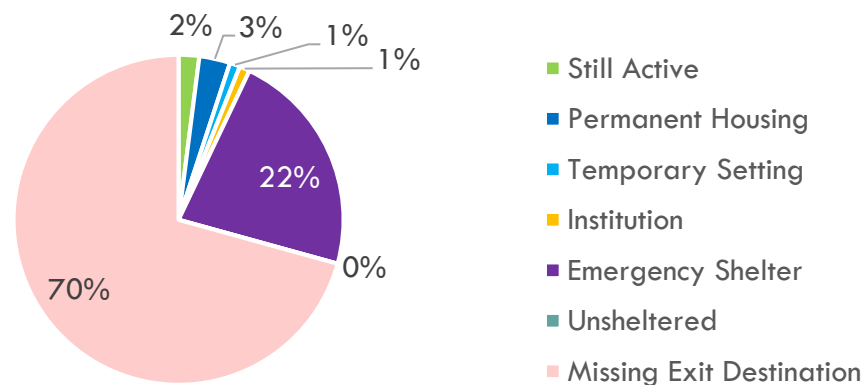
Street outreach is provided in the field to link people experiencing unsheltered homelessness with basic needs (including but not limited to food, water, and hygiene kits) as well as referrals and connections to service providers within the CoC. Demographics for those served in street outreach in 2020:



### Outcomes

The purpose of street outreach is to engage with people sleeping outside and refer them to other supports that might lead to shelter, temporary housing, or permanent housing. Many people engage with outreach and then simply disappear (they stop engaging with all programs in the CoC) and do not provide exit data (70% of households engaged with outreach during 2020 did not have exit data). A positive outcome for outreach is an exit from outreach to emergency shelter, temporary housing, or permanent housing. Almost one-quarter (22%) of households engaged with outreach exited to emergency shelter; 3% exited to permanent housing, and 1% to a temporary setting or an institution; 2% were still active in outreach at the time this data was analyzed (Figure Nine).

Figure Nine: Exit Destinations for Households that Accessed Street Outreach, 2020

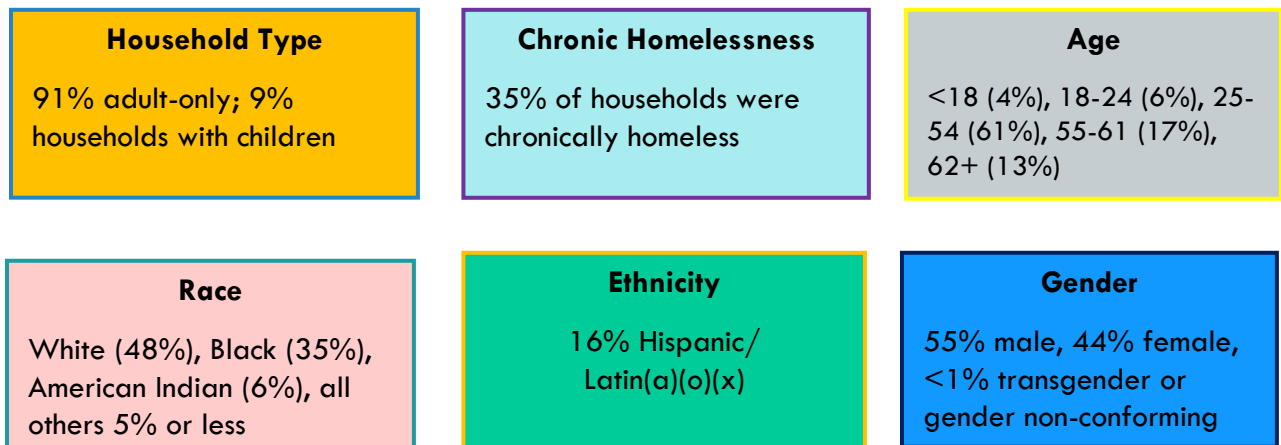


## Support Services (N=1,680 Households)

### Utilization and Demographics

Support Services provide basic needs such meals, showers, hygiene kits, mail service, and referrals to other supports that might lead to shelter, temporary housing, or permanent housing.

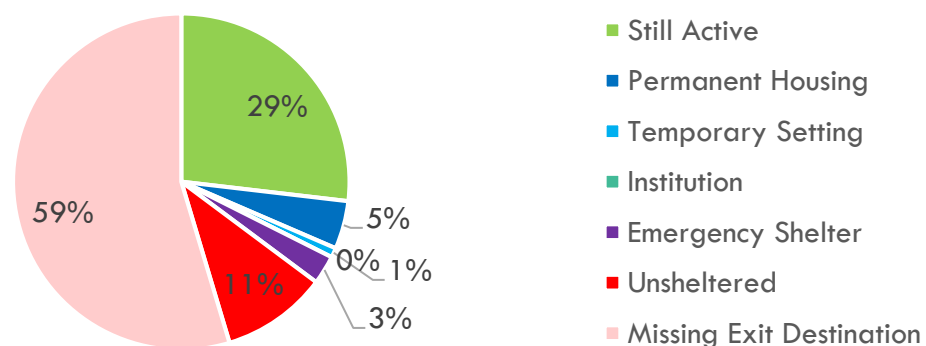
Demographics for those served in support services in 2020:



### Outcomes

Many people engage with support services and then simply disappear (they stop engaging with all programs in the CoC) and do not provide exit data (59% of households engaged with support services during 2020 did not have exit data). Almost thirty percent (29%) were still active in support services when the data was analyzed and another 11% exited to unsheltered settings. Only 9% had a positive exit (5% to permanent housing, 3% to an emergency shelter, and 1% to an institution).

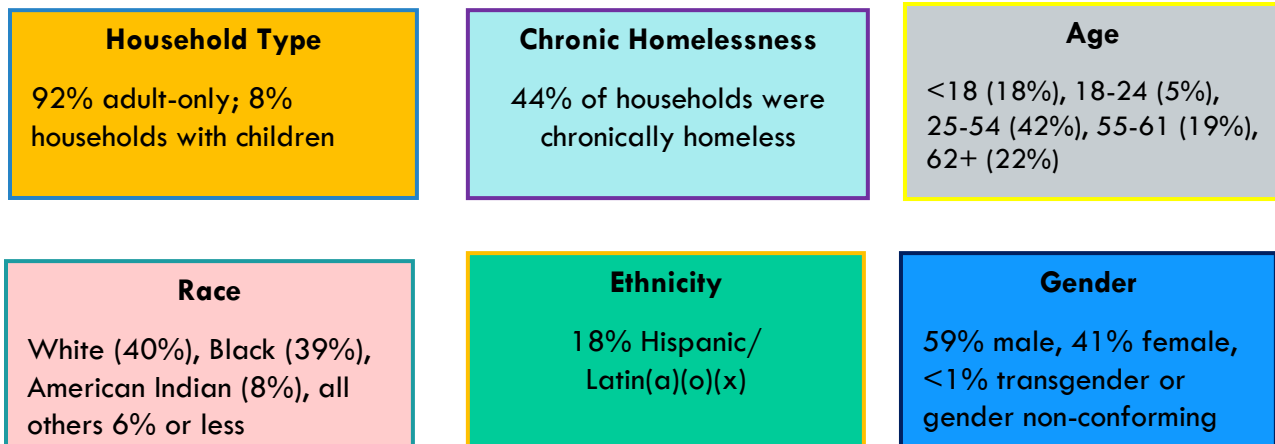
Figure Ten: Exit Destinations for Households that Accessed Support Services, 2020



## Emergency Shelters (N=1,599 Households)

### Utilization and Demographics

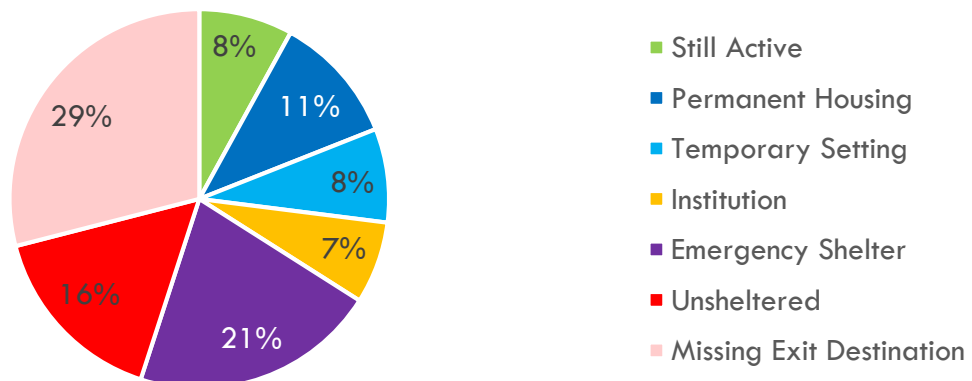
Emergency shelters provide temporary shelter for people who don't have safe and healthy sleeping arrangements. Consumers generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or lost their temporary housing. Demographics for those served in emergency shelters in 2020:



### Outcomes

The purpose of emergency shelter is to provide short-term and interim shelter until people find temporary or permanent housing resources. Over ten percent (11%) exited to permanent housing; 21% exited to emergency shelter, 15% exited to a temporary setting or institution, and 16% exited back to unsheltered. Eight percent were still active in emergency shelters at the time this data was analyzed; 29% did not have exit data (Figure Eleven).

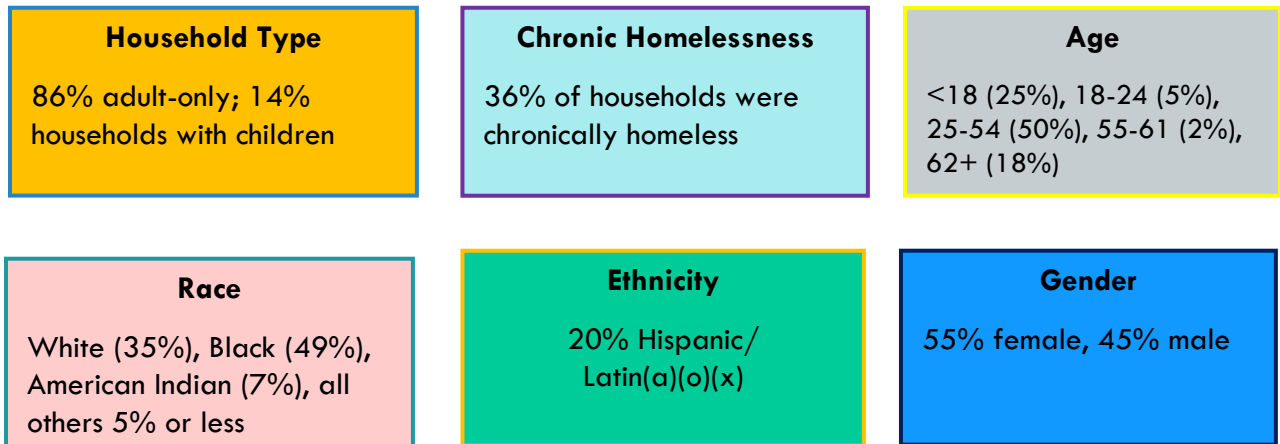
Figure Eleven: Exit Destinations for Households that Accessed Prevention and Diversion, 2020



## Housing Navigation (N=351 Households)

### Utilization and Demographics

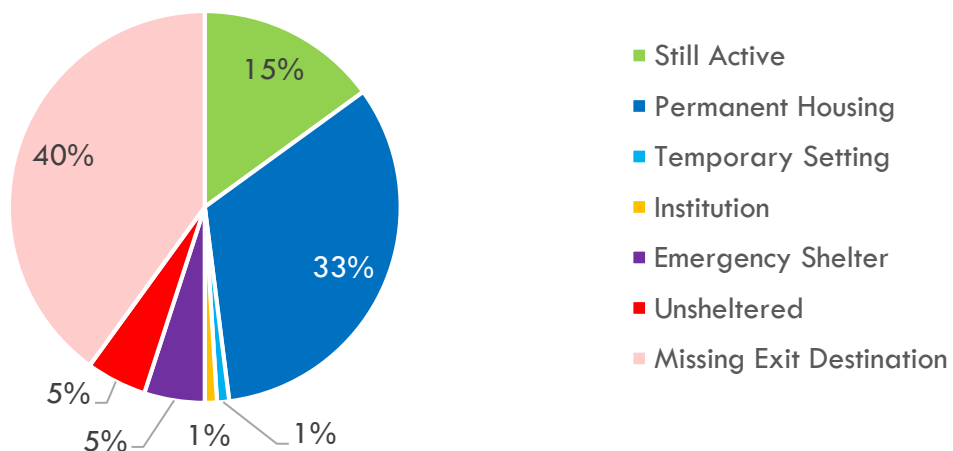
Housing Navigation is designed to help consumers who have a minimum income move through the housing process with housing search and location, completion of applications, and preparing documents related to the housing process. Demographics for those served in housing navigation in 2020:



### Outcomes

One-third of households accessing housing navigation during 2020 exited to permanent housing. Ten percent exited back to homelessness (5% to unsheltered settings and 5% to emergency shelters). Fifteen percent were still enrolled in housing navigation when the data was analyzed. Two percent exited to a temporary setting or institution (Figure Twelve).

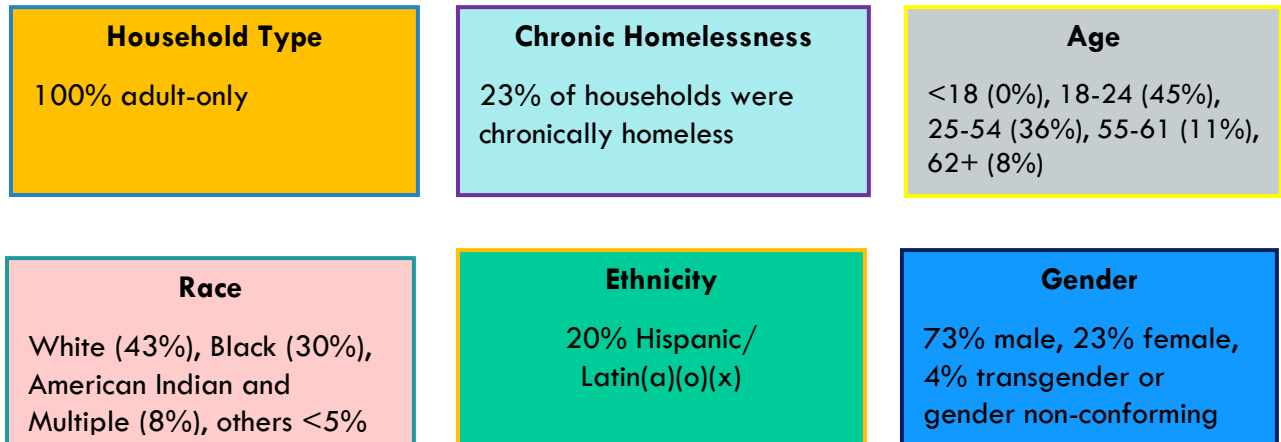
Figure Twelve: Exit Destinations for Households that Accessed Housing Navigation, 2020



## Transitional Housing (N=88 Households)

### Utilization and Demographics

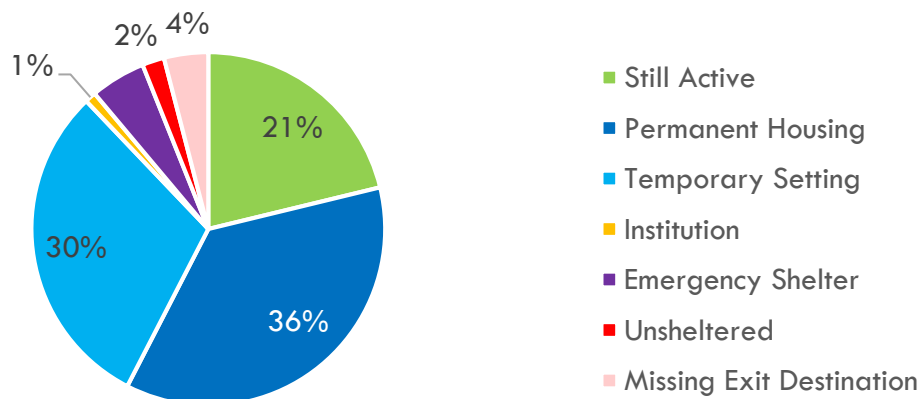
Transitional Housing provides short-term housing to get households off the streets and into more stable living environments until permanent housing can be established. Demographics for those served in transitional housing in 2020:



### Outcomes

Households in transitional housing are generally heavily involved with their case manager, resulting in far fewer with missing exit destination data (only 4% of households had missing exit destination data). More than a third (36%) exited to permanent housing and 30% exited to a temporary setting. Five percent exited to emergency shelter and five percent exited back to an unsheltered setting (Figure Thirteen).

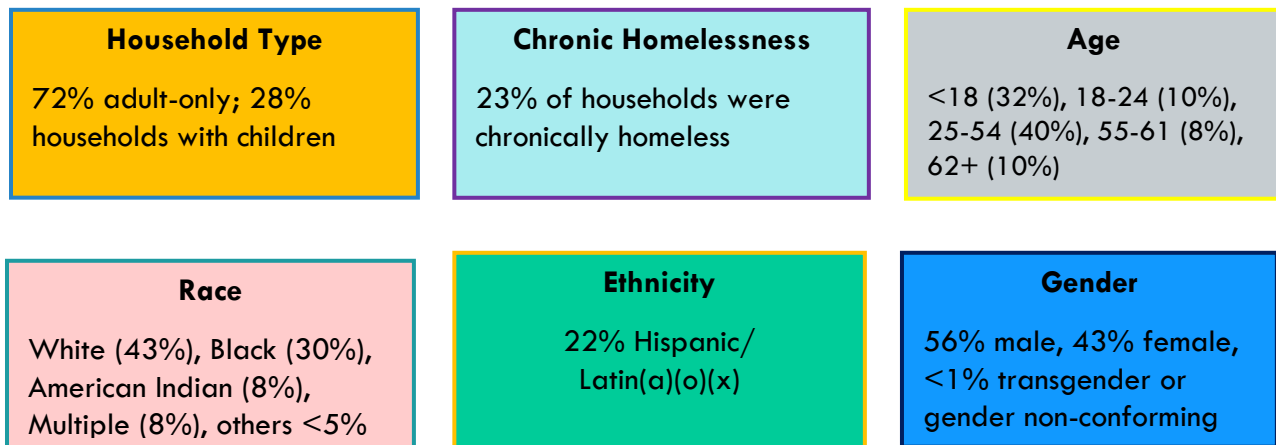
Figure Thirteen: Exit Destinations for Households that Accessed Transitional Housing, 2020



## Rapid Rehousing (N=351 Households)

### Utilization and Demographics

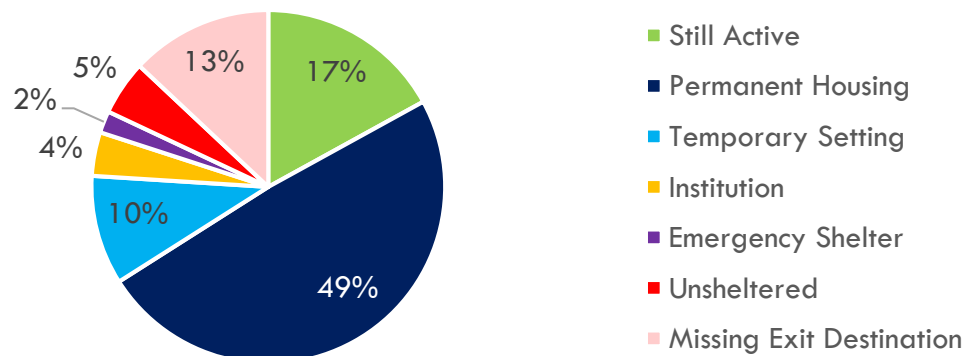
Rapid Rehousing Assistance integrates short-term financial assistance with services and case management to help those who are experiencing homelessness get quickly re-housed and stabilized. Demographics for those served in rapid rehousing in 2020:



### Outcomes

Households enrolled in rapid rehousing generally work with case managers to address barriers to obtaining housing and help identify appropriate housing opportunities, resulting in a higher rate of exits to permanent housing than other crisis response interventions. Almost half (49%) of households in rapid rehousing exited to permanent housing; 17% were still active when this report was generated. Another 10% exited to a temporary setting (Figure Fourteen).

Figure Fourteen: Exit Destinations for Households that Accessed Rapid Rehousing, 2020

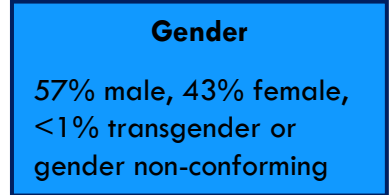
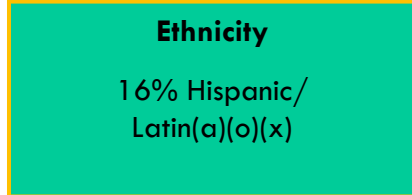
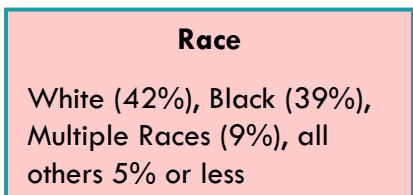
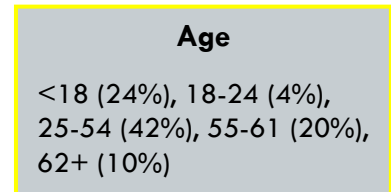
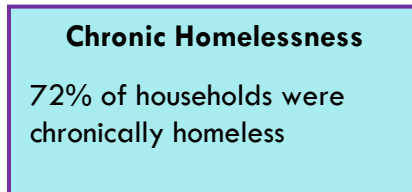
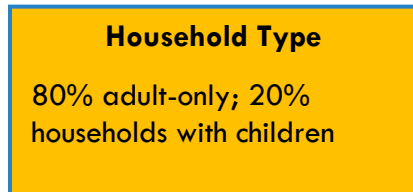




## Permanent Supportive Housing (N=929 Households)

### Utilization and Demographics

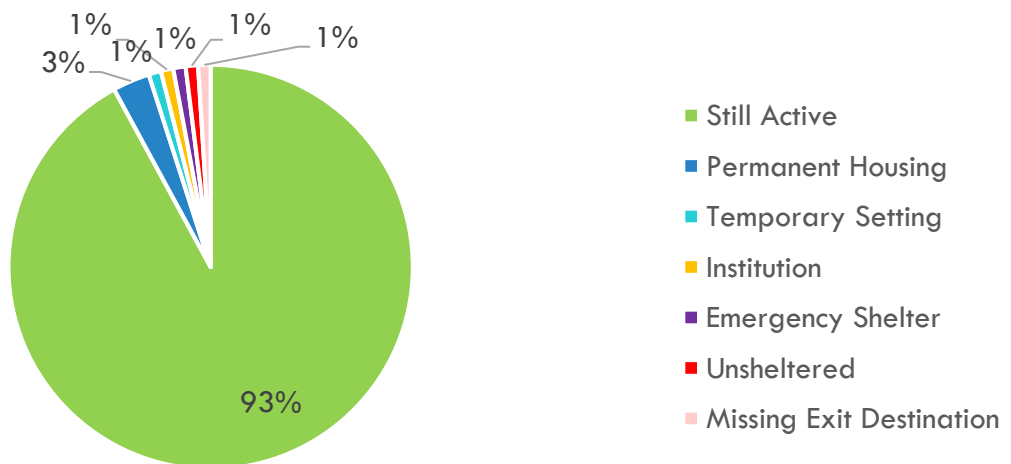
PSH provides long-term financial support for housing and case management for people who were previously homeless. Many people stay housed in this program for many years. Demographics for those served in permanent supportive housing in 2020:



### Outcomes

Households in PSH generally stay in their housing until they can no longer live independently; 93% of households in permanent supportive housing were still enrolled at the time this report was generated. Three percent exited to permanent housing; two percent returned to homelessness; two percent exited to temporary housing and 1% had missing exit destination data (Figure Fifteen).

Figure Fifteen: Exit Destinations for Households that Accessed Permanent Supportive Housing, 2020

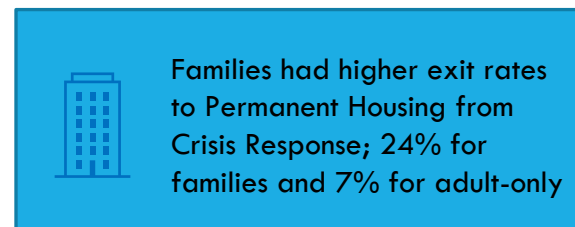
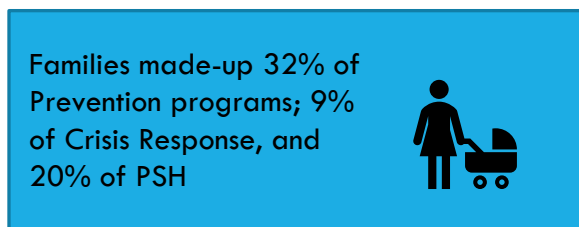
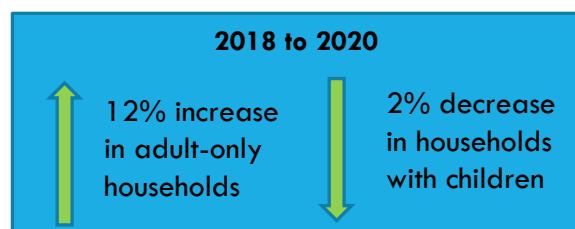
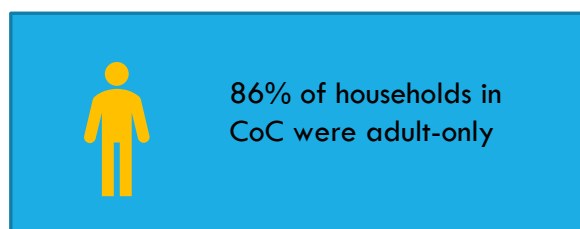


## SECTION FOUR:

### DEMOGRAPHICS

- HOUSEHOLD TYPES
- AGE GROUPS
- RACE/ETHNICITY
- GENDER
- CHRONICITY & DISABILITY
- DOMESTIC VIOLENCE VICTIMS
- SEXUAL ORIENTATION
- VETERANS

# HOUSEHOLD TYPE



Household types in the CoC fall into three categories: households with children (under 18), households with only adults, and unaccompanied minors. This section provides a summary of the three household types, their characteristics, their program utilization, and their exit rates.

Over 7,000 households (7,365), making up 9,767 people, accessed services in the CoC during 2020. There has been a 9% increase the number of households served in the CoC (among prevention, crisis response, and PSH programs) since 2018. The largest increase occurred in prevention programs (64% 3-year increase compared to 2% in crisis response and 5% in PSH).



The primary increase in the number of households served was among adult-only households, with a 12% increase in adult-only households accessing CoC services since 2018. Families, however, experienced a 2% decrease during this same time frame (Table Eight).

12% three-year increase in adult-only households

**Table Eight: Number of Households and % Change, by Household Type, Served in the CoC, 2018-2020**

	2018	2019	2020	3-year % change
<b>Adult-Only Households*</b>	5,927	6,968	6,612	12% increase
<b>Families-with-Children Households*</b>	1,047	1,018	1,028	2% decrease
<b>Unaccompanied Minors**</b>	4	12	11	175% increase
<b>Total (Unique) Households*</b>	6,766	7,714	7,365	9% increase

\* Categories are not mutually exclusive; \*\* Large percent increase due to small N for unaccompanied minors

Program utilization varied considerably for households with children compared to adult-only households (Table Nine). Prevention & diversion programs served proportionally more families than crisis response and PSH programs; almost 30% of household enrollments in prevention were families with children, compared to 9% of those in crisis response and 20% of those in PSH (Figure Sixteen).

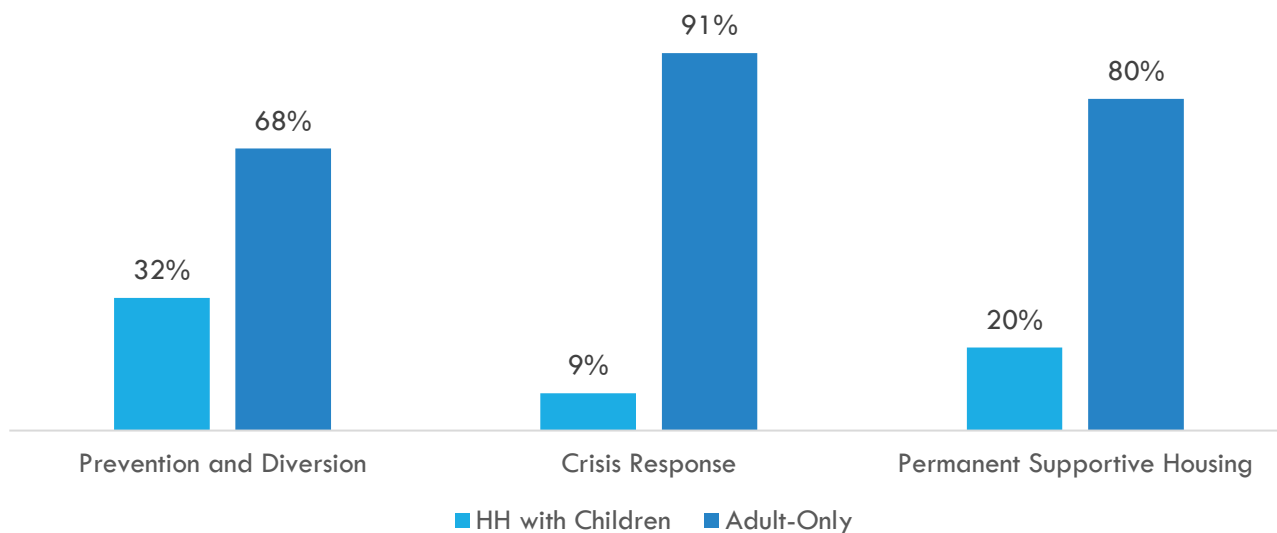
52% of households with children in the CoC entered crisis response compared to 79% of adult-only households

Table Nine: Number and Percent of Families and Adult-Only Households by Intervention Level\*, 2020

	Families (N)	% of Families in Projects	Adult-Only (N)	% of Adult-Only in Projects
<b>Prevention &amp; Diversion (At-Risk)</b>	315	32%	669	68%
<b>Crisis Response (Literally Homeless)</b>	550	9%	5,405	91%
<b>Permanent Supportive Housing (Previously Homeless)</b>	187	20%	743	80%

\* Categories are not mutually exclusive

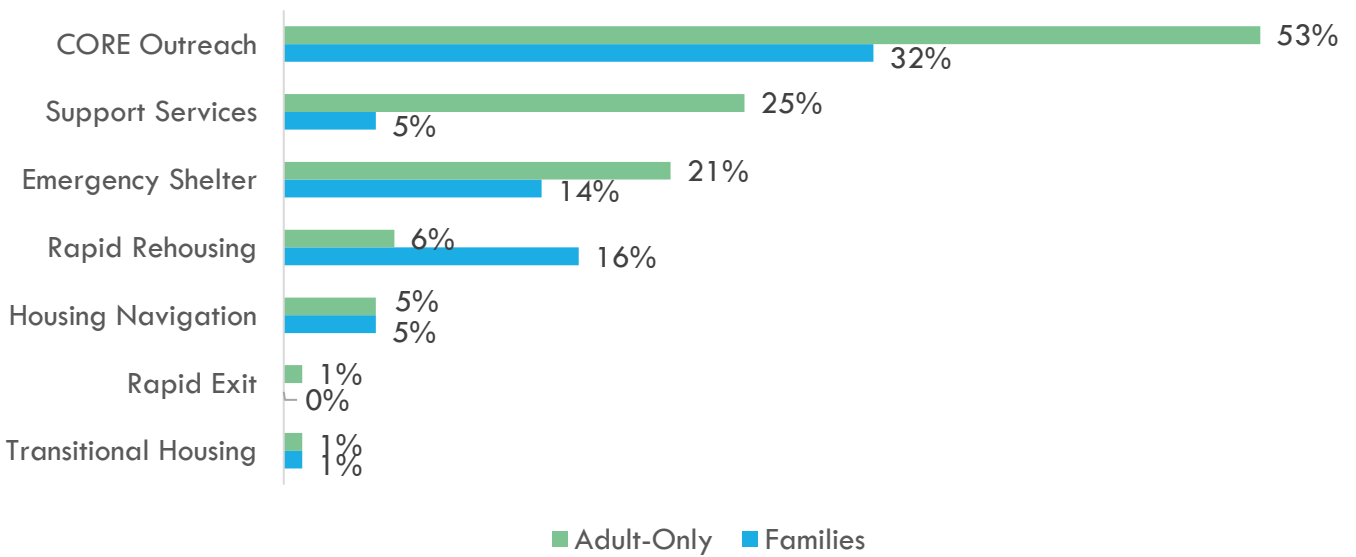
Figure Sixteen: Program Utilization by Intervention Level and Household Type, 2020



Household composition further varied within crisis response programs. Outreach was used by over half (53%) of all adult-only households compared to 32% of households with children. Support Services were utilized at a higher rate among adult-only households (25% of adult-only households) relative to households with children (5%). Families were more likely to use RRH: 16% of households with children utilized RRH compared to 6% of adult-only households (Figure Seventeen).

Families were more likely to enroll in rapid rehousing programs (16% of families compared with 6% of adult-only households).

Figure Seventeen: Utilization of Various Crisis Response Interventions, by Household Type, 2020



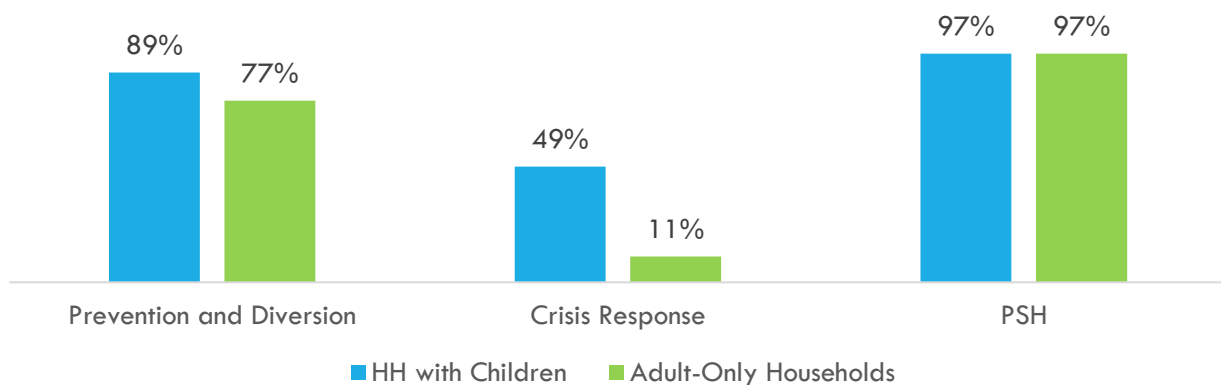
### Exits to Permanent Housing

The goal for all people engaging in the CoC is to exit to permanent housing. Permanent housing exit destinations from prevention occurs when households sustain housing, usually in their current home. Permanent housing from crisis response interventions includes any subsidized or unsubsidized long-term housing. People in PSH generally reside in their PSH housing unit for many years while a small proportion exit into other permanent housing types.

Households with children had higher exit rates to permanent housing from prevention and crisis response than adult-only during 2020. Retention rates in permanent supportive housing or exits to permanent housing from PSH programs was 97% for both households with children and adult-only households (Figure Eighteen).

Families-with-children had better housing outcomes from prevention and crisis response than adult-only

Figure Eighteen: Percent of Exits to Permanent Housing or Retention in PSH by Intervention Level and Household Type, 2020



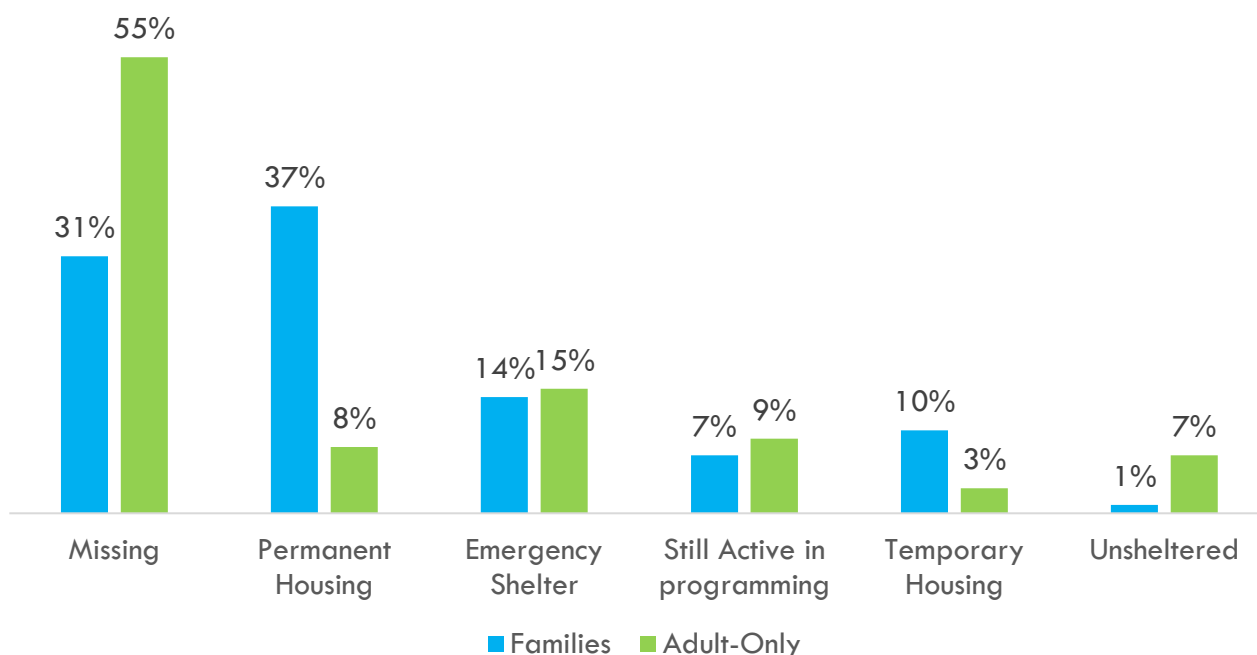
### Exits from Crisis Response

People utilizing crisis response tend to have multiple program enrollments and exits during the reporting period. Figure Nineteen presents outcomes for households that had at least one exit to permanent housing, regardless of other exits they may have had from the CoC as well as the proportion of households still engaged in the system or those with missing exit data. Examples of destination types are provided on page 29 of this report.

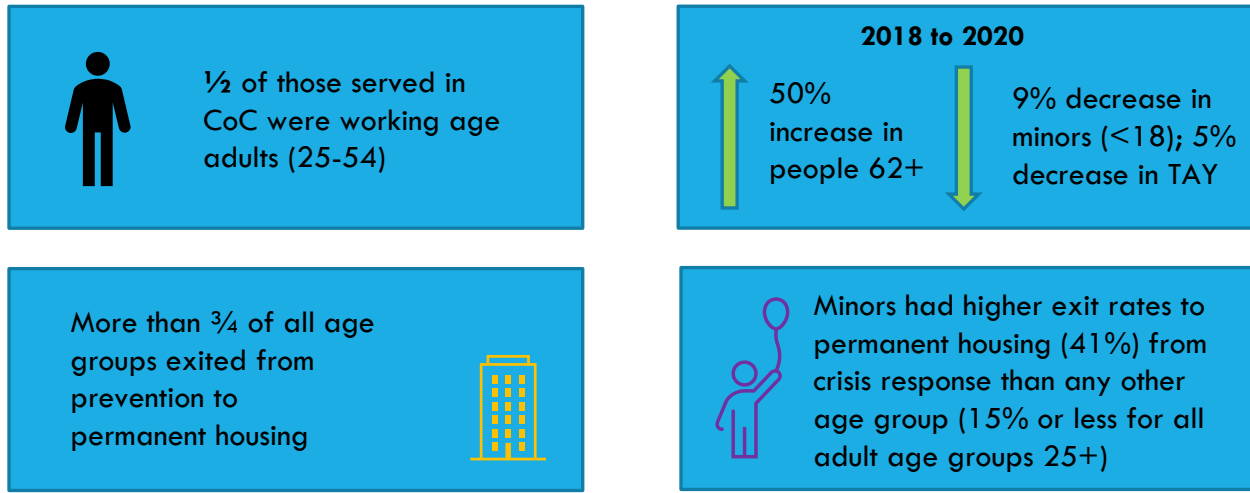
Exit destinations for crisis response varied by household type, with households with children more likely to exit to permanent housing (37% for households with children and 8% for adult-only). Adult-only households had higher rates of exits to unsheltered situations (7% compared to 1%). Adult-only households also had more missing exit destination data, with 55% of exit data missing compared to 31% among households with children.



Figure Nineteen: Exit Destinations Across Crisis Response Interventions, by Household Type, 2020

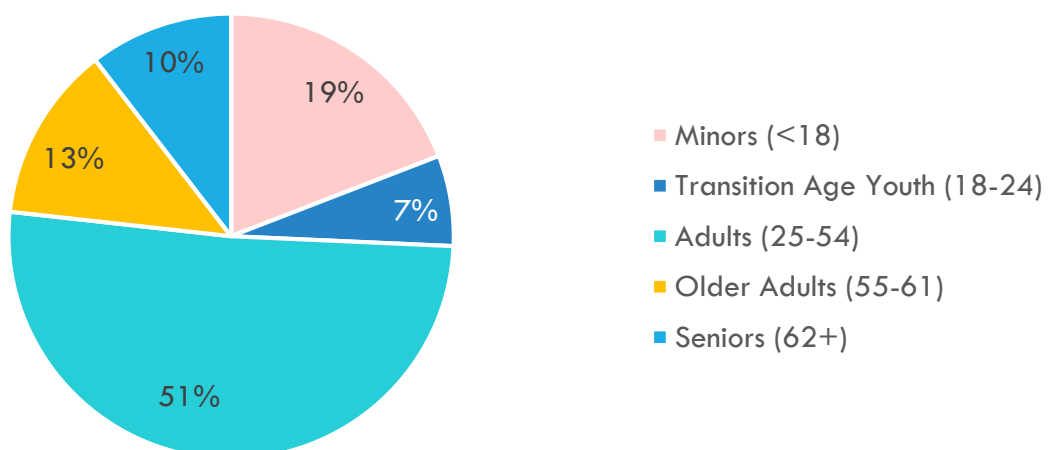


## AGE GROUPS



Working-age adults (ages 25 to 54 years old) made up half of all consumers accessing services in the CoC during 2020 (51%, N=5,113), followed by minors (ages 0-17) who were the second largest group accessing services in 2020 (19%, N=1,916). Older adults (55 to 61 years of age) made up 13% (N=1,281), seniors, ages 62 and older, made up 10% (N=1,047), and transition age youth (TAY) made up 7% (N=659, Figure Twenty).

Figure Twenty: Age Distribution for All Consumers Served by the CoC, 2020



Adults ages 25-54 made up nearly half all people served in prevention (51%), crisis response (48%), and permanent supportive housing (52%) programs. A higher proportion of minors were

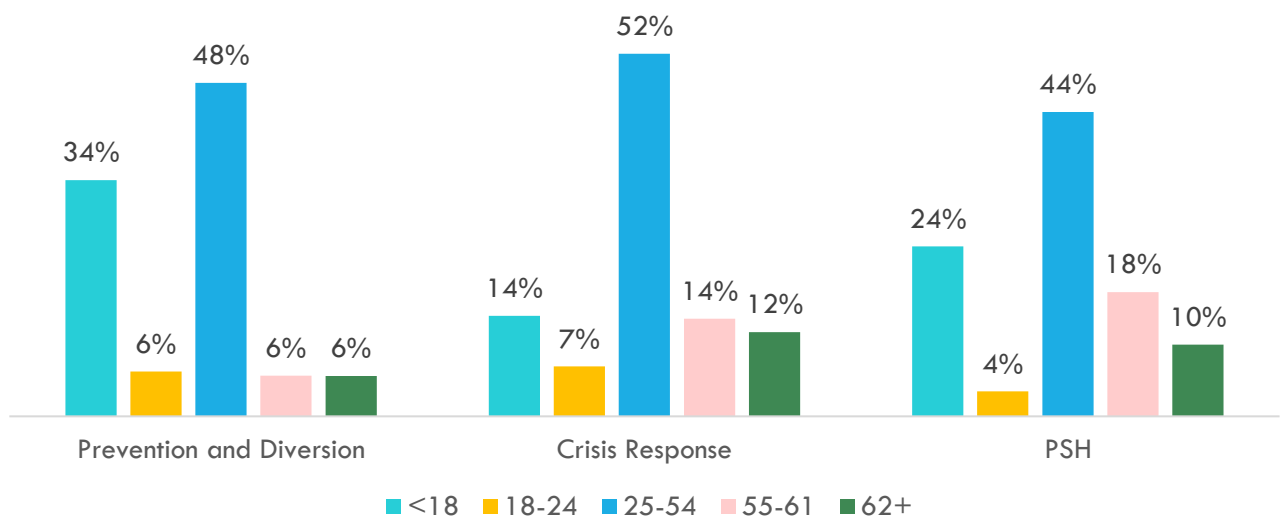
enrolled in prevention programs compared to any other age group because households with children used prevention programs at higher rates than adult-only households. Minors made up 34% of prevention, 14% of crisis response, and 24% of permanent supportive housing. Transition age youth, ages 18 to 24, made up the smallest group in each project type (6% of prevention, 7% of crisis response, and 4% of permanent supportive housing) (Table Ten, Figure Twenty-One).

Table Ten: Number of Each Age Group Served in Each Intervention Level, 2020

	<18	18-24	25-54	55-61	62+
<b>Prevention &amp; Diversion (At-Risk)</b>	634	120	895	109	108
<b>Crisis Response (Literally Homeless)</b>	1,020	505	3,674	991	854
<b>Permanent Supportive Housing (Previously Homeless)</b>	313	46	561	229	132

\* Categories are not mutually exclusive

Figure Twenty-One: Program Utilization by Intervention Level and Age Group, 2020



Minors and TAY experienced a decrease in the number of people served from 2018 while there was no difference among working age adults. Older adults had a 5% increase while seniors had a 50% increase. (Table Eleven).

Table Eleven: Three-Year Percent Change in the Number of People Served in Each Age Group

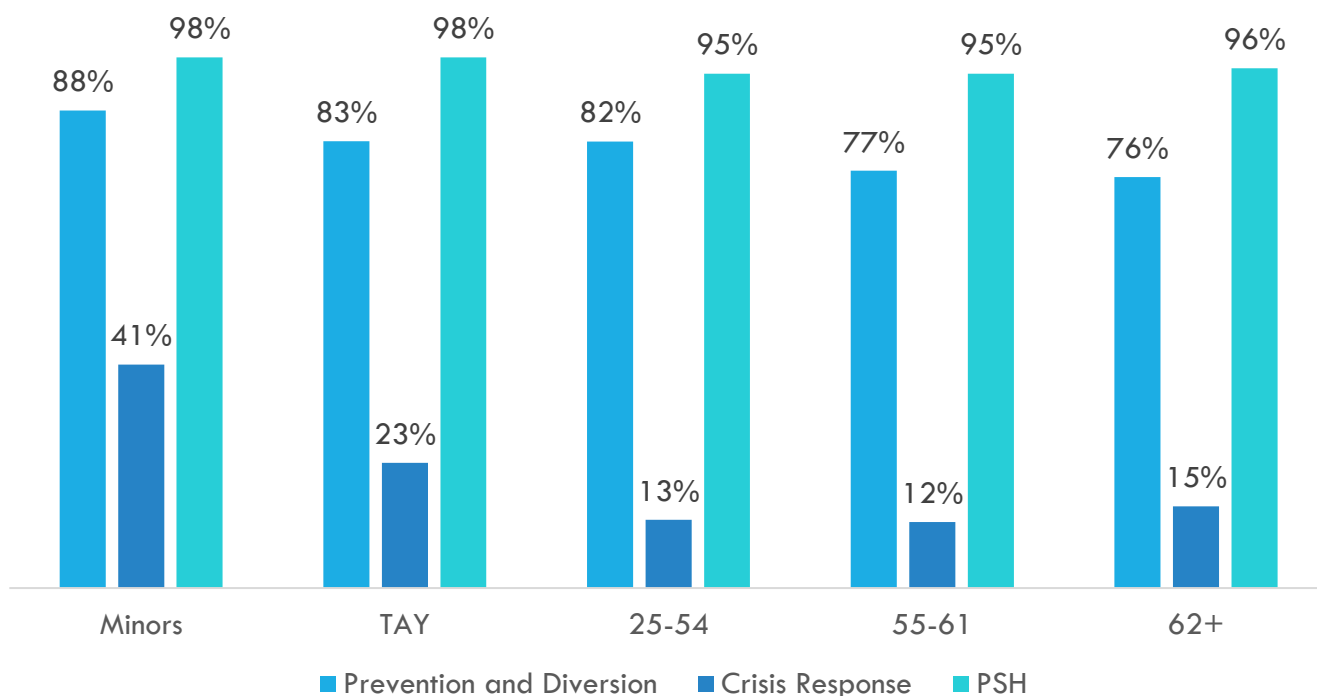
	<18	18-24	25-54	55-61	62+
<b>2018 to 2020 Percent Change</b>	-9%	-5%	0%	5%	50%



### Exits to Permanent Housing


Minors and TAY had better housing outcomes than other age groups in all three intervention levels. More than three-quarters of participants in all age groups using prevention programs exited to permanent housing: 88% of minors, 83% of TAY, 82% of working age adults, 77% of older adults and 76% of seniors. The greatest differences were in exits from crisis response programs. Among minors, 41% exited to permanent housing, followed by 23% of TAY, 13% of working age adults, 12% of older adults, and 15% of seniors. Retention in PSH and/or exits to permanent housing ranged from 85% to 98% across all age groups (Figure Twenty-Two).


Figure Twenty-Two: Percent of Exits to Permanent Housing or Retention in PSH by Intervention Level and Age. 2020




# RACE AND ETHNICITY

**19%**  
Hispanic/Latino(a)(o)(x)

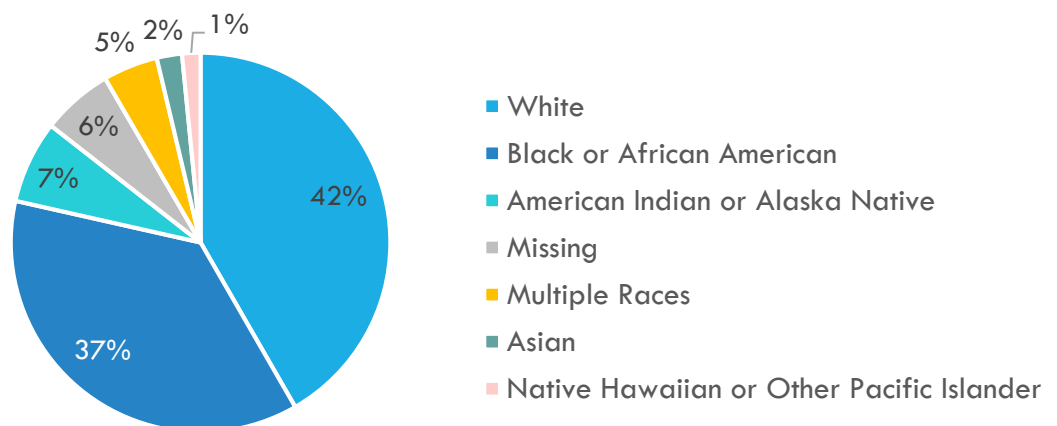
 20% or more of Asian, Multiple Race, and Hispanic/Latin(a)(o)(x) households had children

Black/African American and American Indian/Alaska Native were over-represented in CoC relative to county census data 

 American Indian/Alaska Natives were more likely to access crisis response programs

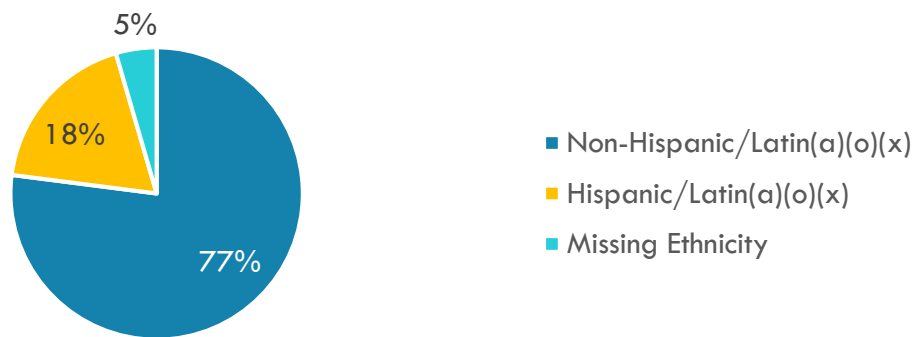
Race and ethnicity data is generally analyzed for the head of household. Much of the data in this section is for the head of household unless otherwise stated. Race and ethnicity are separate data elements; people who are Hispanic/Latin(a)(o)(x) may self-report any race. Across all three intervention levels (prevention and diversion, crisis response, and PSH), White households made up the largest population (N=3,069 households, 42%), followed by Black/African American households (N=2,709 households, 37%), American Indian/Alaska Native (N=517 households, 7%), people with Multiple Races (N=343 households, 5%), and Native Hawaiian/Other Pacific Islander (N=115 households, 1%, Figure Twenty-Three).

Figure Twenty-Three: Racial Distribution of Heads of Households in the CoC, 2020



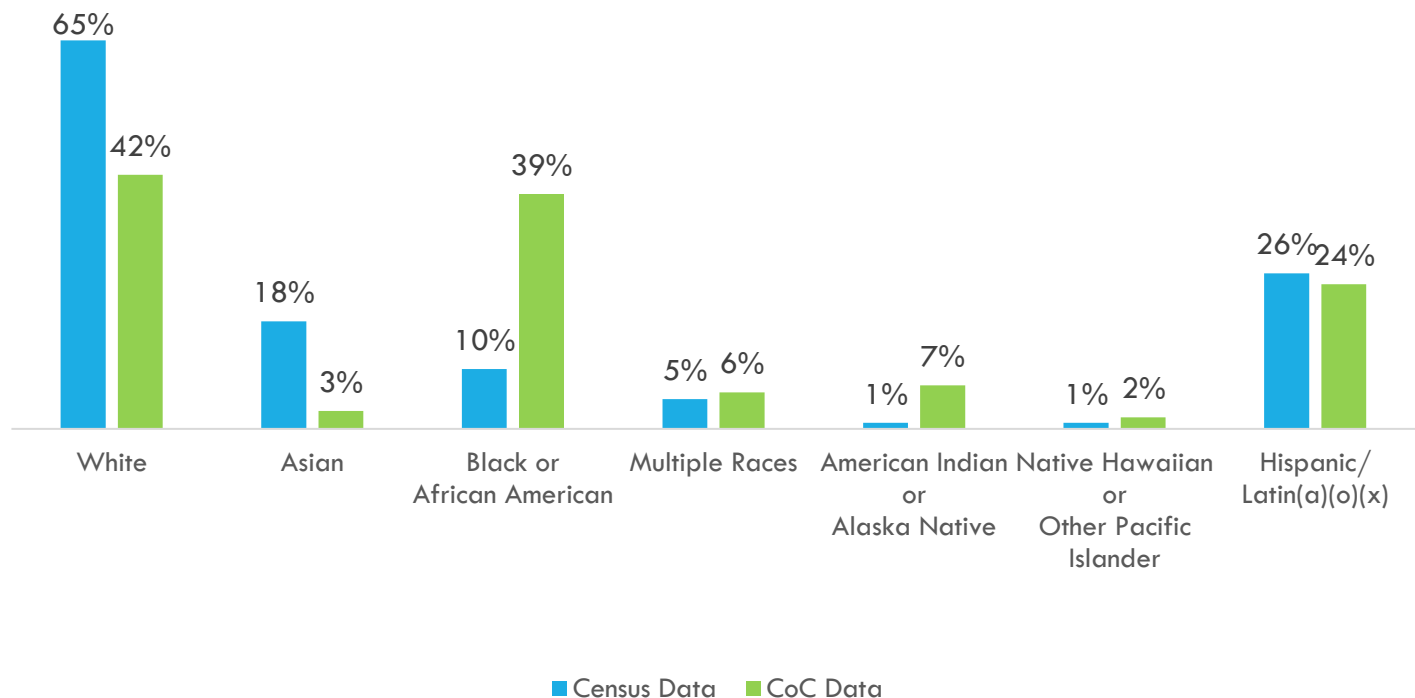
Hispanic/Latin(a)(o)(x) households made up 18% of the CoC population (N=1,405 households; Figure Twenty-Four).

Figure Twenty-Four: Racial Distribution of Heads of Households in the CoC, 2020



Compared to the racial composition of all Contra Costa residents (census data), White and Asian people were underrepresented in the CoC while Black/African American and American Indian/Alaska Native households were over-represented (Figure Twenty-Five). White people represented 65% of the county population and only 42% of the CoC and Asians made-up 18% of the county population and 3% of the CoC. Conversely, Black/African American people represented 39% of the CoC and only 10% of the county population (nearly 4x higher) and American Indian/Alaska Native were 7% of the CoC and only 1% of the county (7x higher than the census).

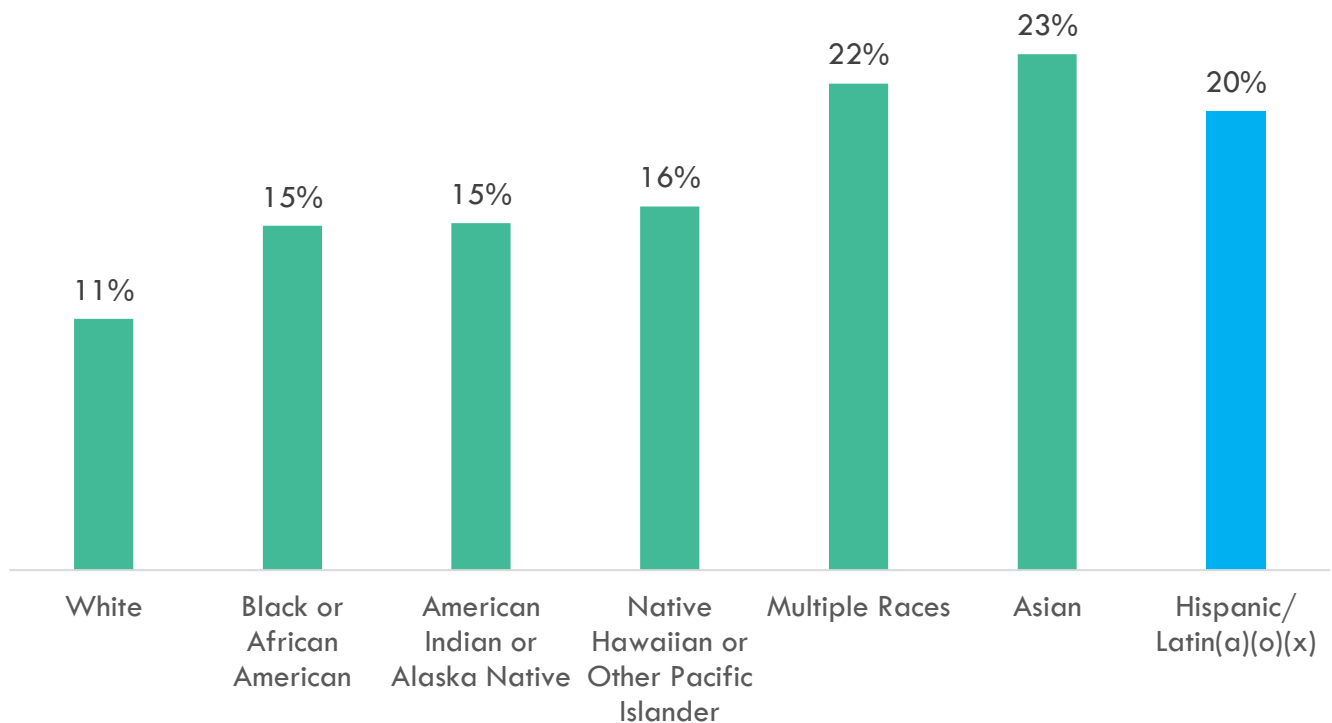
Figure Twenty-Five: Racial & Ethnic Distribution for Contra Costa County General Population vs CoC Consumers, 2020



\* County census data is available at: <https://www.census.gov/quickfacts/contracostacountycalifornia>. Race distribution for Figure Twenty-Five and Figure Twenty-Six are different because 1) census data does not include a “missing” category thus the CoC data was run without “missing” in the denominator, and 2) Figure Twenty-Five includes race for all individuals while Figure Twenty-Six represents race for the head of households.

Household type composition varied across different races and ethnicities. White households had the lowest rate of households with children (11% of households), followed by Black/African American and American Indian/Alaska Native households (15% each). Asian households had the highest proportion of households with children (23%, Figure Twenty-Six).

Figure Twenty-Six: Proportion of Head of Households in the CoC with Children, by Race/Ethnicity, 2020



Households can access many different programs during a reporting period. For example, someone may enter crisis response and subsequently get housed in PSH during the same reporting timeframe. Race and ethnicity distribution varied for households utilizing the three different intervention levels.

#### *Prevention and Diversion*

Asian households were more likely to use prevention (30% of Asian households), followed by Hispanic/Latin(a)(o)(x) households (22% of households). American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander were least likely to access prevention (4% of American Indian/Alaska Native households and 7% of Native Hawaiian/Other Pacific Islander households).

#### *Crisis Response*

The proportion of American Indian/Alaska Native households who accessed crisis response (88%) was higher than all other races/ethnicities, followed by Native Hawaiian/Other Pacific Islander (83%) and households with multiple races (80%). Asian households were least likely (62% of Asian households), followed by Hispanic/Latin(a)(o)(x) at 72%.

#### *Permanent Supportive Housing*

Black/African Americans and households with Multiple Races were more likely to access PSH (15% of each). Hispanic/Latin(a)(o)(x) households and American Indian/Alaska Native were least likely to utilize PSH.

The proportion of each race or Hispanic/Latin(a)(o)(x) accessing prevention, crisis response, and PSH is provided in Table Twelve. The rows add up to greater than 100% because households may access more than one intervention level.

**Table Twelve: Proportion of Households Accessing Each Intervention Level, by Head of Household's Race/Ethnicity, 2020**

<b>Race/Ethnicity</b>	<b>Prevention and Diversion</b>	<b>Crisis Response</b>	<b>Permanent Supportive Housing</b>
White (N=3,065)	13%	79%	12%
Black or African American (N=2,709)	13%	77%	15%
American Indian and Alaska Native (N=517)	4%	88%	9%
Missing Race (N=446)	25%	70%	6%
Asian (N=158)	30%	62%	10%
Native Hawaiian or Other Pacific Islander (N=115)	7%	83%	13%
Multiple Races (N=343)	10%	80%	15%
Hispanic/Latin(a)(o)(x) (N=1,405)	22%	72%	9%
Across CoC, Regardless of Race/Ethnicity	13%	78%	13%

#### **Permanent Housing Outcomes**

Permanent housing exit destinations from prevention, crisis response, and PSH varied slightly. The number of households for each race with exits to permanent housing are provided in Table Thirteen.

**Table Thirteen: Number of Households Served in Intervention Levels and Percent of Exits to Permanent Housing by Race, 2020**

<b>Race/Ethnicity</b>	<b>Prevention and Diversion</b>		<b>Crisis Response</b>		<b>PSH</b>	
	<b>N</b>	<b>% to PH</b>	<b>N</b>	<b>% to PH</b>	<b>N</b>	<b>% to PH</b>
White	387	70%	2,419	10%	404	97%
Black or African American	344	76%	2,078	12%	372	98%
American Indian and Alaska Native	23	71%	455	8%	47	100%
Multiple Races	34	90%	273	12%	50	100%
Asian	48	47%	98	15%	16	73%
Native Hawaiian or Other Pacific Islander	8	71%	95	13%	15	96%
Hispanic/Latin(a)(o)(x)	308	88%	1,015	12%	120	98%

#### *Prevention Outcomes*

Head of households who identified with Multiple Races had the highest rate of exits to permanent housing (90%) followed by Black/African American (76%). American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander each had 71% of households exit to permanent housing; White had 70%; and Asian, only 47% (they had a very low number of households in prevention which might influence this proportion).

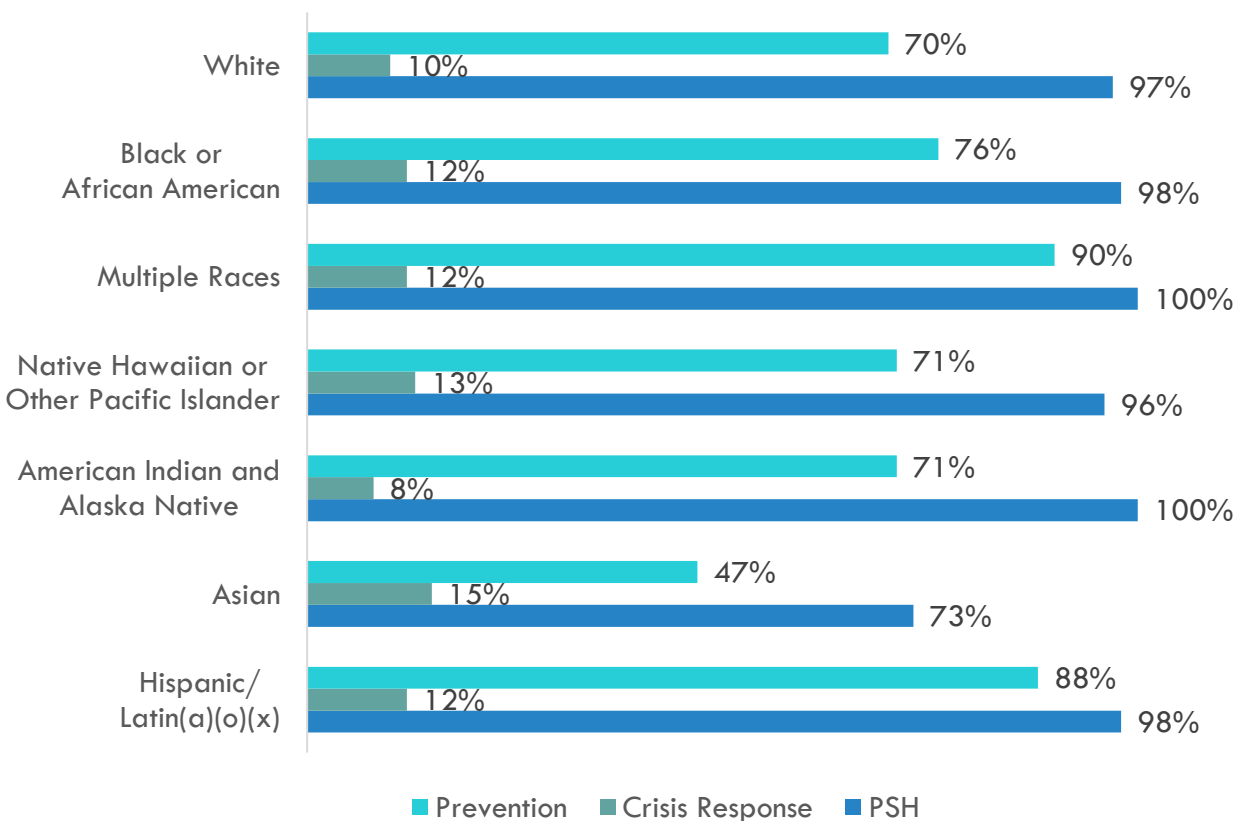
#### *Crisis Response Outcomes*

The proportion of exits to permanent housing from crisis response was highest for Asians with 15%, followed by 13% of Native Hawaiian/Other Pacific Islander. People with Multiple Races and Black/African Americans each had 12% of households exit to permanent housing and American Indian/Alaska Native had 8%.

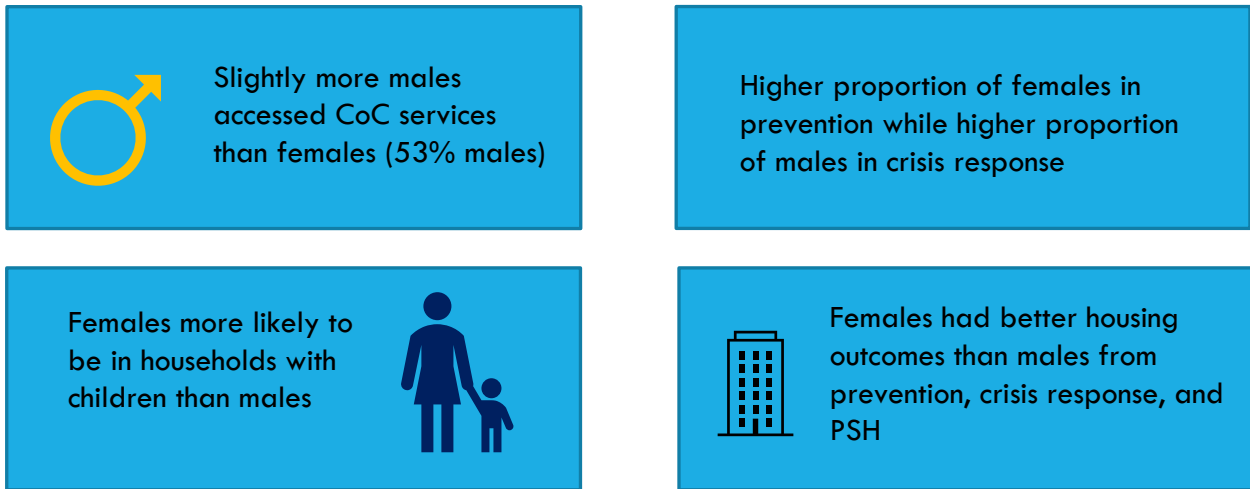
#### *Permanent Supportive Housing Outcomes*

Sustaining PSH or exits to permanent housing were 100% for households with Multiple Races and American Indian/Alaska Native. Black/African American households experienced 98% permanent housing; White households had 97%; Hawaiian/Other Pacific Islander, 96%. Asians had a 73% permanent housing retention rate, but this lower rate may be due to the small number of Asian households accessing PSH (Figure Twenty-Seven).

Figure Twenty-Seven: Proportion of Exits to Permanent Housing Across Intervention Levels, by Race/Ethnicity, 2020



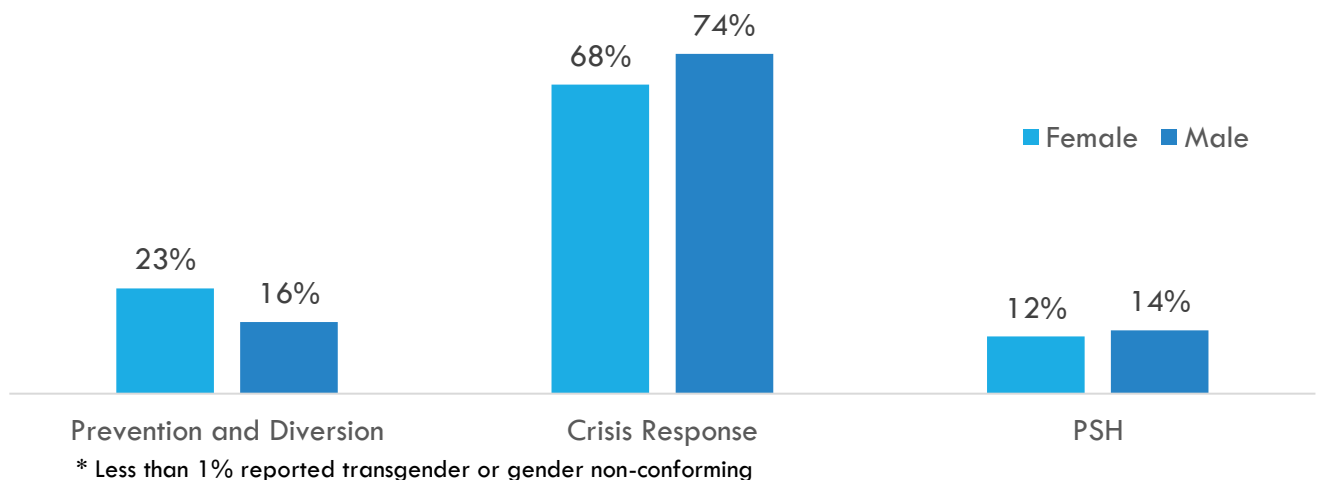
# GENDER



The CoC served slightly more males than females (53% were male; 47% female) and less than 1% of people accessing services identified as transgender or gender non-conforming (N=25). Given the small number of people in the CoC who identified as transgender or gender non-conforming, their data was suppressed from this report and not disaggregated at the intervention level\* to protect the confidentiality of those individuals.

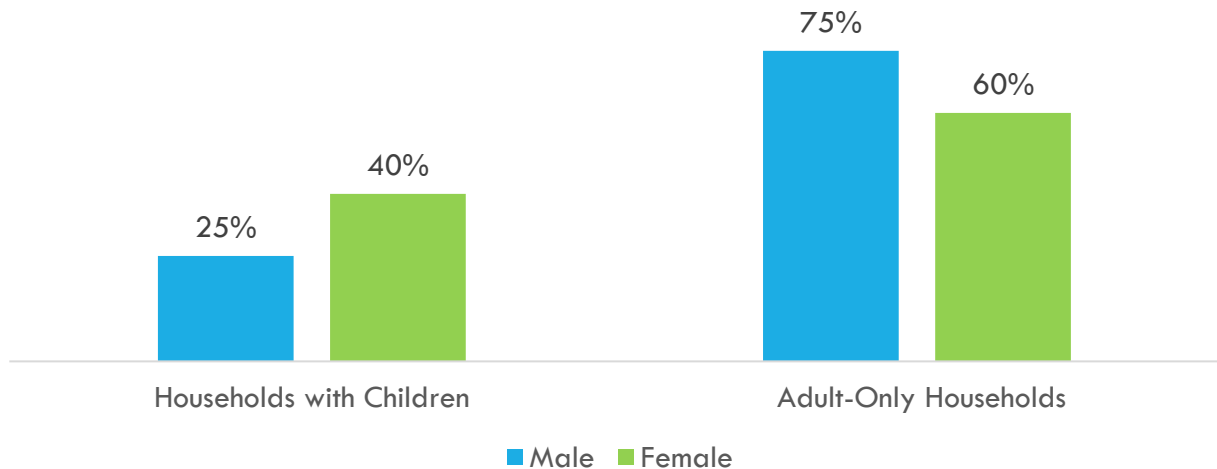
Females were more likely than males to access prevention and diversion programs (23% of females served in the CoC compared to 16% of males served); males were more likely to access crisis response (74% versus 68%). Both genders accessed PSH at similar rates (12% of females and 14% of males, Figure Twenty-Eight).

Figure Twenty-Eight: Program Utilization Across Each Intervention Level, by Gender, 2020



Females were more likely to be in households with children; 40% of females compared to 25% of males (Figure Twenty-Nine).

Figure Twenty-Nine: Household Type, by Gender, 2020

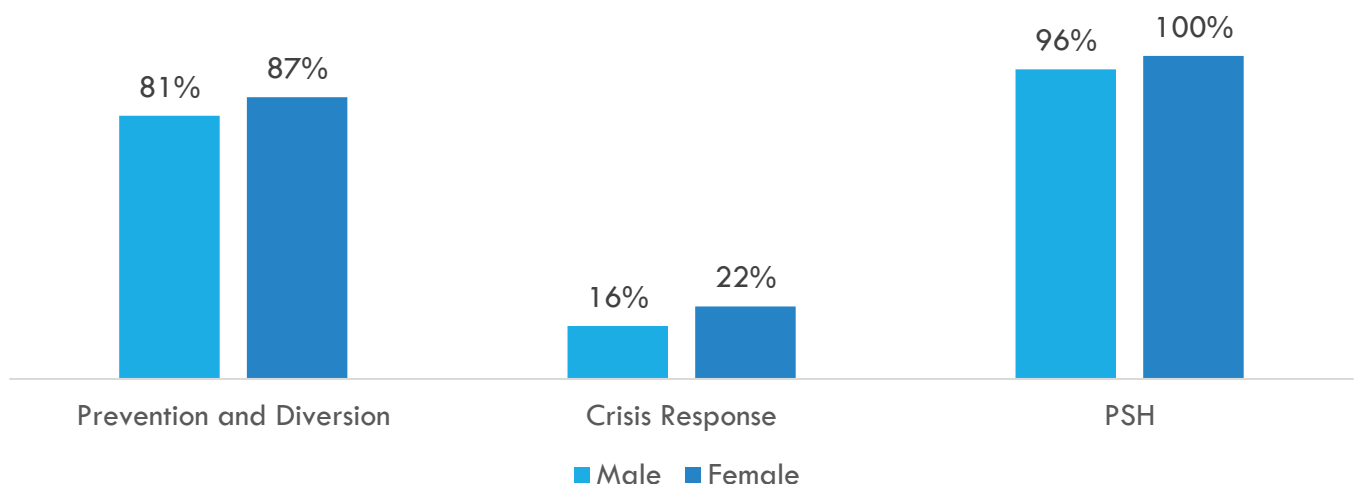


\* Less than 1% reported transgender or gender non-conforming

#### Permanent Housing Outcomes

Permanent housing exit destinations from prevention and diversion, crisis response, and PSH varied slightly by gender. Females had slightly better permanent housing rates compared to males for all three intervention levels; 87% of women versus 81% of men exited to permanent housing from prevention; 22% from crisis response, compared to 16% of male; and 100% from PSH compared to 96% for males (Figure Thirty).

Figure Thirty: Proportion of Exits to Permanent Housing or Retained PSH Across Intervention Levels, by Gender, 2020



\* Less than 1% reported transgender or gender non-conforming



# DISABLING CONDITIONS AND CHRONIC HOMELESSNESS

% of households with disabling conditions:

- Prevention: 14%
- Crisis response: 57%
- PSH: 99%

40%

Of households in crisis response were chronically homeless

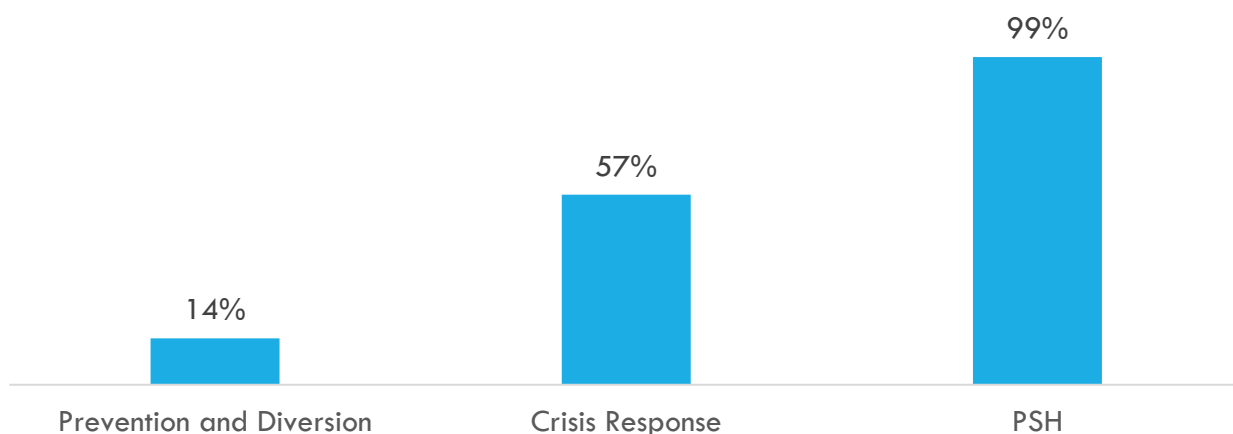
Mental health conditions were the most common disability (2,854 households)



Households with no disabling condition had much better housing outcomes from prevention than those with disabilities (86% versus 65% were housed on exit)

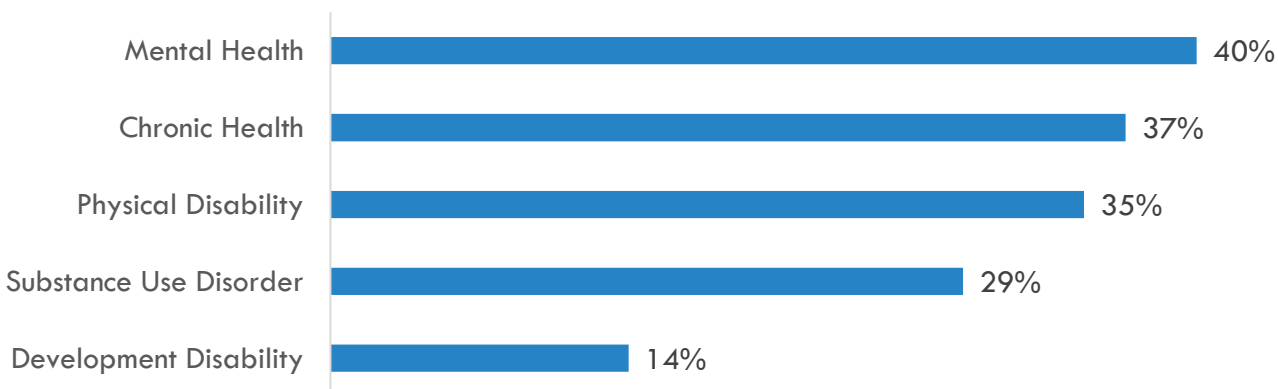
Over half (53%) of households across all CoC programs reported having a disabling condition. The HUD definition of a disabling condition is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder (PTSD), or brain injury that is expected to be long-term and impacts the individual's ability to live independently, a developmental disability, or HIV/AIDS. The proportion of households with a family member with a disabling condition varied by intervention level with the greatest proportion (99%) in PSH (eligibility for PSH requires at least one family member to have a disabling condition). Over half of all households served in crisis response (57%) reported having a disabling condition and 14% of households accessing prevention programs reported a disability (Figure Thirty-One).

Figure Thirty-One: Proportion of Households with at Least One Family Member with a Disabling Condition, by Intervention Level, 2020



Mental health was the most common disability among households served in the CoC with 2,854 households (40% of households served) having a member with a mental health condition. There were 2,620 households with a chronic health condition (37%), 2,483 with a physical disability (35%), 2,084 with a substance use disorder (29%), and 982 with a developmental disability (14%, Figure Thirty-Two).

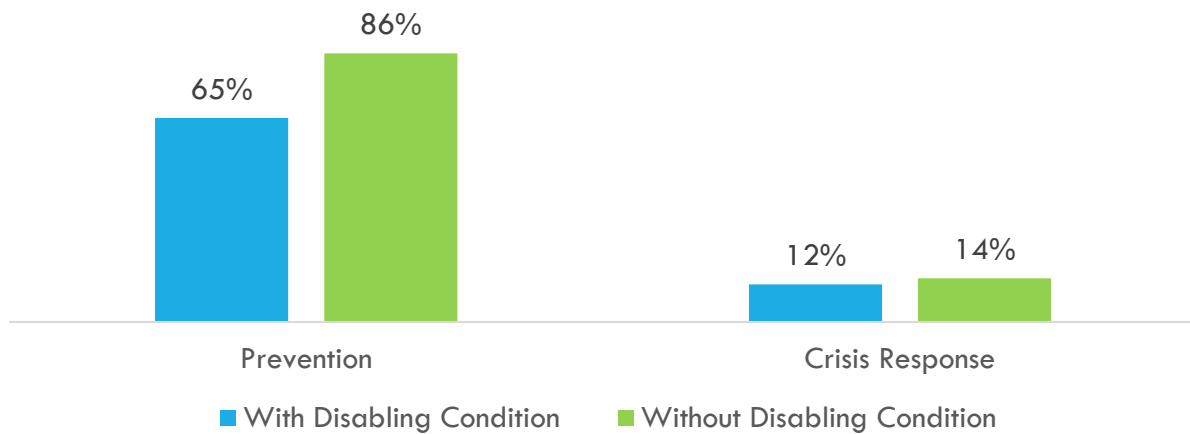
Figure Thirty-Two: Percent of Households with Disabling Conditions, by Disability Type, 2020



#### Permanent Housing Outcomes

Permanent housing exit destinations from prevention, crisis response, and PSH varied slightly for households with a disabling condition. Households with disabling conditions accessing prevention programs had fewer exits to permanent housing than those without disabilities; 86% of households with no disabling condition exited to permanent housing compared to 65% of households with a disabling condition (Figure Thirty-Three). There was no significant difference in exits to permanent housing from crisis response (12% for those with a disability and 14% for households without). Permanent housing exits were not analyzed for households with and without disabilities for PSH because all households in PSH had a disabling condition due to the eligibility requirements.

Figure Thirty-Three: Exits to Permanent Housing from Prevention and Crisis Response, by Household Disabling Condition, 2020



### Chronic Homelessness

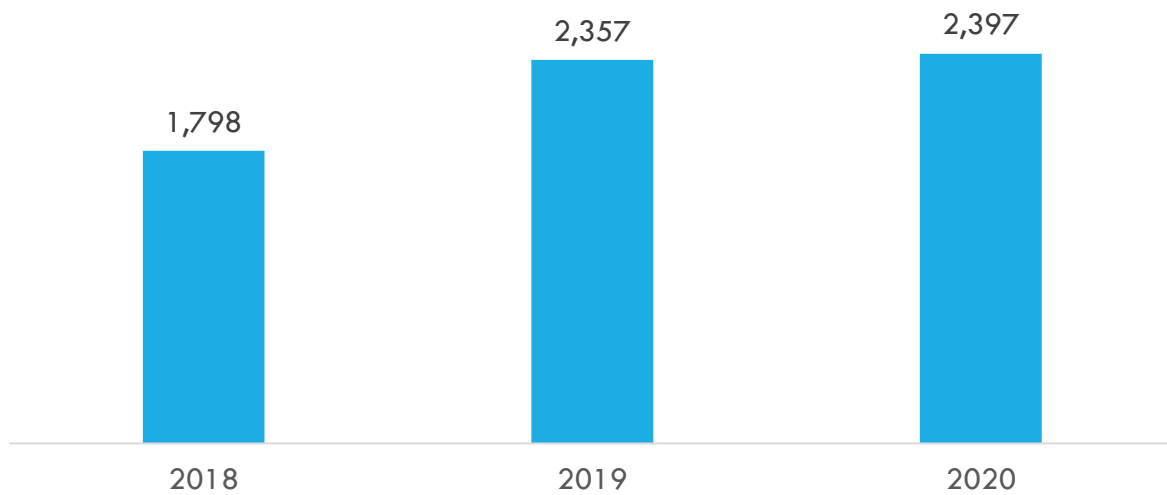
An individual is defined by HUD as “Chronically Homeless” if they have a disability and have lived in a shelter, safe haven, or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). These consumers are essentially a subset of those with a disabling condition and were served in crisis response or PSH; prevention programs do not serve chronically homeless consumers.

During 2020, there were 2,397 households that met the chronically homeless definition, or 40% of households accessing crisis response and 45% of those served in PSH.

The number of households in crisis response experiencing chronic homelessness has increased 33% from 2018 to 2020 (Figure Thirty-Four).

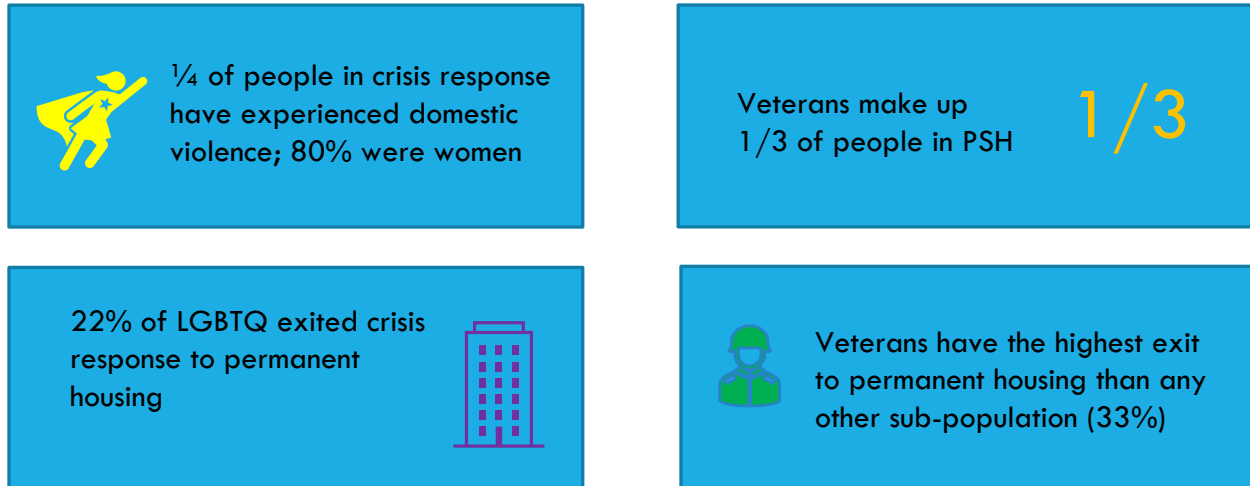
40% of households in crisis response were chronically homeless.

Figure Thirty-Four: Chronically Homeless Households, 2018-2020



Housing placements from crisis response for chronically homeless is lower than those with disabling conditions (9% of chronically homeless compared to 11% of all households exiting crisis response). Housing retention for chronically homeless households served in PSH is similar to the general population (98% retention in PSH or placements into permanent housing).

## OTHER POPULATIONS: DOMESTIC VIOLENCE, SEXUAL ORIENTATION, VETERAN STATUS

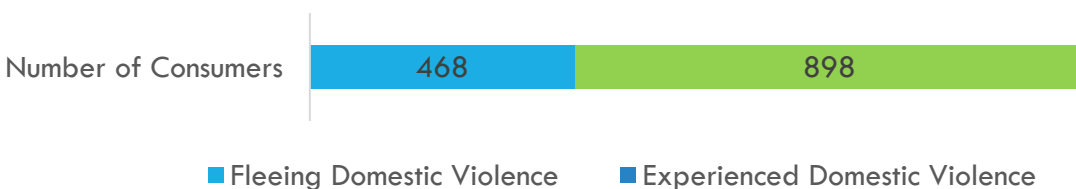


### People with History of Domestic Violence

History of domestic violence data is collected during program enrollment into crisis response programs and less consistently for people enrolling in prevention or PSH. This section will report only on people accessing crisis response services.

Nearly 1 in 4 people (24%) accessing crisis response programs reported being victims of domestic violence at some time in their lives and 1/3 of those people were fleeing domestic violence at the time they enrolled into the program (Figure Thirty-Five).

Figure Thirty-Five: Number of People Fleeing Domestic Violence and with History of Domestic Violence, Served in Crisis Response, 2020



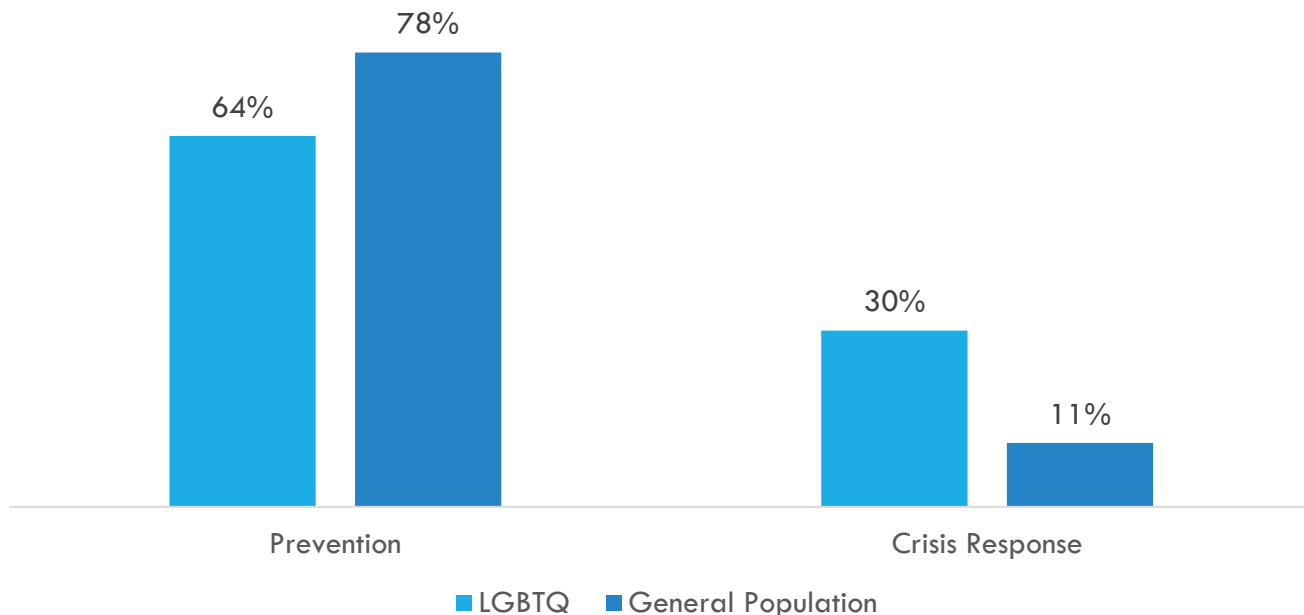
The majority (80%) of people who had a history of domestic violence were women; less than 1% identified as transgender or gender non-conforming. The exit to permanent housing rate was similar for other populations exiting crisis response, with 11% of domestic violence survivors who exited to permanent housing in 2020.

### Sexual Orientation

There is a significant amount of missing data on sexual orientation, with 36% of enrollments across the CoC missing data on sexual orientation. Only 2% of people accessing all services across the CoC (N=188) and 2% of people served in crisis response (N=162) reported identifying as questioning/unsure, bisexual, gay, or lesbian (LGBTQ). Less than 1% reported being LGBTQ in prevention or PSH.

Exits to permanent housing from prevention was lower than the general population (64% of LGBTQ compared to 78% of the general household population in prevention). However, exits from crisis response were higher for LGBTQ than the general household population (30% compared to 11%, Figure Thirty-Six). There were too few LGBTQ consumers in PSH so the data has been suppressed to protect identity.

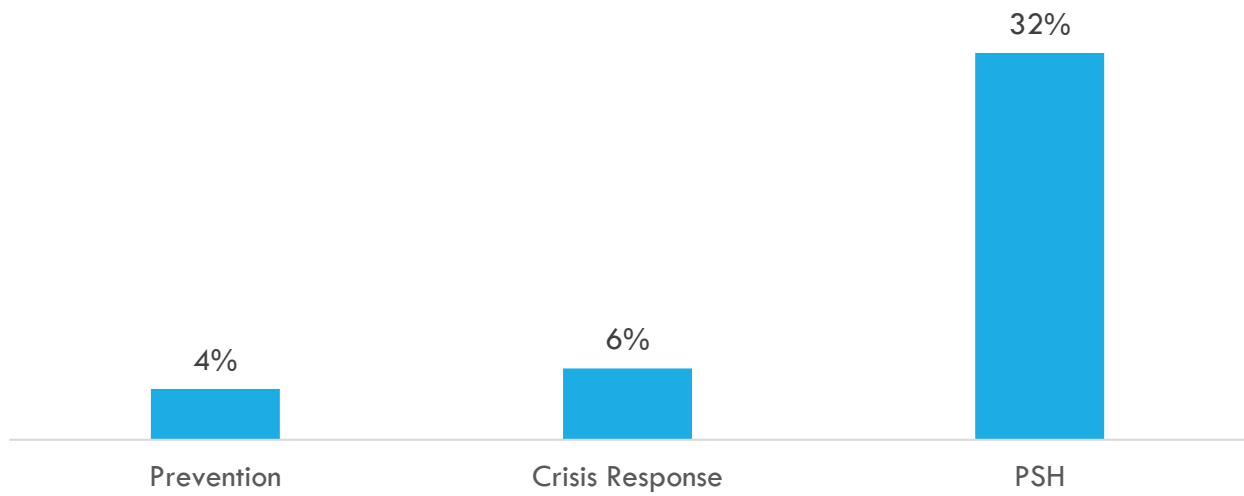
Figure Thirty-Six: Exits to Permanent Housing from Prevention and Crisis Response, by Sexual Orientation, 2020



### Veterans

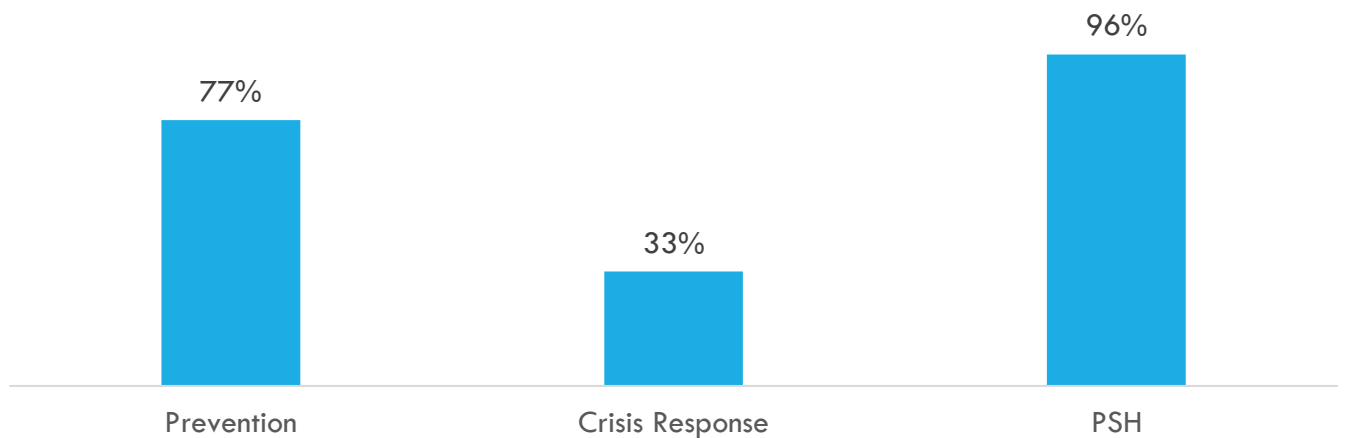
The CoC served 778 veterans during 2020 (8% of the population served). There were more veterans in PSH than in crisis response or prevention and diversion programs during 2020 (408 in PSH, 396 in crisis response, and 78 in prevention). Veterans made up almost one-third people served in PSH (Figure Thirty-Seven).

Figure Thirty-Seven: Percent of Veterans Accessing Services by Intervention level, 2020



Over  $\frac{3}{4}$  (77%) of veterans exited prevention to permanent housing in 2020; 33% of veterans in crisis response exited to permanent housing, and 96% maintained PSH or exited to another permanent housing destination (Figure Thirty-Eight).

Figure Thirty-Eight: Percent of Veterans with Exits to Permanent Housing by Intervention Level



## HOUSING OUTCOMES SUMMARY

In 2020, 2,538 households exited crisis response into permanent housing or maintained their housing from prevention or PSH. Housing outcomes for sub-populations vary for those exiting from prevention and those exiting from crisis response while the proportion of people maintaining PSH or exiting to other permanent housing is consistent across all sub-populations. Table Thirteen below presents the percent of households (HH)

or individuals (Ind) served during 2020 with exits to permanent housing from prevention and crisis response programs. This data was provided in previous sections and is now presented together for easy comparison. The data is in order by the % exiting to from crisis response to permanent housing. Maintaining housing for those in PSH is generally high for all sub-populations so these housing rates are not included in the table.

**2,538 households  
exited to or maintained  
permanent housing  
during 2020**

Households with children had the best housing outcomes across sub-populations, with 89% exited to permanent housing from prevention and 49% from crisis response in 2020. Seniors (62+) had the lowest exits to permanent housing from prevention (10%) and crisis response (6%, Table Fourteen).

**Table Fourteen: Percent of Each Sub-Population Exits to Permanent Housing from Prevention and Crisis Response, 2020**

<b>Sub-Population</b>	<b>From Prevention</b>	<b>From Crisis Response</b>
Households with Children (HH)	89%	49%
Veterans (Ind)	77%	33%
LGBTQ (Ind)	64%	30%
Females (Ind)	87%	22%
Males (Ind)	81%	16%
Asian (Ind)	47%	15%
Native Hawaiian/Other Pacific Islander (HH)	71%	13%
Victims of Domestic Violence (Ind)	78%	13%
Black or African American (HH)	76%	12%
Multiple Races (HH)	90%	12%
Hispanic/Latin(a)(o)(x) (HH)	88%	12%
People with Disabling Condition (Ind)	65%	12%
Adult-Only Households (HH)	77%	11%
White (HH)	70%	10%
Chronically Homeless (Ind)	n/a*	9%
American Indian or Alaska Native (HH)	71%	8%
Seniors 62+ (Ind)	10%	6%

\* Households accessing prevention and diversion are not chronically homeless

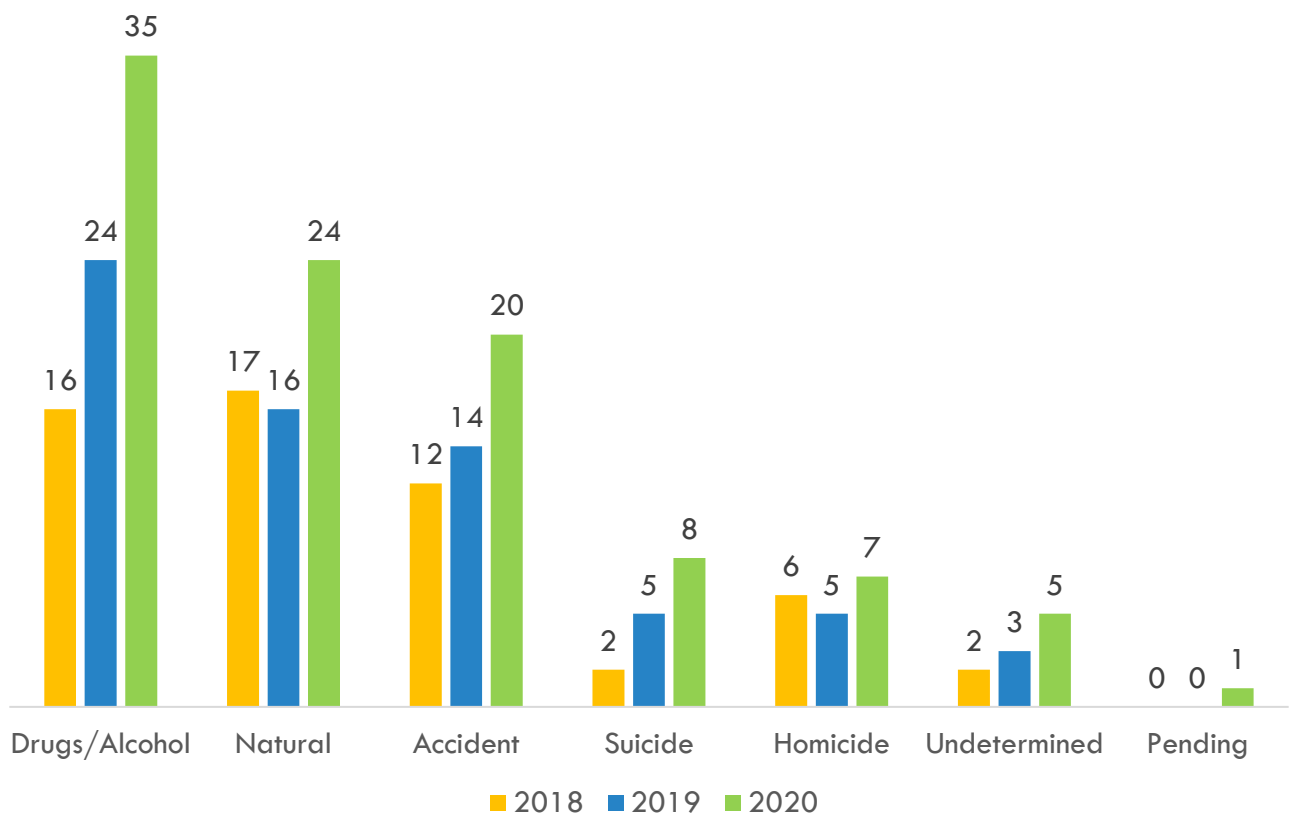


## CAUSE OF DEATH PER CORONER

Data from the County Coroner's office helps the CoC understand causes and trends in death rates among individuals experiencing homelessness. The Coroner's Division is notified when someone passed away in a location without medical staff to report the cause of death. The coroner reported 100 people from the homeless community who passed away during calendar year 2020, a 49% increase from 2019 and an 82% since 2018 (Figure Thirty-Nine).

82% increase in the number of people identified by the county coroner since 2018.

Figure Thirty-Nine: Cause of Death Recorded by Coroner for People Experiencing Homelessness, 2018-2020



# HUD SYSTEM PERFORMANCE MEASURES

Annual System Performance Measures are reported to HUD for each fiscal year (October 1 to September 30) to aid in funding allocation and to guide local CoCs with program and policy decisions. Performance Measure data comes directly from HMIS and is analyzed using algorithms generated by the HUD-created report. The CoC stakeholders review System Performance Measures to determine whether the system of care is working effectively to prevent and end homelessness. When shifts in Performance Measures are observed, the CoC tries to determine if these shifts are a sign of changes in the community (such as housing capacity or the COVID-19 pandemic) or due to how programs within the CoC are changing outcomes for those served. Performance Measures are just one of many analyses used to inform programs and policies across the CoC.

Performance measures analyze “parts of the system” to understand how these parts contribute to the whole. These three parts are: Emergency Shelters, Warming Centers, and Transitional Housing; Homeless Outreach; and, Rapid Rehousing and Permanent Housing. Each performance measure provides information about how each of these parts of the system is meeting objectives.

One of the advantages of having a standardized report generated by HUD is that it allows for a common understanding of the CoC’s system intent and goals amongst key stakeholders and service providers. These measures can be compared across other CoCs in the Bay Area and across the country. Another benefit is that the measures focus on the cumulative impact of programs, not just individual program successes and challenges and let the CoC understand programmatic shifts.

However, HUD System Performance Measures results are presented in aggregate, making it challenging to understand where disparities by race and ethnicity, household type, age, and other characteristics, are present within the system.

HUD has established the following seven performance measures:

1. Length of time persons remain homeless;
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness;
3. Number of homeless persons;
4. Jobs and income growth for homeless persons in CoC;
5. Number of persons who become homeless for the first time;
6. Homelessness prevention and housing placement of persons defined by Category 3 of HUD’s homeless definition for CoC Program-funded projects; and,
7. Successful housing placement and retention.

The FY19/20 performance measures revealed significant shifts in many of the performance measures which was likely a result of programmatic changes and community constraints due to COVID-19. Overall, there were fewer people served in shelters, transitional housing, and rapid rehousing, and more people served by Outreach. However, the capacity to serve people at one

time in shelters increased, so the PIT Count for sheltered individuals showed an increase. Shelters were able to serve more people at one time, but turnover was lower. This resulted in longer length of time homeless and a decrease in the number of first time homeless consumers entering into shelters, transitional housing, and rapid rehousing programs. This System Performance Measures data illustrates how programming impacted those being served. A summary of key shifts from 18/19 to 19/20 is provided below:

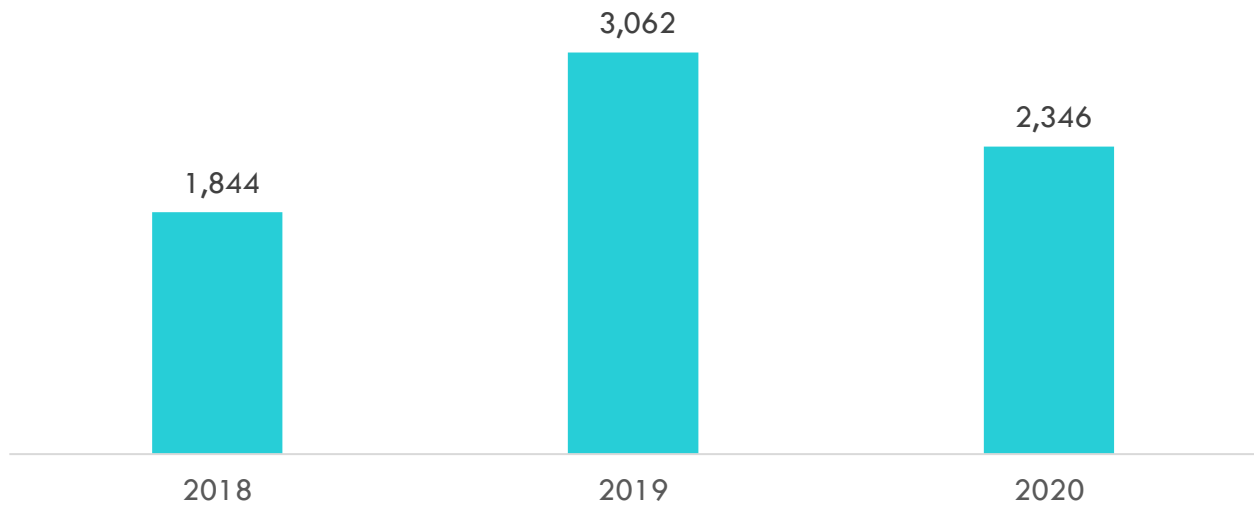
- 27% decrease in people served in shelters, transitional housing, and rapid rehousing from 3,062 to 2,346 (Figure Forty)
- 42% increase in the number of days homeless from 546 days to 776 days (Figure Forty-One)
- 26% increase in the number of adult-only households identified in shelters for PIT from 506 to 642; no shift in families (Figure Forty-Five)
- 55% decrease in the number of people identified for the first time from 2,300 to 535 (Figure Forty-Eight)
- 25% increase in the number of exits from street outreach from 3,154 to 3,943 (Figure Forty-Nine)

#### Performance Measure One: Length of Time Homeless

HUD tracks episodes of homelessness to determine how long people remain homeless before obtaining housing. This measure is analyzed only for those utilizing emergency shelters, transitional housing, or other interim housing solutions and subsequently move into permanent housing. Two measurements are assessed: 1) length of time homeless based on self-report upon enrollment into programs until they exit to permanent housing, and 2) average number of bed nights households utilized these programs.

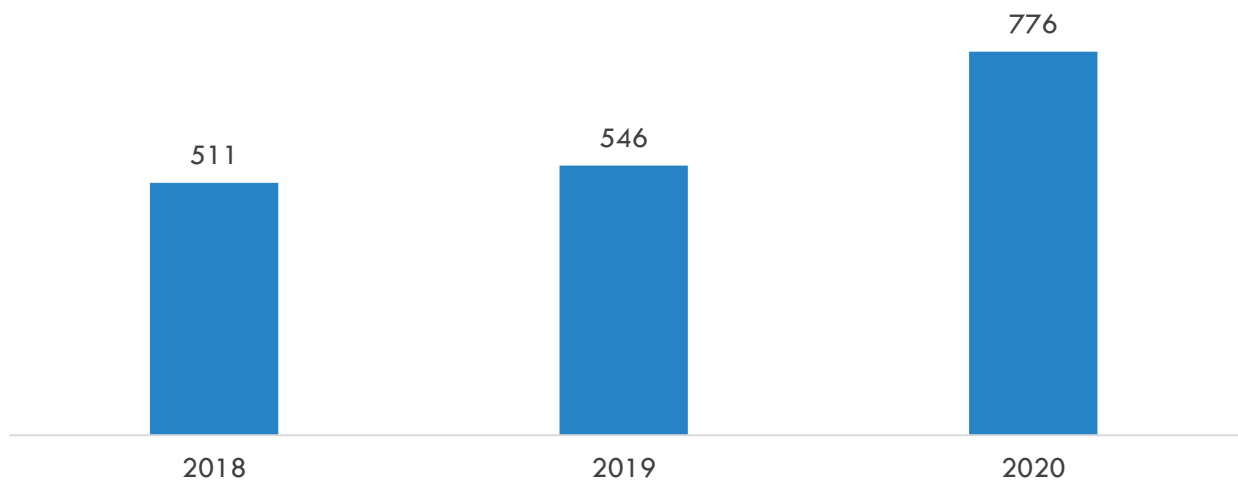
There has been a three-year 27% increase in the number of people served in emergency shelters and transitional housing. However, within this time period, there was a 23% decrease from 3,062 in 2019 to 2,346 in 2020, likely due to less capacity in shelters as shelters were decompressed because of COVID-19 (Figure Forty).

Figure Forty: Number of People Served in Emergency Shelters and Transitional Housing, 2018-2020



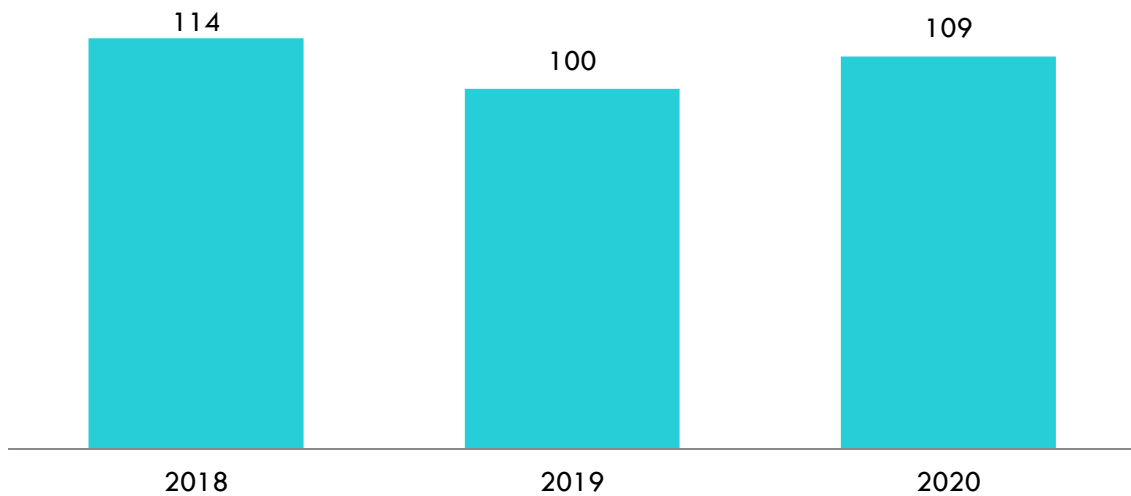
The average number of days that people are homeless (based on self-report upon program enrollment into an emergency shelter, transitional housing, or rapid rehousing, until their exit to permanent housing) has increased each year over the last four report periods, from 511 in 2018 to 776 in 2020; a 52% increase (Figure Forty-One).

Figure Forty-One: Self-Reported Length of Time Homeless for People Enrolled in Emergency Shelter, Transitional Housing, and Rapid Rehousing, and Exited to Permanent Housing, 2018-2020



Length of Time Homeless is also analyzed by understanding how many bed nights households reside in emergency shelters and transitional housing. During 2020, many people exited their shelters and enrolled into PRK; essentially turning their long shelter stays into two shorter stays, making the performance measure for number of bed nights lower in 2020 than in 2018. The average number of bed nights in 2020 was 109 nights, nine more nights than in 2019 and 5 nights fewer than in 2018 (Figure Forty-Two).

Figure Forty-Two: Average Number of Bed Nights in Emergency Shelters and Transitional Housing, 2018-2020

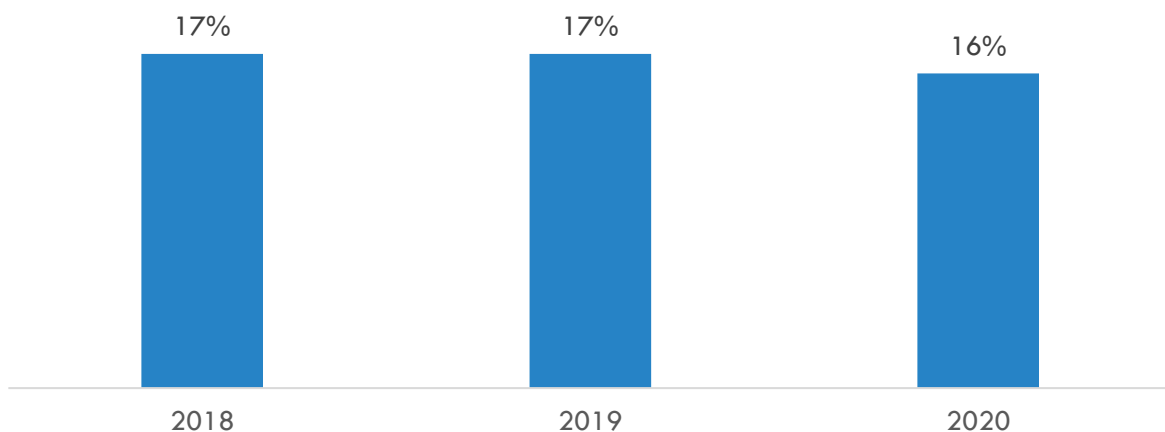


#### Performance Measure Two: Returns to Homelessness

Returns to homelessness is assessed by identifying all exits to permanent housing in the two years prior to the reporting period and tracking those who re-enter the HMIS database with a homeless status. HUD only analyzes this data for those exiting emergency shelters, transitional housing, rapid rehousing, and permanent supportive housing.

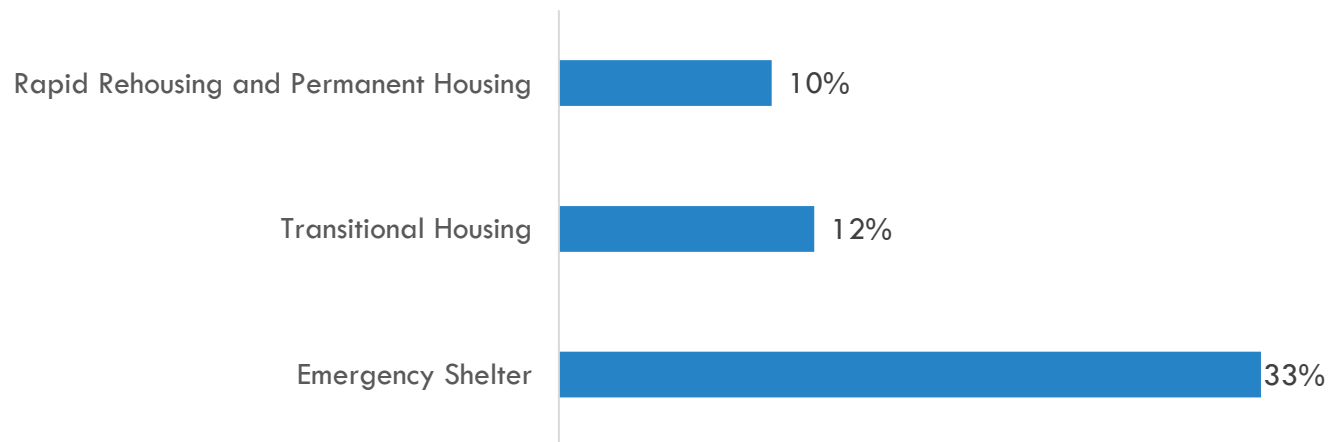
Overall, 16% of those who exited to housing two years prior to 2020 returned to homelessness (Figure Forty-Three). Forty percent of those returning did so within the first six months; 25% within 7 to 12 months; and 34% within 13 to 24 months.

Figure Forty-Three: Returns to Homelessness from Emergency Shelter, Transitional Housing, and Rapid Rehousing, and PSH within Two Years, 2018 to 2020



The highest returns to homelessness were among households who exited from emergency shelters (33%), followed by 12% of those who exited from transitional housing and 10% for those permanent housing (such as rapid rehousing, Figure Forty-Four).

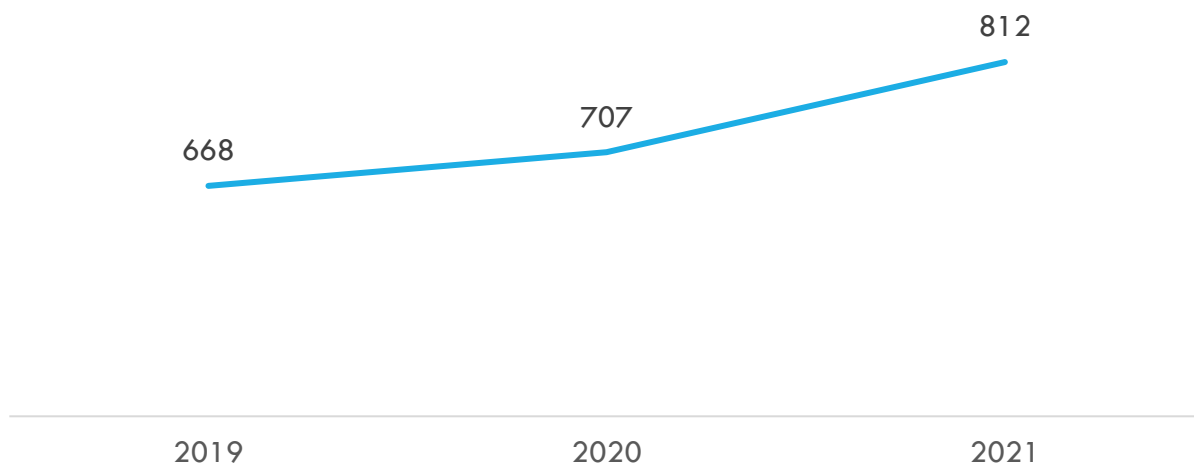
Figure Forty-Four: Proportion of Permanent Housing Exits that Returned to Homelessness by Intervention Model, 2018 to 2020



#### Performance Measure Three: Number of Homeless Persons

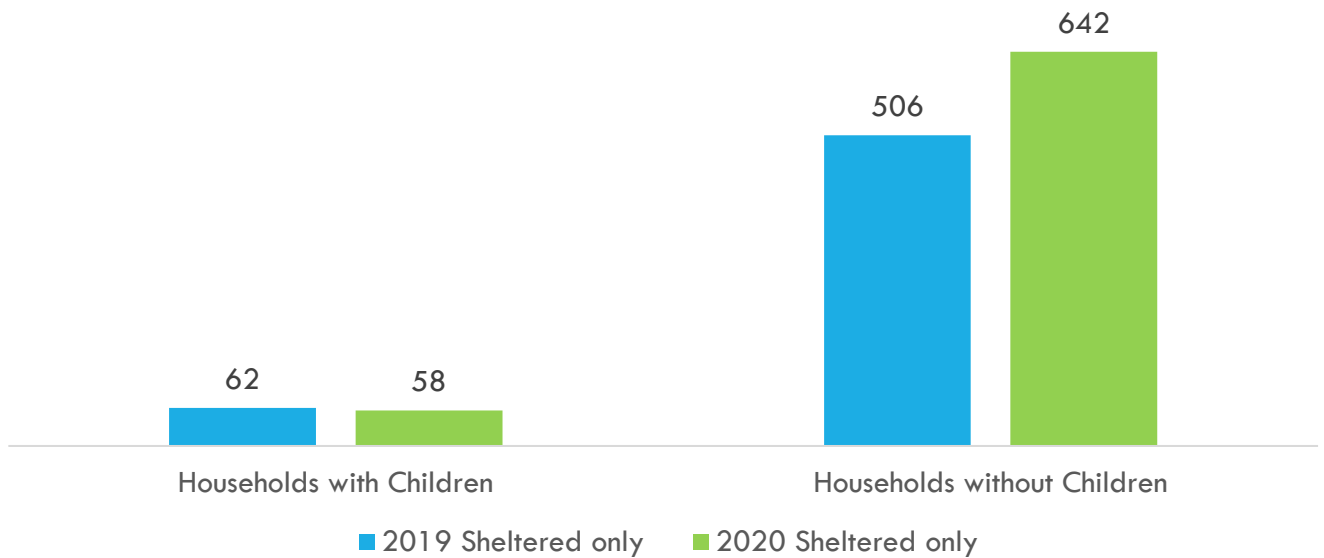
Usually, the report would include the most recent Point in Time (PIT) Count, conducted annually in the last week of January. Due to the COVID-19 pandemic, an unsheltered PIT Count was not conducted in 2021. The number of people in shelters the night of the PIT count increased by 22% from 2019 to 2020 (Figure Forty-Five).

Figure Forty-Five: Sheltered Individuals Identified in PIT, 2019-2021



This increase was in the number of households without children served in shelters and transitional housing (27% increase, Figure Forty-Six).

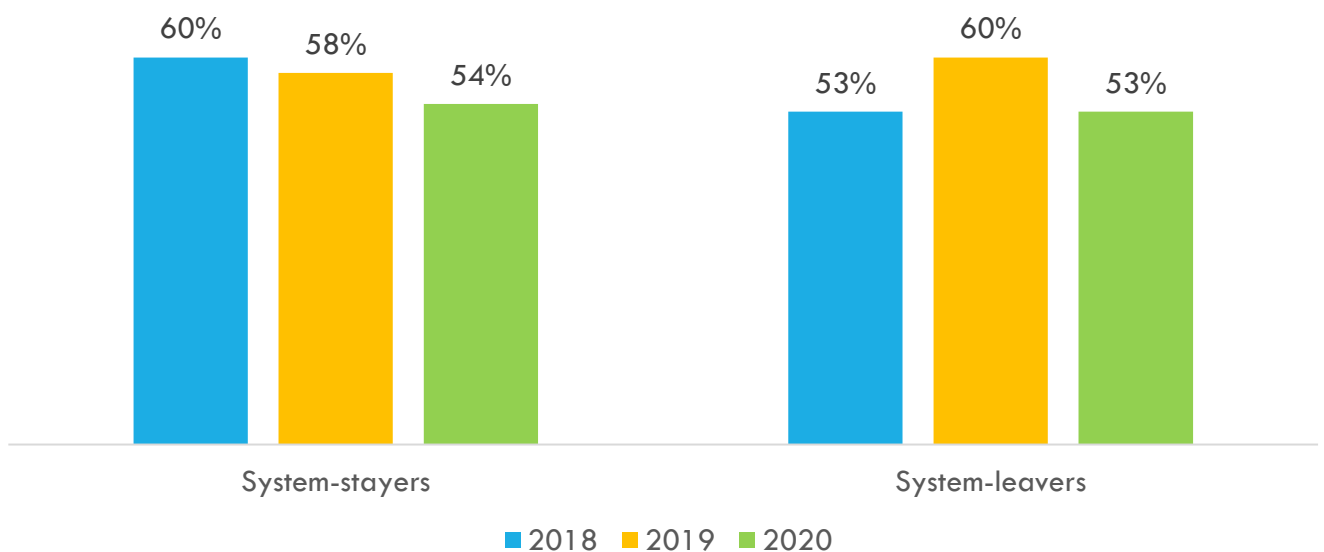
Figure Forty-Six: Number of People Identified in Sheltered PIT Counts, 2019-2020



#### Measure 4: Employment and Income Growth

This measurement assesses income growth through employment or benefits for consumers who stay in the system (and did not exit to housing during the report period) as well as those who exit to housing during the report period. Just over half (54%) of 524 adults who did not exit the homeless system of care in 2020 increased their total income. Additionally, 53% of the 66 people who exited the system of care had an increase in total income (Figure Forty-Seven).

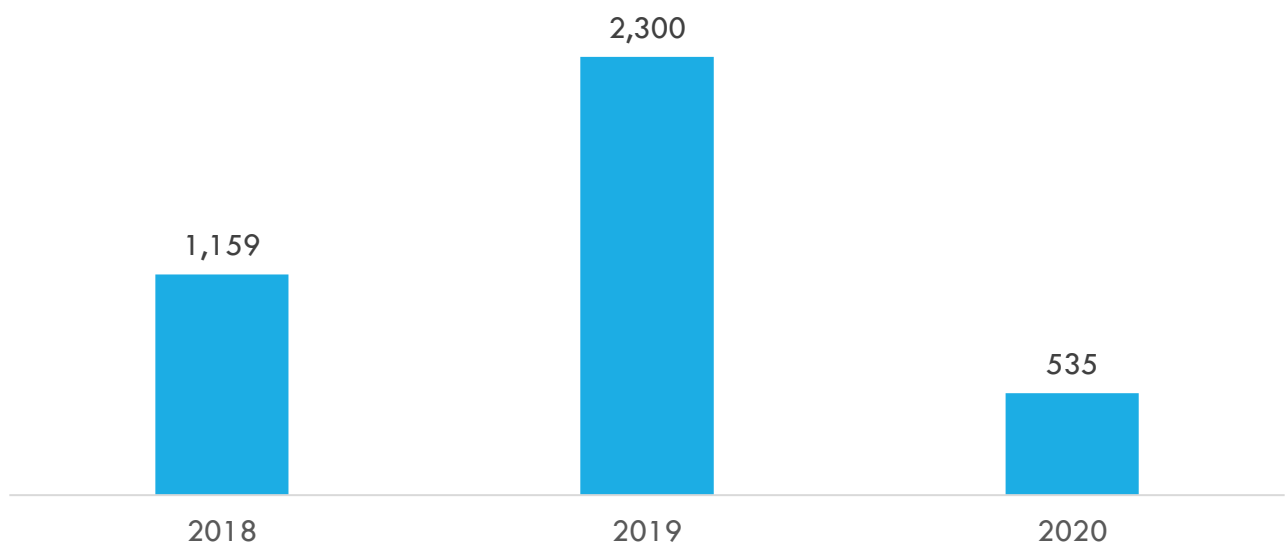
Figure Forty-Seven: Percent of System Stayers and System Leavers with Increase in Total Income by Year, 2018-2020



#### Measure 5: Number of Persons Who Become Homeless for the First Time

People who had their first enrollment in HMIS within the last 24 months into crisis response or permanent supportive housing during the report period are considered newly homeless (although they may have been homeless previously and simply new to these programs). This measurement does not include new enrollments into street outreach or support services. During the 2020 report period, there were 535 people identified as first time homeless compared to 2,300 in 2019 (a 77% decrease in one year). This large decrease in newly identified homeless in shelters does not indicate there were not many newly homeless because this only assesses those entering into shelters, transitional housing, and rapid rehousing programs (Figure Forty-Eight).

Figure Forty-Eight: Number of Persons who Became Homeless for the First Time, 2018 to 2020



#### Measure 6: Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-Funded Projects

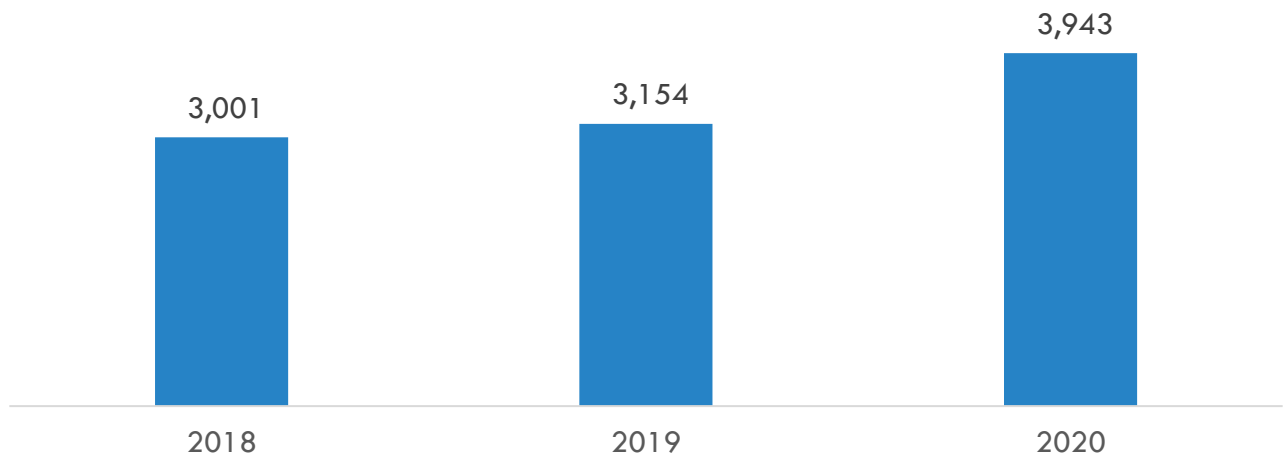
Performance Measure Six was not required or analyzed for the 2020 Fiscal Year by HUD. Measure Six assesses whether consumers who utilized Prevention Programs 12 months prior to the report period returned to the homeless system of care as literally homeless. The CoC does not currently track longer-term outcomes for those utilizing prevention services.

#### Measure 7: Successful Placement from Street Outreach and Successful Placement In, or Retention of, Permanent Housing

There were almost 4,000 people served in street outreach in 2020; the number of people served increased 31% from 2018 to 2020, with a steep increase from 2019 to 2020 (Figure Forty-Nine).

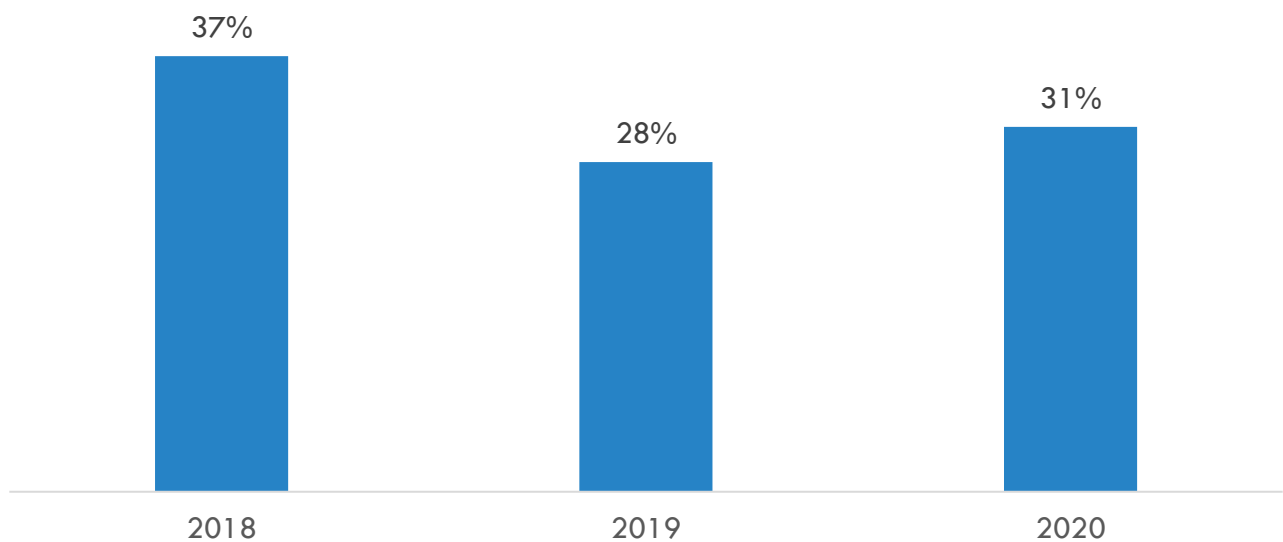


Figure Forty-Nine: Number of Exits from Street Outreach, 2018-2020



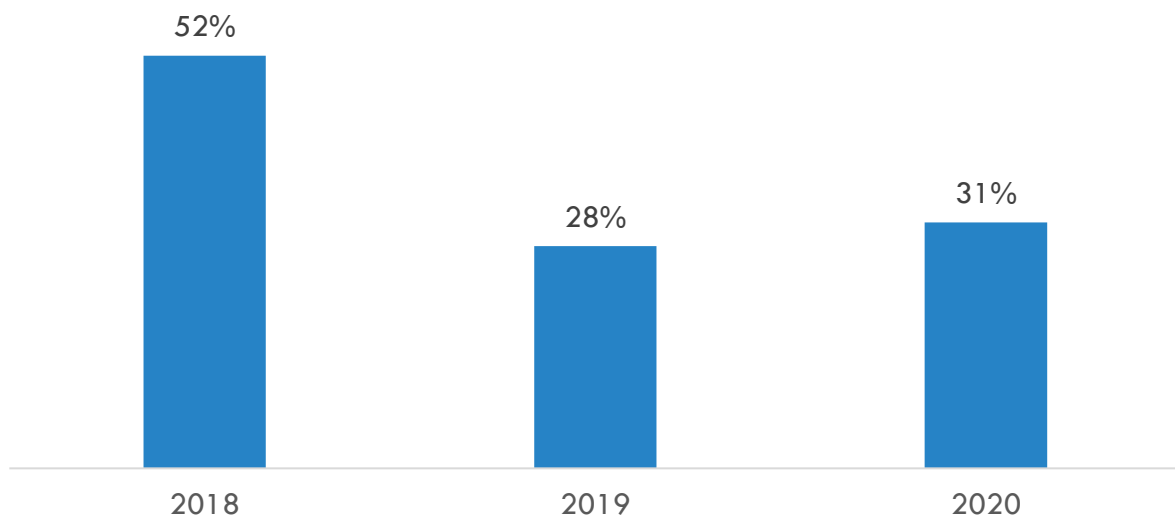
Successful or positive placements from homeless outreach include exits to emergency shelters, transitional housing, rapid rehousing, health settings or institutions, or temporary stay with family or friends. Many people simply “disappear” from services (become inactive), some of whom may exit to a positive setting and are not captured in this data. Just under one-third of people engaged in street outreach had a positive exit during 2020, down by 6% from 2018 (Figure Fifty).

Figure Fifty: Percent of Positive Exits from Street Outreach, 2018-2020



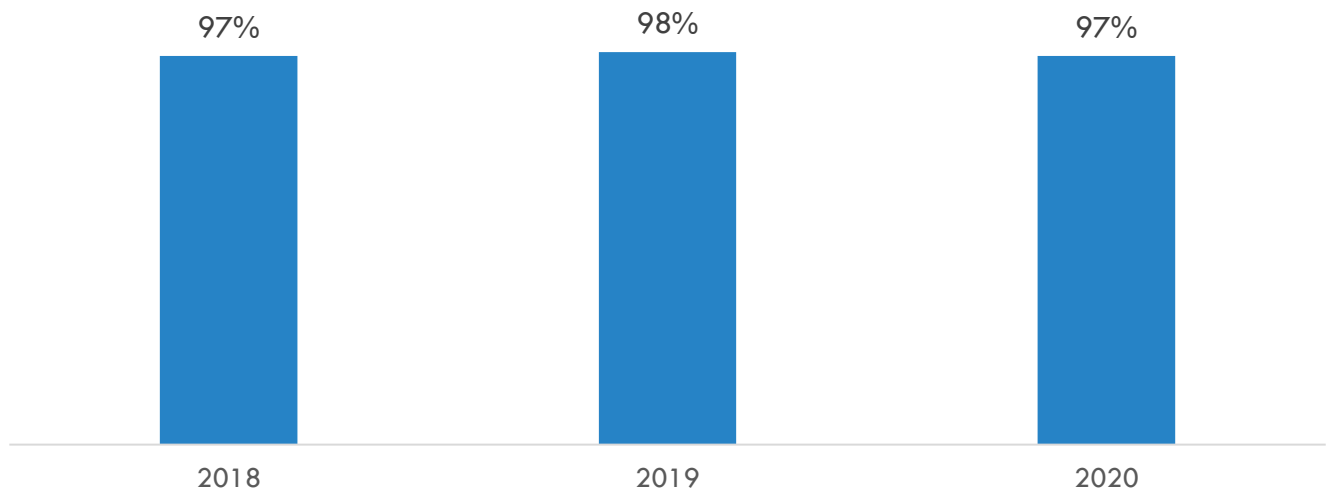
Exits to permanent housing from emergency shelters, transitional housing, and rapid rehousing decreased from 2018 to 2020, from 52% to 31% (Figure Fifty-One).

Figure Fifty-One: Percent of Exits to Permanent Housing from Emergency Shelters, Transitional Housing and Rapid Rehousing, 2018-2020



Housing retention rates are determined by the proportion of consumers in PSH who remained in their homes for at least a year or exit to other types of permanent housing. Retention rates remained high in 2020 at 97% (Figure Fifty-Two).

Figure Fifty-Two: Housing Retention Rates for People in Permanent Supportive Housing, 2020



## APPENDIX A: INTERVENTIONS AND PROGRAMS IN COC

Homeless Services fall into three intervention levels: 1) prevention and diversion programs for people who are at-risk of homelessness, 2) crisis response for people currently experiencing homelessness, and 3) permanent supportive housing (PSH) for people previously homeless and now in supportive housing programs. The populations served by these programs vary in terms of household type (family with children or adult-only), age distribution, and race/ethnicity distribution. The programs for intervention level are provided in the tables below (Tables Fifteen through Seventeen).

Table Fifteen: Number of People and Households Served in Prevention and Diversion, 2020

Prevention and Diversion Interventions	# of People	# of Households
SHELTER, Inc. - Rental Assistance (Prevention)	1,258	423
Catholic Charities Prevention Program	199	199
Hume Center Diversion/Prevention	130	129
SHELTER, Inc. - AB109 Prevention	93	81
SHELTER, Inc. - SSVF Prevention	73	50
Hope Solutions- Probation Housing Prevention Program	43	43
Humanity Way - Jerry Project Homeless Prevention	41	28
Berkeley Food and Housing Homeless SSVF Prevention	31	20
SHELTER, Inc. - Positive Futures Prevention	21	17
SHELTER, Inc. - ESG (County) Prevention	12	3
SHELTER, Inc. - ESG (State) Prevention	9	2
Holistic Intervention Partnership (HIP) Prevention	7	7
Northern California Family Center- Prevention	<5	<5
Catholic Charities Rapid Resolution	<5	<5

Table Sixteen: Number of People and Households Served in Crisis Response Interventions, 2020

Crisis Response Interventions	# of People	# of Households
<b>Rapid Exit</b>		
HUME Center Rapid Exit	62	62
<b>Emergency Shelter</b>		
Motel 6 Pittsburg - BACS Emergency Isolation Site	401	373
Marriott Richmond - BACS Emergency Isolation Site	382	268
Best Western Concord FEMA Beds - CCACS	254	232
GRIP- West County Warming Center Night by Night	243	213
Berkeley Food and Housing Project- Central County Warming Center	233	223
CCHP - Concord Shelter	190	187
CCHP - Brookside Shelter	175	175
GRIP Family Emergency Shelter	126	38
Premier Inn - Shelter Inc Emergency Isolation Site	104	102

Philip Dorn Respite Center	76	76
Winter Nights Shelter	61	20
SHELTER, Inc. - Mountain View House	49	19
Trinity Center Evening Program	49	49
CCYCS - Calli House	39	39
BACS-Don Brown Shelter	38	38
Best Western Concord FEMA Beds - Respite	26	24
Northern California Family Center- Emergency Shelter	2	2
<b>Transitional Housing</b>		
Uilkema House	30	30
CCYCS - Bissell/Pomona Apts	24	24
CCYCS - Appian - Mary McGovern	14	14
SHELTER Inc. - GPD Casa Verde	13	13
Veterans Accession House	1	1
<b>Housing Navigation</b>		
Hope Solutions - Housing Navigation Referral Program	216	214
Hope Solutions - Housing Navigation for Project Room Key	81	61
Hope Solutions – Housing Navigation for HDAP	23	23
Hope Solutions - Housing Navigation CoCo Lead Program	15	15
<b>Rapid Rehousing</b>		
Hope Solutions - HousingWorks	335	106
SHELTER, Inc. - SSVF Rapid Rehousing	161	124
Berkeley Food and Housing SSVF Rapid Rehousing	128	97
Hope Solutions- Probation Housing RRH Program	93	89
SHELTER, Inc. - AB109 Rapid Rehousing	91	80
SHELTER, Inc. - REACH Plus RRH for Families and Singles	71	26
Hope Solutions - TAY Rapid Rehousing	48	37
Humanity Way - Jerry Rapid Rehousing Project	28	19
SHELTER, Inc. - ESG (State) RRH	22	9
Esperanza Rapid Rehousing	20	7
SHELTER, Inc. - Positive Futures Rapid Rehousing	20	20
SHELTER, Inc. - ESG (County) RRH	15	9
SHELTER, Inc. - Rental Assistance (Homeless)	5	2

Table Seventeen: Number of People and Households Served in Prevention and Diversion, 2020

<b>Permanent Supportive Housing</b>	<b># of People</b>	<b># of Households</b>
S+C Tenant-Based Rental Assistance Program	495	315
VASH	357	357
Hope Solutions - Families in Supportive Housing (FISH)	76	21
Hope Solutions - Garden Park Apartments	72	29
SHELTER, Inc. - Permanent Turningpoint	55	24
Hope Solutions - Access	54	54

SHELTER, Inc. - TurningPoint Housing Program (Permanent Housing)	36	15
SHELTER, Inc. - Project Thrive (Permanent Housing)	35	17
Hope Solutions - Lakeside Apartments	33	12
Idaho Apartments	29	29
SHELTER, Inc. - Permanent Step Program	19	8
HUMS Permanent Supportive Housing	19	19
Tabora Gardens	17	16
Destination Home	14	14
CCYCS - Permanent Connections	10	10
S+C Project-Based Rental Assistance Program - Ohio Street	10	7
S+C Villa Vasconcellos	5	5
S+C Lakeside	4	4

## APPENDIX B: METHODOLOGY

This annual report includes multiple data sources: 1) qualitative and administrative data to document COVID-19 activities in the county, 2) COVID-19 screening and positive rates among those experiencing homelessness, 2) enrollment and exit data from the Homeless Management Information System (HMIS), 2) Coroner's Data, and 3) HUD System Performance Measurements.

### COVID-19 Qualitative and Administrative Data

Interviews were conducted with multiple service providers and H3 staff to understand the planning, management, and quick-paced implementation of activities to address COVID-19 and prevent the spread among those experiencing homelessness. Procurement documents and communications shared with service providers and stakeholders were also reviewed to capture the details about items purchased, timeline of activities, etc.

### COVID-19 Health Screening and Positive Rates

Testing for COVID-19 took place all over the county at health clinics, county and private hospitals, county health centers, pharmacies, and mobile clinics. Test results for every person tested were entered into EPIC (the county's electronic health record database) and uploaded daily to the state CALREDIE database. This data collection and management ensured accurate and complete tracking to understand the impact of COVID-19 in Contra Costa County.

### HMIS

All HUD-funded CoCs are required to maintain a Homeless Management Information System (HMIS) to produce an unduplicated count of persons accessing and utilizing CoC services (such as prevention services, programs for those with a housing crisis, and previously homeless consumers who are now in permanent supportive housing programs). This service data collected in HMIS allows the CoC to analyze patterns of service use and measure program impacts and outcomes. CoC partners in Contra Costa County enter data in HMIS for all consumers accessing homeless programming upon enrollment and continue to track program utilization, client demographics, and exit destinations. Each enrollment identifies a head of household; if the person is a single adult, that person is the head of household and if the person is part of a family, one of the adults will be identified as the head of household. Analyses in this report most often report data for the head of household to demonstrate the housing needs based on the number of households needing housing by sub-populations. Demographics such as age and gender are based on individual data and not household data. HMIS data allows us to analyze:

1. Demographic data (race, ethnicity, gender, household configuration, disabling conditions)
2. Socio-economic status (income and benefits, history of domestic violence, veteran status)
3. Program engagement (enrollment and exit data for any program in the CoC)
4. Outcome data (homeless status upon exiting from CoC programs and returns to homeless for those who exit to housing)

### Coroner's Data

The Contra Costa County Coroner's office is an investigative unit responsible for determining the cause and manner of death on all deaths in the county that were sudden, violent, or unnatural as well as deaths that were not tended to by a medical professional. Each year the coroner's office provides H3 with a summary of the cause of death among people living outside at the time of their death.

### HUD System Performance Measures

The purpose of HUD's System Performance Measures is to help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. Performance Measures are generated from HMIS data. The measurements are assessed for the three intervention levels described earlier in this report, but these analyses include only some of the intervention levels presented in this report. The interventions analyzed by HUD include: prevention, emergency shelter, transitional housing, street outreach, rapid rehousing assistance, and permanent supportive housing. Performance Measures were analyzed for trends to demonstrate shifts in the number of people or households served and outcomes. Please note that findings from the performance measures may be different than findings from the annual report, as the reporting periods are not identical, and performance measures don't include all project types in the CoC.