The Contra Costa Continuum of Care provides a forum for communication and coordination about the implementation of the County’s Strategic Plan to prevent and end homelessness, and for orchestrating a vision on ending homelessness in the County, educating the community on homeless issues, and advocating on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness.

Date, Time: Friday, July 20, 2018, 10:00am – 12:00pm
Location: Department of Probation, 2nd Floor, 50 Douglas Drive, Martinez, CA 94553

1. Welcome and Introductions
   • Call to order by John Barclay, Council on Homelessness Member

2. Racial Equity 101 Presentation and Discussion of County Homelessness Data on Race and Ethnicity
   • Presentation led by Will Dominie, Policy Manager of Housing and Equitable Development, Bay Area Regional Health Inequities Initiative (BARHII) and data presented by Dana Ewing, H3
   • BARHII works with counties across the Bay Area: Sonoma, Napa, Marin, Solano, Contra Costa, Alameda, SF, San Mateo,
     o Current state of affairs: everyone has to think about housing in the Bay Area
   • What is health?
     o Health is a state of complete physical mental and social well being and not merely the absence of disease or infirmity
     o Person centered
     o Holistic
     o Requires resources: mental health, housing, food, medical, jobs, community, money, crisis prevention, coordination of services, safety, education, outreach, transportation, shelters, relationships, money management
   • BARHII framework:
     o Downstream (services) to (things needed to live) upstream (power dynamics and networks)
     o Social inequities are upstream and flow downstream
     o 60% of what we need to live and be healthy are things that are upstream from services (things needed to live
       • Institutional inequities: Business and government, Schools, Nonprofits, Laws and Regulations
       • Social inequities (isms and structures): race, gender, age
     o How are we thinking about providing good services while looking at living conditions, social and institutional inequities
     o What shapes good living conditions: money, race, education
CONTRA COSTA COC MEETING MINUTES

- Inequitable access drives intense differences in health outcomes

- Inequities
  - Chart depicting Total Death rates in CA
    - African Americans have the highest, even though declining but gap is still wide and persistent (see CDPH or county for more data)
  - Bay Area life expectancy by Census Tract
    - Higher income areas have higher life expectancies
    - Largely in rural and urban centers have lowest life expectancy
    - Low life expectancy in areas where large industry (oil refineries, etc.)
    - Some differences are as much as 25 years (the difference between being able to see your grandchildren grow up)

- Health Inequities
  - Differences sustained over time
  - Beyond control of individuals
  - Follow larger patterns of inequality that exist
  - Generation after generation experience same thing (similar to how wealth and health is similar to that of the parent)
  - Requires looking at root causes to address it

- Exercise: Consider what you think causes these inequities?
  - Language inequities
  - Gentrification
  - High costs
  - No or limited affordable housing
  - Vary by location and population—blanket solutions do not work
  - Immigration
  - Fear: people are afraid to get services

- Consider whether you see yourself, your family, your community or people we serve in the statistics?
  - Grandparents raising grandchildren—qualify for senior housing but not housing with grandchildren on through low income housing support, so unable to support household
  - Those who are unhoused age quicker (Webbering hypothesis under Epigenetics: research shows how daily stressors wear people of color down, including degrading their telomeres, which are inheritable traits and conditions
  - Oakley: stressors of political environment and decision making focusing on limited issues, including immigration
  - Limited food and grocery options

- Housing and homelessness
  - Example of what’s happened to families around housing inequities by race
    - Very pronounced inequities for African Americans
• Recommended Reading: Color of Law by Richard Rothstein

<table>
<thead>
<tr>
<th></th>
<th>White</th>
<th>Black/African American</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slavery</td>
<td>Could own houses and other property and profit from slavery</td>
<td>Considered property</td>
</tr>
<tr>
<td>GI Bill and Redlining</td>
<td>Federal Government Helped Buy Suburban Homes</td>
<td>Federal Government Won’t Loan in Black Neighborhoods</td>
</tr>
<tr>
<td>Housing Discrimination</td>
<td>Do Not Experience Discrimination</td>
<td>Still Face Discrimination</td>
</tr>
<tr>
<td>Subprime Loans</td>
<td>Often Access to Good Loans</td>
<td>Steered to Subprime Loans</td>
</tr>
<tr>
<td>Foreclosure Crises</td>
<td>Mostly Bounced Back</td>
<td>Biggest Loss of Wealth Since Slavery</td>
</tr>
<tr>
<td>Displacement/Gentrification</td>
<td>Moving in, Pushing out</td>
<td>Being Pushed Out</td>
</tr>
</tbody>
</table>

- **Difference between equity and equality**
  - Equality: everyone given the same thing
  - Equity: give people/communities what they need to be successful
    - Example: various housing subsidies for people earning different income
    - Example: housing first model (different from market rate)
  - Liberation! Tear down all the barriers so avoid having to build back up

- **What drives homelessness in Contra Costa?**
  - Addiction, low wages, rising rents, evictions, etc.
  - List rents over time indicates rise since 2010
  - Rent burden for families with kids under 5 by renters and owners by county
    - Contra Costa the worst for RENTER families under 5, but a bit better for homeowners
  - When people can afford housing they spend more on childcare, healthy food and 5 times more on healthcare (these are the trade offs people make)

- **Effect of Rising rents on homelessness in L.A.**
  - With each percentage increase in rent yields a MUCH higher increase in homelessness
  - Those on the fringes are
  - Some research in the Bay Area, but not statistically significant, but trend shows up nationally

- **Evictions**
  - Number of HOUSEHOLD evictions in last 3 years can more than fill Concord Pavilion.
  - 1/3 of people who were evicted experienced homelessness
Families with children are 2x more likely to be evicted and 2x more likely to be in poor health after eviction

- Displacement
  - Significant showings in SF, Alameda and Contra Costa, but moving inland
  - Racialized:
    - Fewer Latinos moving into Bay Area Core
    - Blacks moving out
  - Impacts on people and families
    - Harder to access social and medical supports
    - Longer commutes
    - UCSF doing ethnographic studies in Oakland on African Americans: stable homeowner is covering costs of relatives and when homeowner is displaced

- Possible Solutions:
  - Protection of low income renters
  - Preservation of affordable housing
  - Production of more affordable housing
  - BARHII’s Implementation Actions

Contra Costa CoC Data by Race and Ethnicity – Dana Ewing, H3

- Data (from HMIS and surveys) captured on
  - Gender (TAY, seniors, etc.)
  - Age
  - Race
  - Ethnicity
  - LGBTQUI
  - Mental health
  - Education level
  - Geography
  - Reentry?

- People Entering Homeless Services:
  - People living in County as a whole compared to those using county homeless services (not diversion/prevention or permanent supported housing) and further compared to those exiting system to permanent housing (not those that disappeared)
  - White
    - 61% in County
    - 46% using homeless services
    - 31% exiting to permanent housing
  - Black
    - 9% in County
    - 37% using homeless services
Race and Ethnicity In Contra Costa County and in CoC

<table>
<thead>
<tr>
<th>Race/Group</th>
<th>% in 2016 County Census Estimate</th>
<th>% of those served in homeless programs</th>
<th>% of CoC that was housed</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>61%</td>
<td>46%</td>
<td>31%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>9%</td>
<td>37%</td>
<td>1%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>52%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td>Asian</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>HI or Pacific Islander</td>
<td>15%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Multiple</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>6%</td>
<td>3%</td>
<td>25%</td>
</tr>
</tbody>
</table>

- **Takeaways:**
  - Different races are using different services and programs
  - Recidivism is low once people are housed across
  - Coordinated Entry impacts who goes into permanent supportive housing
  - Few areas of Rapid Rehousing going through coordinated entry, so the reasons are not going to be as clear as that is not regulated through county programming but through independent service providers
  - Does not necessarily mean trend is good—we do not know how are we housing people, who are being housed, which programs are working to house people and why and how
  - Must do more research!
    - CoC’s Coordinated Entry System’s data will be continue to be reviewed
CONTRA COSTA COC MEETING MINUTES

- New Council on Homelessness workgroup on subpopulations
  - Must re-examine goals in light of data and what is happening now
  - What do we need to think of doing to bring equity to system
- Why the disparities—questions for CoC to consider
  - Access to different programs?
  - Different safety net (by culture) to prevent and end homelessness?
  - Bias in assessments? (Tool, administration, self-report)
  - Population-specific housing needs or desires?
- Guiding questions for internal work in the community
- Additional technical support available from BARHII and GARE

3. Community Discussion
- Please share—these concerns will be shared with subpopulation workgroup
- What about reentrants? Is this subpopulation being examined?
- Benefits cliff: Income go over income limits mean can go from full or significant support to no support (housing, dollars)
  - How do we correlate benefits cliff?
  - How do you redesign or collaborate around addressing the benefits cliff? (Perhaps for the workgroup)
    - Coordination and collaboration around where benefits fall off to help cross cover or find funding resources
- Will the workgroup focus on refugee populations?
  - Not yet because there isn’t any data collected on this
- Is there tracking information on employment—integrated data sets?
  - There is research funding to help integrate data
  - EHSD may have some info
  - Often requires data sharing agreements, which can pose complexities
  - Data sharing in progress! (Recent legislation will help and there are ongoing conversations)
- What can CoC do to engage around this issue and move the discussion forward to action?
  - Office of Reentry and Justice working on racial equity action plan with GARE
    - Lara Delaney: would like community input!
    - Will go to County Board of Supervisors for approval
    - Subpopulation Workgroup can work alongside
  - Consider cultural and racial behaviors and practices when offering and designing programs
    - Best way is to ask and do some market research to find out what they need
  - Know your audience when you plan your outreach
  - Consider staffing and employment breakdowns
  - More coordination around the issue across county orgs (private and public)
• Can we collaborate around health services for both advocacy and coordination?
  o Where can we place the most resources we have to make the best impact?
  o How to message in a way to get health services (private and public) to get them to leverage funding/invest more in social determinants of health
  • Partnerships
  • Policy advocacy
• What are the conversations around race and displacement? How is County addressing the transfer of people across borders?
  o Contra Costa is myth busting! Only 20% of people experiencing homelessness in County are transplants from elsewhere.
  o Have larger problems than worrying about the 20%. Contra Costa is focusing on serving those that are here
  o Regionally, there is agreement that it is not significant movement across borders—but working to support regionally
  o Impact exists but there’s not an easy way to measure it
  o Other communities can outbuy and outprice the County
  o From healthcare perspective it is the opposite! Larger communities will buy beds and place people from outside into local beds that limits availability
• Regional conversations are critically important
• H3 will share the BARHII slides online with Lara Delaney’s contact information

4. Community Announcements
• None

5. Pin It