AGENDA

1. Welcome and Introductions
2. Public Comment
3. Approve Minutes (Action Item)
4. COH Committee Updates (Action Item)
5. Homelessness Awareness Month (Action Item)
7. Racial Equity Assessment
8. Community Announcements
9. Pin It
2. PUBLIC COMMENT

All

Open period for members of the public to comment on items not listed on the agenda.
3. APPROVE MINUTES (ACTION ITEM)

Doug Leich, Chair

Review and adoption of minutes from the September 5, 2019 Council meeting.
4. COH COMMITTEE UPDATES (ACTION ITEM)

Lynn Peralta, Council Member
Jaime Jenett, H3

- Policy Committee: Update on County Board of Supervisor’s Federal Legislative Platform.
- Action to approve CoH members for Performance Measures & HMIS Policy Committees through 2020.

Possible action to approve or adopt policy changes and recommendations.
COUNTY FEDERAL LEGISLATIVE PLATFORM OVERVIEW

Council on Homelessness Meeting
October 3, 2019
By Sherry Lynn Peralta and Erick Untal
WHAT IS THE LEGISLATIVE PLATFORM?

The Legislative Platform:

• Ensures that we communicate with legislators about issues that impact our business and clients.
• Allows us to take positions of support or opposition on proposed policy changes & allows us to quickly respond.
• Increases our resources to both the county and our community partners.

The Legislative Platform is a demonstration of the County’s organizational values
HOW IS THE LEGISLATIVE PLATFORM CREATED?

- **September to October**: Gather input from program staff, bureau directors, community partners, and associations.
- **October to November**: Create initial Human Services section draft.
- **November to December**: Work w/ County Administrator staff on refinements.
- **December to January**: Obtain approval from Board of Supervisors; Legislative platform finalized.

Analyze trends from the previous year and anticipate public policy issues for upcoming year.
EHSD POLICY AND PLANNING DIVISION

P&P tracks close to 400 bills!

In addition, we:

• Draft letters of support, public comments, fact sheets, and communications
• Monitor and respond to executive actions that could impact our services
• Conduct research and analysis on regulations
• Develop legislative proposals in partnership with CWDA Legislative Committee
• Write the Human Services section of the County Legislative Platform (State & Federal)

Legislation work allows EHSD to plan proactively for changes in the horizon
In early 2018, CWDA made a state budget proposal to provide $15M in State General Funds to establish the Home Safe, a short-term housing crisis intervention demonstration program for vulnerable seniors.

County Platform contains statement to SUPPORT the legislation that helps provide short-term housing interventions for at-risk APS clients. This allowed EHSD to write a Letter of Support for Home Safe.

Home Safe budget request was granted by the Governor for Fiscal Year 2019-2020. Policy and Planning partnered with H3 to apply for and secure an APS Home Safe grant.
HOW YOU CAN HELP

• Take a data-driven approach to communications with community partners and policy makers
• Increase the ability of our County to prepare for economic, political, and social changes over time.
• Advocate for policies that help our clients thrive

For more information, contact Lara Delaney, Senior Deputy County Administrator at lara.delaney@cao.cccounty.us
(925) 335-1097
THANK YOU

Sherry Lynn Peralta, EHSD Division Manager
Email: speralta@ehsd.cccounty.us
Phone: (925) 608-4881
COH COMMITTEES (ACTION ITEM)

HMIS Policy Committee

• **Members/Attendees:** CoH Reps; H3 HMIS Staff; Providers’ HMIS & Data Entry staff, Other (TA providers, etc)

• **Purpose:**
  • Develop and share updates on HMIS policy and practice;
  • Discuss compliance, agency updates, and troubleshooting;
  • Plan TA and training;
  • Inform standards of practice and monitoring;
  • Recommend to CoH changes and best practices for implementation

• **Meeting Frequency:** Bimonthly

Next Meeting: Tuesday, November 19, 2019 2:00-4:00PM, H3’s Venti Room, Concord, CA
COH COMMITTEES (ACTION ITEM)

System Performance Measures Committee

- **Members/Attendees:** CoH Reps; H3 Research & Evaluation Staff; Providers’ Staff, Other (TA providers, etc)

- **Purpose:**
  - Develop and review system level performance metrics;
  - Inform standards of practice, monitoring and CoC and ESG NOFA scoring tool metrics;
  - Recommends to CoH data-informed changes and best practices for CoC implementation

- **Meeting Frequency:** Bimonthly, As Needed

Next Meeting: TBD (November), H3’s Venti Room, Concord, CA
ACTION FOR CONSIDERATION

Approve CoH members for Performance Measures & HMIS Policy Committees through 2020
5. HOMELESSNESS AWARENESS MONTH (ACTION ITEM)

Jaime Jenett, H3

HAM Planning Committee award recommendations and possible action to approve recommendations.
# VOLUNTEER AWARD NOMINATIONS

<table>
<thead>
<tr>
<th>Nominee</th>
<th>Nominated by</th>
<th>Length of involvement, concentration of service or impact of effort</th>
<th>Who was affected and how? Who values the work of the nominee and why?</th>
<th>Additional Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Rickner, Showerhouse Ministries</td>
<td>• Gloria Schafer, St. Vincent De Paul</td>
<td>• 4 years • Monthly • Showers in East County</td>
<td>• Unsheltered people in East County • Showers and food</td>
<td>“Well liked by the homeless and by the many volunteers”</td>
</tr>
<tr>
<td>Scottie and Kellee Trueblood, Clean Start Laundry and Showers</td>
<td>• Carey Gregg, The Bay Church</td>
<td>• 6 years • Monthly • Organize 10-15 volunteers to staff laundry and shower program</td>
<td>• Unsheltered people in Central County • Showers, food and laundry</td>
<td>“Countless times they have gone out of their way to provide a safe, clean, loving and welcoming environment at Clean Start”</td>
</tr>
<tr>
<td>Extended Family Program, WC United Methodist Church</td>
<td>• Julie Clemens, Director of Development, Shelter, Inc.</td>
<td>• 24 years • Dozens of families • Gather used furniture and volunteers bring to newly housed families</td>
<td>• Families re-entering housing after homelessness • Saves them money and labor</td>
<td>This program allows families to “save vital financial resources that provide greater long term stability”</td>
</tr>
<tr>
<td>Nominee</td>
<td>Nominated by</td>
<td>Who positively affected and how? Who values the work?</td>
<td>Length of involvement, # of units, quality of units</td>
<td>Additional Comments</td>
</tr>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Lito Calimlim                    | • Bill Jones, CCIH                              | • Homeless/at-risk/low income individuals and families  
• Has let tenants assume leases                                                                                       | • 10 years  
• High quality units  
• Master leases to multiple organizations                              | “He has remained willing to lease to low-income people in a housing market that does not demand such willingness”                                                                                      |
| Carl Curry                       | • Rey Javier, Housing Manager, Shelter, Inc.    | • Homeless families  
• Rents to low income/homeless families  
• Well maintained                                                                                                     | • 7 years  
• Three units dedicated to below marketing rent  
• Owner and maintenance                                                  | “I recall him saying ‘I believe in the work you do’...I responded by saying ‘we cannot do this work without help from people like you’”.                                                                 |
| Tammy Tisdale, Riverstone Apartments | • Tracy Humphrey, CORE Outreach                | • Clients experiencing chronic homelessness  
• Staff working to house clients                                                                                       | • Housed 5 chronically homeless clients within 2 months                                                             | “Tammy has helped me when no one else would. She housed my hard-to-house clients and treated them with dignity and respect”                                                                                       |
<table>
<thead>
<tr>
<th>Nominee</th>
<th>Nominated by</th>
<th>Length of involvement, those served, impact of efforts</th>
<th>Describe the difference the program makes. Who is positively affected and how</th>
<th>What makes it unique?</th>
<th>Additional Comments</th>
</tr>
</thead>
</table>
| Rapid Resolution                             | • Chris Celio, Hume Center                        | • Approx 1 year                                        | • At-risk/newly homeless  
• Helps people avoid/end homelessness  
• Other departments now partnering with RR b/c so successful | • 50% success rate when national average is 10%  
• No other program like it in CC | “This program is rapid, it’s effective and it makes a difference” |
| Safe Parking Program (partnership between Walnut Creek Homeless Community Task Force, St. John Vianney Church and Trinity Center) | • Jenny Quijada, Trinity Center                    | • Scheduled to start this fall  
• 8-10 cars/night | • Provides place to sleep in car overnight with access to bathrooms and staffing.  
• Approx 30% of unsheltered pop in CC in vehicles | • Only safe parking program in Contra Costa | “This program will connect with a segment of the homeless population that very few are able to reach. “ |
<table>
<thead>
<tr>
<th>Nominee</th>
<th>Nominated by</th>
<th>Length of involvement, those served, impact of efforts</th>
<th>Describe the difference the Nominee makes. Who is positively affected and how</th>
<th>Additional Comments</th>
</tr>
</thead>
</table>
| City of Martinez | • Manjit Sappal, Chief of Police, City of Martinez | • 2017 first city to fund CORE team  
• Dedicated Community Resource officer for homelessness  
• Partner for Clean Start mobile showers (served 70 in 5 weeks) | • People who have not engaged in services are now starting to engage through the sponsored CORE teams, dedicated Police Officer and new shower program | “Over the course of the last two years, the City of Martinez has sought ways to expand their ability to reach, connect and serve the homeless population” |
# AWARD RECOMMENDATIONS

<table>
<thead>
<tr>
<th>Volunteer</th>
<th>Landlord</th>
<th>Innovation</th>
<th>Jurisdiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ken Rickner, Showerhouse Ministries</td>
<td>Lito Calimlin</td>
<td>1. Rapid Resolution Program</td>
<td>City of Martinez</td>
</tr>
<tr>
<td>Scottie and Kellee Trueblood, Clean Start Program</td>
<td>Carl Curry</td>
<td>2. Safe Parking Program @ St. John Vianny in Walnut Creek</td>
<td></td>
</tr>
<tr>
<td>2. Extended Family Program, WC United Methodist Church</td>
<td>Tammy Tisdale, Riverstone Apartments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACTION FOR CONSIDERATION

Approve recommendations for winners of Homelessness Awareness month awards.
6. SYSTEM REPORT OUT (ACTION ITEM)

Lavonna Martin, H3

Funding Updates, TA Updates, & System Map Summary
SYSTEM MAP SUMMARY

Goals

• Visual representation of system resources
• Identify scope and limits of current resources
• Identify capacity needed to address homelessness using the system of care
SYSTEM MAP SUMMARY

• There are PH resources to meet about 50% of the need per year
• ES only meets 57% of need for unsheltered
• Average LOTH increased from 15-17 months
Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care. Reducing inflow into the system by finding stable housing options is key.

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

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

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

Maximize current resources
- Reduce Inflow: Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care.
- Reduce Length of Time Homeless: Reduce wait times for persons in the community queue for resources and increase bed turnover rates at shelters.
- Enhance Prioritization Strategies: Maximize use of all housing resources based on highest vulnerability and length of time homeless.
BUILDING ON THE SYSTEM MAP: NEXT STEPS

**System Level:**
- System Performance Measures
- Evaluation & Implementation of Triage Tools
- Policies & Procedures Updates
- CoC Priority Planning for 2020

**Project Level:**
- Project Performance Measures
- Data Standards
- Housing First Training and TA
- HMIS Training and TA
- Monitoring TA
TECHNICAL ASSISTANCE UPDATES

TAC

- System Mapping ✔
- CE RRH Integration continues with design sessions in November (stay tuned!)
- System Performance Measures research underway and development with CoH and providers begins in November

HOMEBASE

Housing First TA coming November or December!

TA will include:
- Provider Training
- TA for implementation
- TA for building monitoring capability (around Housing First)
FUNDING OVERVIEW: 2019 FUNDING TO DATE

Federal
CoC NOFA
(Submitted! See CCHealth.org/H3)

State
HEAP (Round 1)
CESH (Rounds 1 and 2)
HEAP FUNDS AT WORK

Total Allocated: $7,196,770
Total Projects: 10
Total Complete: 5
Amount Encumbered to Date: $2,003,173
<table>
<thead>
<tr>
<th>Funding Pot</th>
<th>Intervention</th>
<th>Project Progress</th>
<th>Recommended Allocation</th>
<th>Amount Encumbered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td>N/A</td>
<td>IN PROGRESS</td>
<td>$359,839</td>
<td>$359,839</td>
</tr>
<tr>
<td>Youth</td>
<td>CORE Team</td>
<td>PENDING</td>
<td>$500,000</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>RRH</td>
<td>PENDING</td>
<td>$500,000</td>
<td>$0</td>
</tr>
<tr>
<td>West</td>
<td>North Richmond Duplexes</td>
<td>PENDING</td>
<td>$1,300,000</td>
<td>$0</td>
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<tr>
<td></td>
<td>CORE Expansion &amp; Vehicles</td>
<td>COMPLETE</td>
<td>$126,667</td>
<td>$126,667</td>
</tr>
<tr>
<td></td>
<td>Increase Warming Center Hours</td>
<td>COMPLETE</td>
<td>$30,000</td>
<td>$30,000</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Storage/Pet Friendly Environment</td>
<td>PENDING</td>
<td>$3,200</td>
<td>$0</td>
</tr>
<tr>
<td>Central</td>
<td>CORE Expansion &amp; Vehicles</td>
<td>COMPLETE</td>
<td>$126,667</td>
<td>$126,667</td>
</tr>
<tr>
<td></td>
<td>CARE Center + Storage/Pet Friendly Environment</td>
<td>IN PROGRESS</td>
<td>$1,176,533</td>
<td>$1,173,333</td>
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<tr>
<td></td>
<td>Increase Warming Center Hours</td>
<td>COMPLETE</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>East</td>
<td>CORE Expansion &amp; Vehicles</td>
<td>COMPLETE</td>
<td>$126,667</td>
<td>$126,667</td>
</tr>
<tr>
<td></td>
<td>CARE Center</td>
<td>IN PROGRESS</td>
<td>$3,000,000</td>
<td>$30,000</td>
</tr>
<tr>
<td></td>
<td>Storage/Pet Friendly Environment</td>
<td>PENDING</td>
<td>$3,200</td>
<td>$0</td>
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<td></td>
<td></td>
<td></td>
<td>Total</td>
<td>$7,196,770</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>$2,003,173</td>
</tr>
</tbody>
</table>
**CESH UPDATES (ACTION ITEM)**

Combined Award: $1,374,879  
Round 1 Award: $855,494  
Round 2 Award: $519,385

**Council Approved Allocations:**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Allocation Amount</th>
<th>% of Total Allocation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admin</td>
<td>$68,744</td>
<td>5%</td>
</tr>
<tr>
<td>Systems Support (HMIS, CoC Training)</td>
<td>$68,744</td>
<td>5%</td>
</tr>
<tr>
<td>Housing Security Fund</td>
<td>$697,798</td>
<td>51%</td>
</tr>
<tr>
<td>Operating Support for Emergency Housing Interventions</td>
<td>$539,593</td>
<td>39%</td>
</tr>
</tbody>
</table>
CESH ELIGIBLE USES

Operating Support for Emergency Housing Interventions

- Outreach
- Shelters/Day Shelters (Emergency Shelters, CARE/Warming Centers)
- Prevention
- Diversion (Rapid Resolution Services)

*Note: No capital expenses; not designed to build system structures as it is time limited funding.
RECOMMENDED LOCAL PRIORITY ORDER

1. Expand Rapid Resolution services throughout system of care
2. Increase emergency shelter beds (new seasonal shelters and augmentation of existing shelters)
3. Expand outreach
4. Expand prevention
CESH: ACTION FOR CONSIDERATION

Approve recommendations on local priority order for CESH funds.
7. RACIAL EQUITY ASSESSMENT

Jamie Klinger, H3

Presentation of CoC’s Race & Ethnicity Equity Assessment developed for HUD CoC NOFA Competition.
RACE & ETHNICITY EQUITY ASSESSMENT

Who: Individuals in the homeless system of care

What: Race and ethnicity service data from HMIS*

When: 2018*

Where: Contra Costa County

Why: To understand differences in demographics, service utilization, and outcomes by race and ethnicity to improve equitable opportunities within the coordinated entry system (CES).
FINDINGS

Figure 1. Comparison of Census Ethnicity Population Estimates to the Individual CoC Consumers

• Fewer Hispanic/Latinx were in the homeless system of care, compared to the general Hispanic/Latinx population in the County.

- Hispanic/Latinx: 26% Census, 19% Service Data
- Non-Hispanic/Latinx: 74% Census, 76% Service Data
FINDINGS

Figure 2. Comparison of Census Race Population Estimates to the Individual CoC Consumers

- 40% of consumers were African American, 4x higher than County population.
FINDINGS: CHRONIC HOMELESSNESS

• More than 1 in 4 White consumers experienced chronic homelessness.

• Native Islander/Hawaiians experienced the lowest rates of chronicity.
### FINDINGS: DOMESTIC VIOLENCE

- Asians, American Indians, and Whites reported experiencing higher rates of domestic violence compared to all consumers.

**Figure 4. Domestic Violence by Race & Ethnicity**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic/Latinx</td>
<td>18%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>18%</td>
</tr>
<tr>
<td>Average (all races)</td>
<td>17%</td>
</tr>
<tr>
<td>African American</td>
<td>15%</td>
</tr>
<tr>
<td>Asian</td>
<td>24%</td>
</tr>
<tr>
<td>American Indian</td>
<td>21%</td>
</tr>
<tr>
<td>Multiple races</td>
<td>16%</td>
</tr>
<tr>
<td>Native Islander/HI</td>
<td>12%</td>
</tr>
<tr>
<td>White</td>
<td>21%</td>
</tr>
</tbody>
</table>
FINDINGS: MENTAL HEALTH

White consumers had the highest rates of a self-reported mental health disability and Native Islander/Hawaiian had the lowest rates.

Figure 5. Mental Health by Race & Ethnicity

- Non-Hispanic/Latinx: 18%
- Hispanic/Latinx: 17%
- Average: 28%
- African American: 25%
- Asian: 24%
- American Indian: 27%
- Multiple races: 25%
- Native Islander/HI: 13%
- White: 36%
FINDINGS: POSITIVE HOUSING EXITS

- Nearly half of all African Americans and persons of multiple races exited to housing in 2018.
- American Indians had the lowest rates of positive housing exits.

### Figure 6. Housed on Exit by Race & Ethnicity

<table>
<thead>
<tr>
<th>Race &amp; Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic/Latinx</td>
<td>36%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>36%</td>
</tr>
<tr>
<td>Average</td>
<td>36%</td>
</tr>
<tr>
<td>African American</td>
<td>47%</td>
</tr>
<tr>
<td>Asian</td>
<td>36%</td>
</tr>
<tr>
<td>American Indian</td>
<td>22%</td>
</tr>
<tr>
<td>Multiple races</td>
<td>48%</td>
</tr>
<tr>
<td>Native Islander/HI</td>
<td>38%</td>
</tr>
<tr>
<td>White</td>
<td>27%</td>
</tr>
</tbody>
</table>
NEXT STEPS

Further analysis
• Sub-populations
• Outcomes

Planning support
• Identify causes and impacts
• Identify action steps to improve systems and programs (i.e. data collection and measurement, training, policies)
• Implement action steps
8. COMMUNITY ANNOUNCEMENTS

All

Standing Item. Community announcements.
# H3 Staff Directory

**Administrative Office**

**Georgia Lucey, Secretary**

925-608-6709

Georgia.Lucey@cchealth.org

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**Government & Community Relations, Policy Formulation, Inter-Departmental Systems Integration, Fund Development Strategy, Regional Strategies, Advancing Cross-Sector Partnerships**

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**Financial & Administrative Operations**

Personnel, Facilities, Fleet Management, Budget Development/Monitoring, Contracts & Grants, Contracts Compliance, Reports to Funders

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**Service Delivery System Development & Implementation**

CoC (CE) Systems Development & Integration, H3 Program Operations, Program Monitoring, Training, Clinical Services, Ombudsman Services

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**Research, Evaluation & Data (RED)**

Data Collection, Program Evaluation, Statistical Analysis & Reporting, Systems Performance Measures, HMIS Management & Training, Data Quality, Continuous Improvement

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**Systems Strategy, Processes, & Communications**


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**Lavonna Martin, Director**

Lavonna.Martin@cchealth.org

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**Eric Whitney, Chief of Operations**

Eric.Whitney@cchealth.org

925-608-6719

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**Jill Cutts, Experience Level Clerk**

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**Cindy Choi, Administrative Analyst**

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**Juliana Mondragon, Administrative Services Analyst (Programs)**

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**Jenny Robbins, Chief of Programs**

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**Laura Shariples, H3 Program Director**

Laura.Shariples@cchealth.org

925-608-6721

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**Steve Blum, Mental Health Program Supervisor**

Steve.Blum@cchealth.org

925-608-6710

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**Shelby Ferguson, Coordinated Entry Manager**

Shelby.Ferguson@cchealth.org

925-608-6708-6702

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**Jamie Klinger, Research & Evaluation Manager**

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**Dana Ewing, Planner/Evaluator**

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**Kmberly Thai, HMIS Administrator**

Kimberly.Thai@cchealth.org

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**Erica McWhorter, System Strategy & Planning Administrator**

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925-608-6723

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**Jaime Jenett, Community Engagement Specialist**

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925-608-6716

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**Laura Sharples, H3 Program Director**

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925-608-6721

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**Laura Blum, Mental Health Program Supervisor**

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925-608-6710

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**Erica McWhorter, System Strategy & Planning Administrator**

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925-608-6723

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**Jaime Jenett, Community Engagement Specialist**

Jaime.Jenett@cchealth.org

925-608-6716
The Census Bureau is looking for Contra Costa County residents for supervisory and non-supervisory jobs. To be eligible, you must be at least 18 years old, have a valid Social Security number, and be a U.S. citizen.

$25 - $27.50 per hour

Apply Online: 2020census.gov/jobs

For more information or help applying, please call 1-855-JOB-2020 (1-855-562-2020)

Federal Relay Services 1-800-877-8339 TTY/ACSII
9. PIN IT

Next Monthly Council Meeting:
NEW PERMANENT LOCATION!
Thursday, November 7, 2019, 1:00-3:00pm
Grizzly/Sequoia Room, 2380 Bisso Lane, Concord

CoC Learning Hub:
NEW DATE!
Tuesday, October 15, 2019, 1:00-3:00pm
1st Floor Conference room, 2425 Bisso Lane, Concord
The Contra Costa Council on Homelessness 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. The Council provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County. Items may be taken out of order based on the business of the day and preference of the Council.

Date, Time: Thursday, September 5, 2019, 1:00 – 3:00 pm

Location: 50 Douglas Drive, 2nd Floor, Martinez, CA

Council Member Attendance: Manuel Arredondo, Doug Leich (Chair), Lindy Lavender (Vice Chair), Lynn Peralta, Leslie Gleason, Teri House, Deanne Pearn, Bradley Lindblom, Tony Ucciferri, Alejandra Chamberlain, Gabriel Lemus, Dan Sawislak, Patrice Guillardy, Tracy Pullar, Manjit Sappal

Absent: Candace Collier

Staff Attendance: Lavonna Martin, Erica McWhorter, Jaime Jenett, Shelby Ferguson, Contra Costa Health Services (H3); Amanda Wehrman, HomeBase


1. Welcome and Introductions

2. Public Comment
   a. None

3. Approve Minutes (Action Item)
   a. Motion made by Lynn Peralta
   b. State of Motion:
      i. We move to adopt the minutes from the August 8th Council on Homelessness Meeting
   c. Discussion
• None.
• The Council moved to approve.

d. Procedural Record:
• Motion made by Lynn Peralta
• Seconded by Leslie Gleason
• AYES: Manuel Arredondo, Doug Leich (Chair), Lindy Lavender (Vice Chair), Lynn Peralta, Leslie Gleason, Teri House, Deanne Pearn, Bradley Lindblom, Tony Ucciferri, Alejandra Chamberlain, Gabriel Lemus, Dan Sawislaw, Patrice Guillery, Tracy Pullar, Manjit Sappal
• NOES: None.
• ABSTAINS: None
• ABSENT: Candace Collier

4. COH Vacancies (Action Item)
a. Presented by Jaime Jenett
• Jaime identified two seats expiring 12/31/19: Public Safety #1 (Bradley Lindblom) and Reentry Provider (Patrice Guillery)
• Start recruiting for open seats now
• Nominating committee must meet before November 7, 2019 COH meeting
• Nominating Committee provide recommendations and COH will vote on November 7, 2019
• Recommendations from COH will be brought to Family and Human Services (FHS) committee of Board of Supervisors (BOS) on November 13, 2019
• If FHS approves recommendations, names will go forward to next available BOS meeting
• Council will start with new members in place in January
b. Jaime introduced the possibility of moving Manuel Arredondo from Health Care Representative Seat to Behavioral Health seat as it may be a better fit for his education/training/experience and opens up Health Care Representative seat for someone more medically oriented
c. Motion made by Teri House
d. State of the Motion
• To approve moving Manuel Arredondo, LCSW from Health Representative seat to open Behavioral Health seat.

e. Discussion
• None
f. Procedural Record
• Motion made by Teri House
• Seconded by Bradley Lindblom
g. Jaime identified the need to form a Nominating Committee to review
applications and recommend representatives for each seat to the Council on
Homelessness.

h. Motion made by Teri House
   i. State of Motion
      ● Elect Alejandra Chamberlain, Doug Leich and Lindy Lavender as
        Nominating Committee Members
   j. Discussion
   k. Procedural Record:
      ● Motion made by Teri House
      ● Seconded by Dan Sawislak
      ● AYES: Manuel Arredondo, Doug Leich (Chair), Lindy Lavender (Vice
        Chair), Lynn Peralta, Leslie Gleason, Teri House, Deanne Pearn, Bradley
        Lindblom, Tony Ucciferri, Alejandra Chamberlain, Gabriel Lemus, Dan
        Sawislak, Patrice Guillery, Tracy Pullar, Manjit Sappal
      ● NOES: None.
      ● ABSTAINS: None
      ● ABSENT: Candace Collier

5. CoC program Competition 2019 Priority Listing
   a. Presented by Amanda Wehrman, Homebase
   b. Provided Background on HUD funding nationally
   c. Presented Estimated Available Funding
      ● Annual Renewal Amount: $15,430,571
      ● Permanent Housing Bonus available (new money): $771,000
      ● Domestic Violence bonus available (new money): $417,000
         1. Nationally $50m was made available for DV focused projects.
            Each CoC has amount they are eligible to apply for. Contra Costa
            was eligible for $417,000 and no one in Contra Costa applied for
            that pot of money.
      ● CoC planning: provided to Collaborative Applicant to help support full
        system. For our CoC, that amount is $462,000
      ● Total money eligible for: $16.2m this year for housing/program, $16.6 if
        you include CoC planning money
      ● HUD divides funding pools into two tiers:
1. Tier 1 projects will be funded by renewal funding and considered likely to be funded.

2. Projects placed in Tier 2 are competing for Bonus funding and subject to a national competition and are considered more at risk. National scoring process includes looking at where the CoC ranked it in their own Review and Rank process.

3. Housing First

d. Discussion

   - Doug: Why did our community not apply for DV funding? Anything we could have done differently to have increased chances that we’ve had a project of this kind?
   - Deanne: Would encourage providers to work more closely with HB. Providers check in with each other during the process trying to hedge bets because it requires a lot of work to put together proposals. Providers don’t have the whole picture so she’s asking for coordinated convening with providers for a strategy session with HB support when next NOFA comes out to make sure not missing opportunities. Had they known, they would have pulled something together.
   - Doug: Understand challenge of limited time to pull together application
   - Tony: Is DV bonus part of CoC funding package?
   - Amanda: It’s separate but if we got it, it would become part of annual renewal. Don’t get much advance warning about whether or not we’ll have an opportunity next year. HUD tends to drop hints in Spring.
   - Deanne: HB must have known that there were no DV projects. Can they ring the bell for providers to apply if there are no applicants?
   - Erica: Can HB explain the risks of putting forward a project for DV money?
   - Amanda: No risks putting forward a DV project. National competition for the DV bonus. Projects that are part of that competition scored based on CoC score, demo test rated need and quality/strength on provider. Shifted more to weight on applicant quality. Complexity- where a DV project is ranked in priority listing, if not funded by DV, is treated as regular new project and could bump other things below the listing.
   - Lindy: What DV project was funded last year?
   - Amanda: Shelter, Inc.’s DV focused Esperanza Rapid Rehousing program was protected in this process b/c hasn’t started yet.

4. Review and Rank Process:

   - Review and Rank panel included Bradley, Doug, Teri and Tracy
   - Aug 26/27 review and rank team met
     1. Used council approved rubrics
     2. 20 renewal and 5 new projects. 21 ranked in priority listing
     3. Reviewed data and narrative responses
     4. Interview component
• Priority Listing is ranked list of projects
  1. Per local process, renewal projects with less than 1 year of data are ranked at bottom of Tier 1 to protect them. HMIS and CES renewal projects also as bottom of Tier 1 as necessary components.
  2. List of initial Ranking was shared with all applicant agencies to provide opportunity to appeal. No appeals received.
  3. New projects:
    • 1 bonus: CES Expansion selected for inclusion for full amount of bonus available.
    • 4 PSH bonus projects not selected to add to the Tiering
    • Dan: Is there a separate supportive housing bonus?
    • Amanda: One for CoC and one for DV. Under CoC, can apply for all housing types and CES.

b. Tier 1 and Tier Two explanation
    • Size of Tier 1 is larger than years past: 94% of renewal plus 100% of first time renewal projects.
    • Tier 2: Destination Home straddling 2 tiers. The way HUD handles straddling projects: whatever portion in tier 1 is funded. Portion in tier 2 is subject to national competition. If both parts awarded, gets awarded as one whole project. If tier 2 not funded, HUD determines if smaller project can scale down and function. Reach RRH, renewal project, was ranked in Tier 2 is renewal project. CES Expansion is in bottom of tier 2. CC does well in national competition so usually get 1-2 projects in tier 2. Full application is due to HUD by end of Sept and communities typically hear back in November

c. Motion made by Patrice Guillory

g. State of Motion:
    • We move to approve the FY2019 recommended priority listing of CoC Program projects

h. Procedural Record:
    • Motion made by Patrice Guillory
    • Seconded by Manjit Sappal
    • AYES: Manuel Arredondo, Doug Leich (Chair), Lindy Lavender (Vice Chair), Lynn Peralta, Teri House Bradley Lindblom, Alejandra Chamberlain, Gabriel Lemus, Patrice Guillory, Tracy Pullar, Manjit Sappal
    • NOES: None
    • ABSTAIN: Tony, Deanne, Leslie, Dan
    • ABSENT: Candace Collier

i. MOTION APPROVED

6. Homelessness Awareness Month
a. Presented by Jaime Jenett, H3

b. Proposed activities in October
   i. Community Forums on Homelessness hosted by cities/community agencies
      1. Potentially bring PhotoVoice images from last year to events
      2. Martinez, Concord and Richmond interested in hosting forums
   ii. Toolkit: Plans to re-design and distribute toolkit with upcoming events, volunteer opportunities and community agency donation needs
   iii. Suggestion to Add family/youth focus with data and resources

b. Proposed activities in November
   i. Proclamations declaring November as Homelessness Awareness Month at City Council/BOS meeting
      1. Community members sign up for public meetings and H3 will facilitate solicitation of proclamation from each City/Town and coordinate logistics including development of proclamation
      2. COH members sign up to be anchors for public meetings
      3. BOS presentation scheduled for November 5, 2019, 9:00 am

c. Awards Categories for COH awards
   i. Outstanding Landlord
   ii. Outstanding volunteer
   iii. Outstanding jurisdiction
   iv. Innovative project/program
      1. Nominations due September 27th
      2. Review Committee will review nominations and present recommendations at October 3, 2019 COH meeting

2. Meetings with local/state/federal elected officials
   a. H3 will identify COH members and community members interested in meeting with Supervisors, state and federal elected officials and provide logistical support including meeting scheduling, provision of talking points and training prior to meetings.

3. Media
   a. Discussed possible media opportunities including Op Ed for November, which was not recommended by CEI department.
   b. Can bring back drafts/ideas to October meeting.

7. System Report Out: Annual report, System Map and CES Update
   a. CES Update: Presented by Shelby Ferguson, H3
      ● Staffing:
      1. CES Program Specialist is starting this month
      2. 5 mental health interns coming through Behavioral Health are sited at CARE Centers
3. A second Rapid Resolution specialist has joined Bertha to help with Adult Protective Services contract

- **New Programming**
  1. Explanation of Homeless Mentally Ill Outreach and Treatment Program HMIOT
     a. Partnership between H3, Public Health and Behavioral Health
     b. Funding used to bolster BH services across homeless system of care (CORE, CARE, shelters)
     c. Increase clinical capacity within CORE program, CARE centers and shelters with addition of MH clinical specialists, CORE staff and clinical interns
     d. Impact to connect individuals to a health home and housing through coordinated care efforts across health services
  2. **Explanation of Adult Protective Services Home Safe grant**
     a. Contract is to provide Rapid Resolution services to 15 clients identified by Adult Protective Services over 2 years
     b. Teri: How does someone enter APS network?
     c. Lynn: Clients who are active in EHSD APS program (older adults who are victims of abuse or neglect) are eligible for this program. There are approximately 300-350 APS cases annually and case managers are asked to identify those that may benefit from prevention services and those that are homeless. APS social worker is doing a prevention Vulnerability Index (VI) screening and flagging people for Rapid Resolution. Just launched July 1. California DSS Housing bureau is funder $750k grant funding for the program.
     d. Leslie: Will they be part of the community queue for housing resources?
     e. Jenny: A large portion of the money is going to housing subsidies to help people avoid homelessness, so hopefully these clients never become homeless and therefore don’t need to be on the community queue.
     f. Leslie: Will people currently benefitting from Housing Choice voucher be eligible for this? If hoarder, for example, might lose voucher.
     g. Jenny: This is only for people who have open APS cases.
     h. Tony: Also losing a voucher may also be caused by DV. Goes back to missed opportunity to screen people for intervention before losing housing.

- **Provider Updates**
1. Trinity temporary location at 1300 Boulevard Way in Walnut Creek until Mid-November. Switch to St. Paul’s commons location in November

- **Housing Updates:**
  1. St. Paul’s Commons is an affordable Housing project that includes 9 units of PSH being filled through Coordinated Entry and 9 MHSA units. Unit sizes are studios and 1 BR. Will open in November 2019.
    a. Non PSH/MHSA units include 23 Project Based Vouchers through the Housing Authority of Contra Costa County which is compiling a waiting list.
    b. RCD is developer and John Stewart Company is the property manager. and HOME and CDBG money going for the project as well.
  2. **Mainstream vouchers**
    a. Housing Authority of Contra Costa County got 55 Mainstream Housing Choice Vouchers in 2019 and they’re all assigned
    b. National NOFA is out 162 more vouchers are for non elderly disabled household: can be in TH and RRH (at risk of homelessness), be under 62 at time of certification and be disabled.
    c. There is $300m available nationwide and the most any applicant can get is $3m per grant.
    d. HACCC, in collaboration with H3 and Housing Consortium of East Bay applied. This NOFA is highly competitive. Last year asked for 100 vouchers and got 55
    e. Tony Ucciferri: HACCC is in shortfall again as of Sept 1 so can’t issue any more vouchers for the end of the year. They’re likely to be in shortfall again in Jan. Another NOFA Called Moving On has a rolling deadline and HACCC will apply for that too- it will incorporate various housing options to give people in TH and PSH Housing Choice vouchers so they can move on to subsidized housing with less services attached.

- **Provider Highlight**
  1. **Housing Navigation:** CCIH and Probation Collaboration
    a. There is a new Housing Navigator funded by the Probation Department assigned to work only with people on Probation who are struggling with housing
    b. Housing Navigator has active caseload 30 with 5 in emergency housing and 10 successfully housed since the program started in May 2019.
• **Success Story re Rapid Resolution/Adult Protective Services (APS) Collaboration**
  1. 74 yo woman was housed with a Housing Choice Voucher but asked to leave her residence within a month.
  2. APS referred her to Rapid Resolution
  3. Client didn’t know how to find a new place and had 4 pets (pets were her only form of emotional support)
  4. Hume Center (Rapid Resolution staff) and APS partnered to find a senior apartment in Pittsburg that would accept 2 of her 4 pets.
  5. APS paid for move in cost.
  6. Took 4 weeks to resolve this situation, the client never became homeless and there was minimal disruption to her life
  7. Jenny: We are seeing other departments like Probation and APS begin to invest money in our Coordinated Entry system because they are seeing so many of their clients struggle with housing issues. There is no real roadmap for what these partnerships should look like. The State is pushing money down and we are all trying hard to identify what the needs and gaps are and identify partners to work with.

b. ** HEAP Update: Presented by Lavonna Martin, H3**

  • HEAP is one time money the state dropped into every community last year based on 2017 PIT. Our community received $7.19m and we had a big community process last year to determine the best way to distribute the money. State determined that at least 5% had to be spent on Youth services/housing.
  
  • Decision was to divide up the majority of it geographically based on 2018 unsheltered count and then set aside $1m for youth. Two opportunities approved during the community process were a) a youth focused CARE Center and b) expanding CORE teams for youth. No $ dedicated to CORE teams in that priority setting
  
  • Initial decision was to develop a youth CARE center but big question was WHERE given that youth are spread across the county. As time has gone on, it’s become clear that developing a new Youth CARE center with the $1m for may not be feasible with short timeframe the state has given to spend down the funds. Running out of time and know there is great need.
  
  • H3 did an internal temperature check on timing, asking “how do we make sure we spend the youth HEAP setaside in the way we intended, which is to create front door into system of care for youth?”
• Now looking at creating a mobile front door. Youth are mobile, couch surfing, on college campuses, on high schools, etc. Investing in a single brick and mortar site may not meet their needs. Instead, looking at a mobile front door with case management attached and processes to connect them to existing systems. It’s also clear housing is still a big need, so how can we assist young people to get to housing?

• Proposing to repurpose the funds to create a) Youth Focused CORE Team that would look very different from the adult CORE teams. It would include a full group of folks to do outreach, case management to go to partner sites/agencies like schools, RYSE Center, Contra Costa Office of Education and also connect them to RRH.

• Proposal is to use the HEAP Youth Funds in the following way:
  1. Mobile Front Door for Youth ($500,000)
     a. Expand CORE Team under youth specific model (outreach and case management) with consumer engagement support (YAC)
     b. Expand local partnerships to leverage existing sustainable youth service resources county-wide
  2. Rapid Rehousing ($500,000)
     a. Issue an RFP for RRH provider for youth
     b. Create housing placements with services for youth identified through outreach and on our existing Youth By Name List
     c. Can add consumer engagement model with YAC

• Discussion
  1. Teri: What does it really look like?
  2. LM: The proposal is not totally defined re how many staff, what size vehicle CORE team would have, etc. Could be case managers going out to meet someone in schools or CORE goes to encampment or at Calli Housing and need help moving forward. Not like a mobile health van. Good for East County b/c don’t have a central, brick and mortar front door.
  3. Patrice: Sounds like field-based case management and coordination versus just direct outreach and coaching youth not just housing pathway. That’s the model Reentry uses b/c can’t just publicize services- you have to go to where they are.
  4. Doug: Confirming that we wouldn’t go back to building a brick and mortar site for youth in the future?
  5. LM: Concerns re feasibility of single brick and mortar site. Concerns include siting and timing since this funding is one time and has a tight spend down timeline. If we need to meet all
young people, sitting in one geographic area creates same challenge we already have. Have additional money coming down from the state and have opportunity to sustain these potential new programs for 2-3 years. Mobile model is fundable in our community. State keeps funding RRH, so likely to be able to sustain.

6. Lynn: look at Santa Cruz county b/c won YHDP grant
7. Leslie: Rainbow Community Center should be part of this
8. LM: BACR, RYSE, Rainbow, CCOOE, EHSD many partners that we would want to have know about the project. More opportunities with this model to get sustainable funding than brick and mortar.
9. Alejandra: Likes CORE team idea. Mobility is critical. Youth don’t want to go to other side of county for services. Curious re: counties already doing RRH with youth? Concern is where send youth when have a homeless youth on a Friday night. Have providers already interested? How does this connect with East County brick and mortar? Doesn’t impact East County building at all.
10. LM: Ideally connect a young person to the front door and then don’t drop them after handoff! Have RRH providers already in community. Would put this out to an RFP for RRH, focusing on TAY. Already have RRH providers, but also have TAY providers who may apply (if had TH for TAY that’s now called RRH). Foster care side of housing with some providers there too.
11. Jenny: We are bringing this idea here to test the waters. Don’t have concrete models but RRH helps them get support with education, income, rent. If in RRH, can still qualify for PSH.
12. Lindy: $1m isn’t much so how are you thinking about sustainability?
13. Community Member: I’m assuming that you’ve talked to young people in our community and that they’d want this type of intervention. What happens when someone has mental illness in this age group?
14. LM: We have youth Continuum of Care that’s connected to this system are all serving this population and goal of those programs is to get young people housed. If someone has MH, this is not necessarily PSH, but RRH connects them to the services they need and support to find housing. If Rapid Rehousing approved, expect RFP to come out in a few weeks
15. Jenny: Building in clinical supports in CORE- just hired an MSW with a lot of experience with youth.

- Motion made by: Teri House
• Motion: Approve evidence-based revision to County’s proposed use of HEAP funds targeted to youth by changing HEAP allocation from rehabbing youth CARE center to creating a Mobile front door and funding Transition Aged Youth Focused Rapid Rehousing.

• State of Motion:
  1. Move to approve evidence-based revision to County’s proposed use of HEAP funds targeted to youth by changing HEAP allocation from rehabbing youth CARE center to creating a Mobile front door and funding Transition Aged Youth Focused Rapid Rehousing.

• Procedural Record:
  1. Motion made by Teri House
  2. Seconded by Manjit Sappal
  3. AYES: Manuel Arredondo, Doug Leich (Chair), Lindy Lavender (Vice Chair), Lynn Peralta, Teri House, Bradley Lindblom, Alejandra Chamberlain, Gabriel Lemus, Patrice Guillory, Tracy Pullar, Manjit Sappal, Tony, Deanne, Leslie, Dan
  4. NOES: None
  5. ABSTAIN: None
  6. ABSENT: Candace Collier

• MOTION APPROVED

b. Lavonna introduced new staff

• Erica Mc Whorter:
  1. Systems Strategy and Planning Administrator
  2. Formerly with Homebase
  3. Holding systems piece, supporting evolution, i’s dotted and t’s crossed

• Jamie Klinger
  1. From Sonoma County
  2. Research and evaluation manager
  3. Formerly managed Whole Person Care
  4. Come back to her roots in Research and Evaluation
  5. RED team (Research Evaluation and Data)

• Shelby Ferguson
  1. Intern with H3 2 years ago, has an MSW, interned with CCIH. Is CES Manager, replacing Natalie Siva

2. Annual report: Presented by Jamie Klinger, H3
  a. Updated report posted online
  b. 2019 PIT count 3% increase from 2018 and 2018 Service data 6,924 (10% families) 7% increase in service utilization
  c. Increases: adults with disabilities, older adults. Etc
  d. Outcome data: HUD performance measures and things we look at
     • Outreach (58% of those contacted by CORE connected to other services)
3. **System Map: Presented by Erica McWhorter, H3**
   
a. Deeper dive under racial equity section. As part of support receiving from TAC, system resource map helped us see some new things. But also have things we want to do.
   
b. In back of annual report is section on equity. HUD asking about equity so we’re going to take the Equity section and use as model for how start to look at subpopulation data. Can pilot types of data we want to see.
   
c. Planning additional conversations for more priority setting and for next steps with TAC
      - System performance metrics
      - Program level metrics
   
d. Doug: exploring system map might be a good topic for a Learning Hub
   
e. Teri: if you weren’t at the System report out, the map would be meaningless. Bring this conversation back to a COH meeting.

8. **Community Announcement**

   a. Census is hiring
      - Community member reported that application process is really easy!
   
b. Trudie Giordano from Shelter Inc reported that their GPD program up and running.
      - TH for veterans. 16 beds at 3 houses. Women’s house holds 6. 2 men’s houses and hoping to get through approvals by end of the month. Has waiting list.
   
c. Kyle from Berkley Food and Housing SSVF program introduced Reggie Sironen as Contra Costa contact for BFH.
   
d. Patrice: CC Reentry network putting together Restoring Hope and Community. Open to the public. Free haircuts, DCSS, Foodbank, med van, CleanSlate

9. **Pin It**

   a. Next Monthly Council Meeting: NEW LOCATION! October 3, 2019, 1:00-3:00pm 2120 Diamond Boulevard, Concord (1st Floor Conference Room: Thomas McMorrow Training Room)
   
b. CoC Learning Hub: NEW DATE! Tuesday, October 15, 2019, 1:00-3:00pm, 1st Floor Conference room, 2425 Bisso Lane, Concord
Race & Ethnicity Equity Assessment:

Review of consumer’s 2018 demographic and service utilization data by race and ethnicity across the Continuum of Care.

Published September 2019
Summary

Who: Individuals in the homeless system of care who are at-risk of homelessness, literally homeless, and/or receiving housing services within the Continuum of Care (CoC).

What: Race and ethnicity service data from the Homeless Management Information System (HMIS), United States Census Bureau, and 2019 Point in Time Count.

When: Consumers who were actively utilizing services during calendar year 2018.

Where: Contra Costa County, California.

Why: The findings of this report will support a better understanding of differences in demographics, service utilization, and outcomes by race and ethnicity to improve equitable opportunities within the coordinated entry system (CES).

2018 Notable Findings:

- **Census vs CoC**: Fewer Hispanic/Latinx (19%) were in the homeless system of care, compared to the general Hispanic/Latinx population in the County (26%). Forty percent of consumers were African American; 4x higher than the overall population in the County (10%).

- **Age**: Many racial/ethnic differences can be found within select age groups. More than a 1/3 of Native Islanders and Multiple Races were minors; there were no notable differences among transition age youth; among Asians, American Indians, Whites and Hispanic/Latinx, more than half were adults ages 25-54; and Asians and Whites had the greatest proportion of seniors 62 and older (11% each) and Hispanic/Latinx and Multiple Races had only 5% 62 or older.

- **Chronicity**: Native Islander/Hawaiians (10%) experienced the lowest rates of chronic homelessness (homeless for at least 12 months and self-reported disability); more than 1 in 4 White consumers experienced chronic homelessness.

- **Domestic Violence**: Asians (24%), American Indians (21%), and Whites (21%) reported experiencing higher rates of domestic violence compared to all consumers (17%).

- **Mental Health**: White consumers had the highest rates of a self-reported mental health disability (36%) and Native Islander/Hawaiian had the lowest rates (13%).

- **Program Utilization**: Service utilization varied by program type and race. African Americans were the highest utilizers of prevention and rapid resolution (50%), emergency shelter (50%), transitional housing (40%), and rapid-rehousing (53%). Whites were the highest utilizers of outreach (46%), CARE Center (40%), and permanent supportive housing (41%).

- **Positive Housing Exits**: Nearly half of all African Americans (47%) and persons of Multiple races (48%) who utilized services exited to housing in 2018. Whites (27%) had the highest.
This assessment is intended to identify areas where there may be racial and ethnic disparities among certain populations who access the County's Homeless Continuum of Care (CoC). The findings of this assessment will allow for the comparison of racial and ethnic distributions within demographics, service utilization, and outcomes to improve our knowledge of disparities within the homeless system and to prompt action and policy decisions to address such disparities.

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In 2018, 26% of Contra Costa County residents were of the Hispanic/Latinx cultural and racial identity, and 74% were non-Hispanic/Latinx. Nineteen percent of all CoC consumers identified as Hispanic/Latinx (Figure 1) in 2018. In general, there were fewer Hispanic/Latinx consumers in the homeless system of care compared to the Hispanic/Latinx composition throughout the County.

There were also differences in racial composition across the population in the County compared to consumers in the CoC (Figure 2). About 45% of CoC consumers were White, compared with 66% White in the County. While African Americans accounted for 10% of the County population, 40% of all consumers utilizing CoC services were African American. A higher percent of Native Americans in the CoC (8%) were served compared to Native Americans in the County (1%), and served a lower percent of the Asian population (2%) compared to Asians in the County (17%).

More than 1 in 3 CoC consumers were African American; 4x higher than the African American distribution across the County.
Table 1 above displays the number of individual consumers in the CoC, broken down by ethnicity and race, and Figure 3 shows the proportion of each race among Hispanic/Latinx and non-Hispanic/Latinx.

- Among Hispanic/Latinx, 41% were White, 33% American Indian, and 9% African American.
- Among Non-Hispanic/Latinx, 50% were African American, followed by 39% White and 5% of Multiple Races.

**Figure 3. Individual Consumer Race by Ethnicity, Hispanic/Latinx compared to Non-Hispanic/Latinx**

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<th>Consumer’s Self-Identified Race by Ethnicity</th>
<th>Hispanic/Latinx</th>
<th>Not H/L</th>
<th>Missing</th>
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<td>1</td>
<td>151</td>
</tr>
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<td><strong>6,262</strong></td>
<td><strong>399</strong></td>
<td><strong>8,228</strong></td>
</tr>
</tbody>
</table>
Few differences in race also exist between Service data and the Point in Time (PIT) count data (Figure 4). A lower percent of African Americans were identified in the PIT (34%) compared to Service data (40%). A higher percent of Whites (45%) and American Natives (14%) were identified in the PIT. There were no notable differences in ethnicity (data not shown).³

**Race & Ethnicity by Select Age Groups**

Figure 5 on the following page shows age groups broken down over five categories:

- **Under 18:** 1 out of 3 persons identifying as Native Islanders (35%), Multiple races (34%), and Hispanic/Latinx (33%) were minors, far more than Asians (16%) and Whites (12%).

- **18 to 24 years (Transition Age Youth; TAY):** 11% of persons identifying as Multiple races were TAY, although there were mostly an even distribution of races and ethnicities among TAY.

- **25-54 years:** Over half of Asians (57%), Whites (56%), and American Indians (52%) were adults.

- **55-61 years:** Whites had the highest proportion of older adults ages 55-61 (16%). Six percent of persons identifying as Multiple Races, Native Islanders, and Hispanic/Latinx were 55-61.

- **62+:** Whites (11%) had the greatest proportion of seniors 62+, while Multiple Races (5%) and Hispanic/Latinx (5%) had the lowest.
Figure 5. Individual Consumer Race and Ethnicity by Select Age Groups

*Note: Figure 5 includes both race and ethnicity distributions; race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.
Select Sub-populations

Race and ethnicity were analyzed within sub populations to identify vulnerable characteristics.

Chronic Homeless

The U.S. Department of Housing and Urban Development (HUD) defines a chronically homeless individual as someone who has experienced homelessness for at least a year—or who has experienced repeated episodes of homelessness in the last three years—and also has a disabling condition that prevents them from maintaining work or housing. On average, in 2018 approximately 1 in 5 of all CoC consumers experienced chronic homelessness (Figure 6). Whites experienced a higher proportion of chronic homelessness (28%) and Native Islander/Hawaiians (10%) experienced a lower proportion of chronic homelessness.

![Native Islander/Hawaiians experienced the lowest rates of chronic homelessness.](image1)

![More than 1 in 4 White CoC consumers experienced chronic homelessness.](image2)

**Figure 6. Chronic Homelessness by Race & Ethnicity**

<table>
<thead>
<tr>
<th>Race &amp; Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic/Latinx</td>
<td>22%</td>
</tr>
<tr>
<td>Hispanic/Latinx</td>
<td>15%</td>
</tr>
<tr>
<td>Average (all races)</td>
<td>20%</td>
</tr>
<tr>
<td>African American</td>
<td>16%</td>
</tr>
<tr>
<td>Asian</td>
<td>14%</td>
</tr>
<tr>
<td>American Indian</td>
<td>20%</td>
</tr>
<tr>
<td>Multiple races</td>
<td>18%</td>
</tr>
<tr>
<td>Native Islander/HI</td>
<td>10%</td>
</tr>
<tr>
<td>White</td>
<td>28%</td>
</tr>
</tbody>
</table>

*Note: Figure 6 includes both race and ethnicity distributions and race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*
**Domestic Violence**

On average, 17% of CoC consumers have experienced domestic violence (DV) at some point in their lifetime (Figure 7). Nearly 1 in 4 (24%) Asians, and more than 1 in 5 American Indians (21%), and Whites (21%) reported experiencing DV.

**Veterans**

In 2018, veterans made up approximately 7% of all CoC consumers (Figure 8). Asian consumers had the lowest percent of Veterans by race (3%). Overall, the few differences in Veterans by various race and ethnicities were not notable.

*Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinos by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*
**Disability Status**

Half (50%) of all CoC consumers reported experiencing at least one disability (mental health, physical health, developmental, substance use, and/or chronic health) (Figure 9). White consumers had the highest rates of disability (63%) and Native Islander/Hawaiian had the lowest (33%).

*Figure 9. CoC Consumers with any Self-Reported Disability by Race & Ethnicity*

![Disability Status Chart](image)

Mental health disabilities in particular are important to identify and understand, as they impact the types of services, referrals, and care CoC consumers need. More than 1 in 4 CoC consumers reported experiencing a mental health disability overall (Figure 10). Similar to the patterns seen for any disability, White consumers had the highest rates of a mental health disability (36%) and Native Islander/Hawaiian had the lowest (13%).

*Figure 10. CoC Consumers with a Self-Reported Mental Health Disability by Race & Ethnicity*

![Mental Health Disability Chart](image)

*Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinx by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*
Program Utilization

There are a variety of programs to serve persons at risk of and currently experiencing homelessness, and for persons who previously experienced homelessness in permanent housing. The goal of CES it to move people from access points, and for those with higher needs, to housing services. Each type of service is described below:

**Prevention/Rapid Resolution Programs** are designed to help families and individuals stay in their homes and avoid entering homelessness by providing one-time financial assistance, legal aid, or landlord engagement.

**CORE Street Outreach** provides basic hygiene supplies, food, and water, and referrals for health, housing, and benefits.

**Emergency Shelters** provide temporary shelter for people that have no safe and healthy sleeping arrangements. Consumers

**CARE (and CARE-capable) Centers** provide basic health and hygiene services, housing navigation, and financial and benefits programs.

**Transitional Housing** provides short-term housing for consumers to get them off the streets and into more stable living environments until permanent housing can be established.

**Permanent Housing/ Rapid Rehousing** programs provide short-term financial assistance and services to help those who are experiencing homelessness to get quickly re-housed and stabilized.

**Permanent Supportive Housing** links long-term, safe, affordable, community-based housing with flexible, voluntary support services to help the individual or family stay housed and healthy.

*Figure 11. Prevention/Rapid Resolution Utilization by Race & Ethnicity*

**Prevention/Rapid Resolution**

Half of prevention/rapid resolution program consumers were African American (50%), followed by White (28%) consumers, and Multiple races (6%) (Figure 11).

*Note: Racial distributions above figure includes both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.*
Outreach Services (CORE)

The majority of outreach services were utilized by Whites (46%), followed by African Americans (31%), and American Indians (8%) (Figure 12).

Emergency Shelters

Forty-three percent of emergency shelter consumers were African American, followed by White (40%), and American Indians (8%) (Figure 13).

CARE Centers

CARE Center services are the most utilized service within the CoC. The majority of CARE Center utilization was among White (40%) and African American (38%) consumers, followed by American Indians (9%) (Figure 14).

Note: Racial distributions above figures include both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.
**Transitional Housing**

Forty percent of transitional housing consumers are African American, followed by White (33%) and American Indian (14%) (Figure 15).

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**Rapid Rehousing/Permanent Housing**

More than half of Rapid-Rehousing/Permanent Housing consumers were African American (53%), more than 1 in 4 consumers were White (27%), and nearly 1 in 10 consumers were of Multiple Races (9%) (Figure 16).

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**Permanent Supportive Housing**

White (41%) and African American (40%) consumers had approximately the same utilization of Permanent Supportive Housing services (Figure 17).

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*Note: Racial distributions above figures include both Hispanic/Latinx and non-Hispanic/Latinx ethnicities. Missing race service data is not included; numbers may not sum to 100.*
In 2018, nearly half (47%) of all consumers experienced homelessness for 12 months or less (Figure 18). Asian consumers experienced the highest rates of new homeless (62%). Across races and ethnicities, there were minor differences in the rates of new homelessness.

A little more than one-third (36%) of all consumers who were utilizing services in 2018 exited to housing (Figure 19). African Americans (47%) and Multiple Races (48%) had higher rates of exits to housing compared to all other races. American Indians (22%) and Whites (27%) had the lowest rates of housing on exit.

*Note: The above figures include both race and ethnicity distributions and race distributions represent non-Hispanic/Latinos by race. Therefore, the categories are not mutually exclusive. For more information about race by ethnicity breakdown, see page 5.*
Data Sources


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

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

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

About 5,800 households experience literal homelessness in Contra Costa in a year.

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

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

About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (800 HH).

Average wait time for those referred is 5 months.


Note on vulnerability of score scale: High vulnerability = 10-20 scores; medium vulnerability = 5-9 scores; low/no vulnerability = 0-4 scores

Regulated Affordable Housing & Naturally Occurring Affordable Housing is a 5.5% rental vacancy rate.
Whenever possible, re-direct individuals to other stable housing resources outside the homeless system of care.

**Strategies**

- Enhance Prioritization of Housing
- Reduce Length of Time Homeless
- Add Shelter Beds
- Reduce Inflow

**Maximize Current Resources**

- Increase Permanent Supportive Housing
- Scale Rapid Resolution Services
- Enhance Prioritization
- Add Shelter Beds

**Bring Resources into the System**

- 400+ individuals/month enter the system of care
- 400+ shelter beds needed
- 1,700+ PSH units

**Understanding What It Takes**

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

- 28% are chronically homeless
- 72% meet the needs of the homeless
- 50% of the resource
- At least 2,900 Ph
- 750 Ph
- 5,800 Ph
- 26% leave to permanent housing
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Government & Community Relations, Policy Formulation, Inter-Departmental Systems Integration, Fund Development Strategy, Regional Strategies, Advancing Cross-Sector Partnerships

Financial & Administrative Operations
Personnel, Facilities, Fleet Management, Budget Development/Monitoring, Contracts & Grants, Contracts Compliance, Reports to Funders

Service Delivery System Development & Implementation
CoC (CE) Systems Development & Integration, H3 Program Operations, Program Monitoring, Training, Clinical Services, Ombudsman Services

Research, Evaluation & Data (RED)
Data Collection, Program Evaluation, Statistical Analysis & Reporting, Systems Performance Measures, HMIS Management & Training, Data Quality, Continuous Improvement

Systems Strategy, Processes, & Communications