



Contra Costa County No Place Like Home Plan to Address Homelessness

A Collaboration of:

Contra Costa Behavioral Health Services

Contra Costa Health, Housing & Homeless Services

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Table of Contents

- 1. Introduction.....3
- 2. Plan Methodology3
 - A. Community Outreach Processes3
 - B. Engaged Stakeholders5
- 3. Homelessness in Contra Costa County.....7
 - A. Contra Costa’s 2018 Point-in-Time Count 8
 - B. Homeless Services Data 8
 - C. Persons Experiencing Homelessness With SMI, SED, & Co-Occurring Disorders..... 9
- 4. Service and Outreach Challenges 9
- 5. County and Community Resources Addressing Homelessness..... 12
 - A. Funding for Homeless Services 12
 - B. Community-Based Resources / Services for People Experiencing Homelessness..... 13
 - C. County Efforts To Prevent the Criminalization of Homelessness..... 14
 - D. Partners in Ending Homelessness 16
- 6. Solutions to Homelessness in Contra Costa County..... 16
 - A. Goals..... 17
 - B. Strategies..... 17
 - C. Additional Approaches..... 19
- 7. No Place Like Home Data Collection in Contra Costa County..... 19
 - A. Independent Audits/Annual Compliance Report..... 19
 - B. Systems in Place to Collect Section 214 Data 19
 - C. Additional Data Systems20
 - D. Barriers to Collecting Data20
- 8. Coordinated Entry System 21
 - A. Key Principles of Coordinated Entry System 21
 - B. Coordinated Entry Implementation 22
 - C. Coordinated Entry for Referring Individuals to NPLH Units 22
 - D. Coordinated Entry System Marketing and Outreach 23
- 9. Conclusion.....24
- Appendix A: Homeless Services 25
- Appendix B: Mental Health Services 28

1. Introduction

In 2018, 2,234 individuals were identified as homeless in Contra Costa County; 1,537 of these individuals were unsheltered at the time of the count. While the county continues to build out its systems and its coordination to address this homeless crisis in a collaborative effort, there is more work to be done. Additional funding from the state—along with an intentional effort from engaged parties—will be critical in addressing the housing and health needs of those experiencing and at-risk of homelessness.

To qualify for the state of California’s No Place Like Home (NPLH) funding opportunity, counties must submit a County Homelessness Plan that aligns to the threshold requirements outlined by the state. Additionally, the County must have developed this plan through a collaborative process that includes community input and stakeholder engagement.

Contra Costa Behavioral Health Services (CCBHS) and Contra Costa Health, Housing, and Homeless Services (H3) are two of the key County departments that regularly provide housing and services to individuals and families experiencing homelessness in Contra Costa County. CCBHS and H3 have both engaged in collaborative community processes in the past five years to develop strategic plans to address homelessness. This includes H3’s *Forging Ahead Toward Preventing and Ending Homelessness* (“*Forging Ahead*”) in 2014, and CCBHS’ *Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan* (“*MHSA Three Year Plan*”) in 2017.

This Contra Costa NPLH Plan was developed in collaboration by CCBHS and H3 by synthesizing elements from each agency’s respective plans, and engaging stakeholders for additional information to ensure the most up-to-date information. This plan is meant to be used by the community to strengthen the continuum of available homeless housing and services. As new opportunities emerge, this plan can serve as a roadmap to the goals and strategies to prevent and end homelessness in Contra Costa County.

2. Plan Methodology

A. Community Outreach Processes

This plan integrates a wide range of cross-sector stakeholder feedback into its findings and strategic goals. Over the past five years, Contra Costa County and public and private partners have conducted multiple planning processes relating to homelessness, housing, and behavioral health. During each of these planning processes, extensive outreach was conducted through focus sessions, summits, surveys, informant interviews, and others. The feedback and data gathered, and findings and conclusions based upon it, form the foundation of this plan.

H3’s *Forging Ahead* and CCBHS’s *MHSA Three Year Plan* both consisted of an extensive and comprehensive outreach process to gather significant consumer and provider feedback, described below.

Forging Ahead Toward Preventing and Ending Homelessness (2014)¹

In 2013-2014, to update the community's homeless strategic plan, the Contra Costa Council on Homelessness—which serves as the Continuum of Care (CoC) Board for Contra Costa County—convened the Strategic Plan Ad Hoc Committee (consisting of 30 representatives from 14 agencies),² which organized outreach to key stakeholder groups. The Ad Hoc Committee met monthly for eight months, and focused on five key modules: housing, coordinated intake and assessment, prevention and services, performance measures, and communication.

The Ad Hoc Committee organized focus groups with both consumers and key leadership, hospitals and health clinics, HUD programs, and service providers. In total, 58 consumers and 20 representatives from 13 service provider agencies participated in these focus groups.³

In addition to the focus groups, the Ad Hoc Committee organized 14 one-on-one interviews with representatives from 12 community-based organizations and government officials, including schools, veteran services, the faith-based community, victims of domestic violence, behavioral health, physical health, libraries, flood control, and other services.⁴

Finally, the Ad Hoc Committee conducted a community survey, which included questions on homelessness in partnership with the CoC. The survey was answered by over 600 community members and other contributors.⁵ The Ad Hoc Committee synthesized feedback collected from all of these efforts to develop *Forging Ahead Toward Preventing and Ending Homelessness*, which was adopted by the Council on Homelessness and the County Board of Supervisors in October 2014.

Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan (2017)

In 2017, CCBHS engaged its standing Consolidated Planning Advisory Workgroup (CPAW) to lead a community process and creation of a strategic plan for MHSA. CPAW consists of representatives from 15 different stakeholder groups, including consumers, family members, service providers, and community members.⁶

In addition to CPAW's internal feedback, the workgroup also convened three county-wide community forums.⁷ Over 300 individuals attended these three forums and self-identified as one or more of the following:

- 23%—a consumer of mental health services
- 32%—a family member of a consumer of services
- 39%—a provider of mental health services

¹ Forging Ahead Toward Preventing and Ending Homelessness, page 8 <https://cchealth.org/h3/coc/pdf/strategic-plan-update-2014.pdf>

² Forging Ahead Toward Preventing and Ending Homelessness, page 25 <https://cchealth.org/h3/coc/pdf/strategic-plan-update-2014.pdf>

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Mental Health Services Act Three Year Program and Expenditure Plan, page 11 <https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>

⁷ Ibid.

- 14%—an interested member of the community⁸

At these forums, community members engaged in small group discussions, which culminated into prioritizing identified needs. These prioritized needs became the basis for the *Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan for Fiscal Years 2017-20*, which was adopted by the Mental Health Commission and the County Board of Supervisors.

B. Engaged Stakeholders

The following participants contributed to *Forging Ahead* and the *MHSA Three Year Plan*. Their insights and feedback make up the foundation for the policies and strategies outlined in this 2018 NPLH Plan.

- County and City Representatives
 - Antioch Chamber of Commerce
 - Contra Costa Child Care Council
 - Contra Costa County Board of Supervisors
 - Contra Costa County Flood Control and Water Conservation District
 - Contra Costa County Library
 - Contra Costa County Office of Education
 - Contra Costa County Public Works
- Behavioral Health
 - Anka Behavioral Health, Inc.
 - Contra Costa Health Services Behavioral Health
- Public Health
 - Mental Health Commission
- Probation/Criminal Justice
 - Antioch Police Department
 - Bay Area Legal Aid
 - Concord Police Department
 - Family Justice Center First Place for Youth
- Social Services
 - Contra Costa County Employment and Human Services Department
 - Department of Veterans Affairs
 - New Horizons Career Development Center
 - The Stride Center
 - Veterans Services
- Housing Departments
 - Housing Authority of Contra Costa County
- Local Homeless Continuums of Care

⁸ Mental Health Services Act Three Year Program and Expenditure Plan, page 11 <https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>

- Contra Costa Interagency Council on Homelessness
- Housing and Homeless Service providers⁹
 - Berkeley Food and Housing Project
 - Contra Costa Health, Housing, and Homeless Services (H3)
 - Contra Costa Homeless Outreach
 - Contra Costa Interfaith Housing
 - ECHO Housing
 - Greater Richmond Interfaith Program
 - Health Care for the Homeless
 - Multi-faith ACTION Coalition
 - Resources for Community Development
 - SHELTER, Inc.
 - St. Vincent de Paul
 - STAND! for Families Free of Violence
 - Trinity Center
 - Winter Nights Shelter
- County Health Plans
- Community clinics and health centers
 - John Muir Health
 - Kaiser Permanente
 - La Clínica de La Raza
 - Sutter Health
- Other relevant health providers
 - Contra Costa Behavioral Health Services
 - East and Central County Health Access Action Team
 - EPIC Healthy Choices
 - Health Care for the Homeless
 - Planned Parenthood
 - Putnam Clubhouse
 - Local Integrated Networks of Care
 - Monument Crisis Center
- Public Housing Authority
 - Housing Authority of Contra Costa County
- Representatives of family caregivers of persons living with serious mental illness
 - West County Adult Day Care
 - 6 representatives on the Consolidated Planning Advisory Workgroup (CPAW)
 - 96+ family members of consumers of mental health services¹⁰

⁹ Includes providers with experiencing providing housing or services to those who are Chronically Homeless

¹⁰ Mental Health Services Act Three Year Program and Expenditure Plan, page 11 <https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>

- Other Valuable Partners
 - Human Services Alliance
 - Interfaith Council of Contra Costa County
 - Living Room Conversations Loaves and Fishes
 - Mount Diablo Unified School District
 - Office for Consumer Empowerment
 - Rainbow Community Center of Contra Costa
 - Rubicon Programs
- Community
 - 58 Consumer Focus Group Participants
 - Over 600 Consolidated Plan Survey Respondents¹¹
 - 300+ Community Forum attendees (including 70+ individuals self-identifying as mental health consumers)¹²

3. Homelessness in Contra Costa County

Contra Costa County is a suburban county with an urban core located in the Bay Area, north of San Francisco and Oakland. With a population of over 1.1 million, 10.2% of Contra Costa County residents are living in poverty and 30% of households earn less than \$50,000.¹³ In a county where median home prices are \$568,000 and the median rental price is \$2,250 a month, low-income households feel a tremendous housing cost burden, paying approximately 58% of their earnings on rent.¹⁴

Over the past few years, the County has strengthened its homelessness system of care through the implementation of a Coordinated Entry System (CES) and expanding services, including homeless outreach. However, the system is still responding to the growing housing shortage and increasing rents across the County. The information below provides an overview of the current state of homelessness in the County, looking at data and trends from recent Point-in-Time (PIT) Counts along with annual service data from the County's Homeless Management Information System (HMIS).

¹¹ Forging Ahead Toward Preventing and Ending Homelessness, page 25 <https://cchealth.org/h3/coc/pdf/strategic-plan-update-2014.pdf>

¹² Mental Health Services Act Three Year Program and Expenditure Plan, page 11

¹³ Census FactFinder, 2016 https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml?src=bkmk and <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml>

¹⁴ Mercury News: <https://www.mercurynews.com/2018/03/22/bay-area-home-prices-keep-going-up-one-county-sets-a-new-record/>; California Housing Partnership Corporation: <https://1po8d91kdoco3rlxhmhtydpr-wpengine.netdna-ssl.com/wp-content/uploads/2018/04/Contra-Costa-2018-HNR.pdf>

A. Contra Costa’s 2018 Point-in-Time Count¹⁵

2018 PIT Count Data	Important Characteristics
<ul style="list-style-type: none"> • 2,234 individuals experiencing homelessness • 39% increase from 2017 PIT (+627 individuals) • 69% of individuals experiencing homelessness are unsheltered • 88% increase from 2017 in number of seniors (age 62 or older) identifying as homeless • 89 families with children identifying as homeless • 148 transition age youth (TAY) between age 18-24 identifying as homeless 	<ul style="list-style-type: none"> • 65% reported having a disability • 556 chronically homeless • 45% of unsheltered in East County • 34% of unsheltered in Central County • 21% of unsheltered in West County

The 2018 PIT Count identified 2,234 people across Contra Costa County as experiencing homelessness – an increase of 39% (627 individuals) from the 2017 PIT Count.¹⁶ The rise in people identified as experiencing homelessness is likely influenced by the growing housing crisis, but it also reflects the more robust street outreach program implemented in 2017 as part of coordinated entry implementation. Coordinated Outreach Referral and Engagement (CORE), the County’s CES outreach teams, have helped to identify many individuals experiencing homelessness who were previously unknown to the County’s homeless system of care. CORE has also helped to connect more of these individuals with services and housing. Of the 2,234 individuals experiencing homelessness, 69% were unsheltered (1,537).¹⁷ East County, which includes Antioch and Pittsburg, is where 45% of those unsheltered were sleeping while 34% and 21% were sleeping outside in Central and West County, respectively.¹⁸

According to the 2018 PIT Count, 65% of those identified as homeless reported having a disability.¹⁹ There were also 556 individuals identified as experiencing chronic homelessness, an increase of 68% from 2017.²⁰ Contra Costa County also noted a large increase (88%) in the number of seniors (age 62 or older) identified as homeless.²¹ There were 89 families with children identified as experiencing homelessness and 148 transition age youth (TAY) between the ages of 18-24.²²

B. Annual Homeless Services Data

HMIS annual service data offers additional context to the PIT Count data by describing the demographics and characteristics of those experiencing homelessness and receiving services in the County. In 2017, the County served 6,407 individuals, which included:

¹⁵ Contra Costa County 2018 Point-in-Time Count: <https://cchealth.org/h3/coc/pdf/PIT-report-2018.pdf>

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Contra Costa County 2018 Point-in-Time Count: <https://cchealth.org/h3/coc/pdf/PIT-report-2018.pdf> and 2017 Point-in-Time Count: <https://cchealth.org/h3/coc/pdf/PIT-report-2017.pdf>.

²¹ Contra Costa County 2018 Point-in-Time Count: <https://cchealth.org/h3/coc/pdf/PIT-report-2018.pdf>.

²² Ibid.

- 4,176 adult-only households;
- 488 households with children under 18;
- 903 children under 18;
- 499 veterans;
- 547 transition age youth (TAY); and,
- 903 children under 18.²³

Those with mental health diagnoses and experiencing homelessness are of particular note given the focus of NPLH and the new housing opportunities this funding stream provides. Contra Costa tracks the mental health status of adults who are experiencing homelessness and entering the system.

C. Persons Experiencing Homelessness With SMI, SED, & Co-Occurring Disorders

In 2017, Contra Costa County served 2,715 adults with a serious mental illness (SMI) and 697 adults with a co-occurring disorder.²⁴ Of those participating in the Full Service Partnership program, which is a program aimed at addressing the total needs of individuals experiencing SMI, 25% are experiencing or at-risk of chronic homelessness.²⁵ An estimate of children and adolescents experiencing homelessness concurrently with serious emotional disturbance (SED) is not being tracked by the agency in a way that is reportable at this time.

4. Service and Outreach Challenges

The evaluations, assessments, and stakeholder engagement processes described above²⁶ provide the foundation for the following identified challenges and barriers to the delivery of homelessness service, as well as barriers to accessing housing and other services, for people experiencing mental illness, substance abuse, or co-occurring disorders. The most frequently cited barriers and challenges are listed below.

- **Need for More Affordable Housing²⁷**

The number one barrier identified in CoC meetings throughout 2018 and in H3's 2016-2017 Annual Report was the lack of affordable housing in Contra Costa County. Community members emphasized the need for more housing through construction, rehabilitation, renovation of public and vacant buildings, including the rehabilitation and conversion of vacant motels into affordable housing units. It also became apparent that to make any new housing stock affordable also required significant attention to the use of existing and new rental subsidies including increasing subsidy amounts, using flexible funds for deposits and mitigation funds to engage private landlords more effectively (e.g.,

²³ Contra Costa County 2018 Point-in-Time Count: <https://cchealth.org/h3/coc/pdf/PIT-report-2018.pdf>.

²⁴ Analysis of 2017 HMIS data by Contra Costa Health, Housing, and Homeless Services (H3). Accessed: December 20, 2018.

²⁵ Analysis of Full Service Partnership data by Contra Costa Behavioral Health Services.

²⁶ See section 2.A. *Community Outreach Process*.

²⁷ Continuum of Care 2016-2017 Annual Report, <https://cchealth.org/h3/coc/reports.php#simpleContained2>.

via the Housing Security Fund), while also building relationships with developers to facilitate affordable housing development and the creation of more affordable housing units.

- **Steep Increase in Aging Population (Persons with Serious Mental Illness and Experiencing Homelessness)²⁸**

Currently, there are two MHSA-funded programs serving the older adult population over the age of 60: 1) Intensive Care Management (using 3 geographically targeted multidisciplinary teams with a focus on mental and physical health and well-being to support aging in place), and 2) IMPACT (Improving Mood: Providing Access to Collaborative Treatment in a primary care facility for aging adults with co-occurring disorders using evidence based problem solving therapy and medication supports). However, with the number of older adults experiencing SMI and homelessness trending upward, those programs do not meaningfully address the shortage of available affordable housing for the older adult population experiencing or at risk of experiencing homelessness.

- **Shortage of Board and Care Facilities²⁹**

With the steep increase of an older adult population experiencing homelessness, the County needs many more board and care beds, as Permanent Supportive Housing beds are insufficient to meet the severity of needs for older adults with serious mental illness or behavioral health concerns. Additionally, the number of board and care beds that need augmentation to support persons with serious mental illness must also be increased. The County currently contracts with a number of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from the SSI rental allowance. These additional funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community. An individualized services agreement for each person with a serious mental illness delineates needed supplemental care, such as assistance with personal hygiene, life skills, prescribed medication, transportation to health/mental health appointments, and connection with healthy social activities. Of these 26 augmented board and care providers, seven are MHSA funded, and are facilities that augment their board and care with augmented care for the seriously mentally ill. An eighth provider has 100 augmented board and care beds, and a 16-bed Pathways program that provides clinical mental health specialty services for up to a year (with a possible six-month extension) for those residents considered to be most compromised by mental health issues.

²⁸ Mental Health Services Act Three Year Program and Expenditure Plan, pages 39-40
<https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>.

²⁹ Mental Health Services Act Three Year Program and Expenditure Plan, pages 35-36, 59
<https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>.

- **Need to Improve Capacity to Assist Consumers Move from Institutional Settings to Community Based Services³⁰**

Both CCBHS and H3 are seeking ways to better link consumers to housing and services in the community upon discharge from institutional facilities, such as jails, prisons, and inpatient psychiatric and health facilities. While the community works to enhance its partnerships and seek out new funding opportunities to do this, the biggest short-term approach will be from the locally administered Special Needs Housing Program (SNHP). The County anticipates implementation by the end of 2020. SNHP will utilize \$1.72 million to provide permanent supportive housing in the community to the seriously mentally ill. This purpose is to provide permanent supportive housing assistance to the seriously mentally ill. Housing assistance means capital funding to build or rehabilitate housing for persons who are seriously mentally ill and homeless or at risk of homelessness. Funds can also be utilized for capitalized operating subsidies, rental assistance, security deposits, utility deposits, or other move-in cost assistance.

- **Need to Strengthen Outreach and Engagement Strategies Specific to Identified Underserved Populations Experiencing Serious Mental Illness³¹**

Prevention and Early Intervention (PEI) programs will be fully compliant with new regulations that require documenting access and linkage to mental health treatment, with outreach and engagement to those populations who have been identified as underserved. The Innovative Project, Partners in Aging, will be fully implemented by the end of 2020, whereby clinicians and community support workers will enhance the County's Older Adult IMPACT Program.

- **Staffing Shortages**

Behavioral Health Services Must Explore Strategies to Recruit and Retain³² CCBHS will implement a County funded Loan Forgiveness Program that specifically addresses critical psychiatry shortages. Additional funding has been added to the graduate level Internship Program to strengthen the recruitment of individuals who are bilingual and/or bi-cultural, and who can reduce the disparity of race/ethnicity identification of staff with that of the population served.

Frontline Homeless Services Staff Need Additional Resources to Support High Needs Population³³

Homeless services providers have reported the increase in the population with more severe needs and vulnerabilities has left them feeling less prepared. They have asked for additional resources to help them better manage the process around serving those households and resources to support them in a manner that better suits their needs, including longer terms of care and follow up.

- **Investments in Housing Navigation Not Reaching High Need Population³⁴**

³⁰ Mental Health Services Act Three Year Program and Expenditure Plan, page 37
<https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>.

³¹ Mental Health Services Act Three Year Program and Expenditure Plan, page 10
<https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>.

³² Ibid.

³³ Continuum of Care 2016-2017 Annual Report, <https://cchealth.org/h3/coc/reports.php#simpleContained2>; Contra Costa County's Coordinated Entry System Evaluation of Phase 1 of the Coordinated Entry System, Systemwide Report, <https://cchealth.org/h3/coc/reports.php#simpleContained3>.

In 2017, the County began investing in housing navigation to support persons experiencing homelessness coordinate and locate housing. This support included providing case management, housing location services, and help persons obtain and complete the documentation necessary to move into housing and out of homelessness. While these investments and supports have been successful, data has shown these services have not supported households with behavioral health concerns to the same extent as other households not facing the challenges of serious mental illness or health or behavioral health concerns. Services and supports to coordinate and locate affordable housing for this higher need population, must be leveraged in other ways to ensure their success.

The 2017 CoC Coordinated Entry Evaluation identified specific challenges to services and outreach for persons experiencing homelessness that mirror what the County's other data assessment and operational observations have concluded, including:³⁵

- Some sub-populations have poor housing rates: 25% or less for Seniors, TAY, LGBTQ, and those with mental illness
- CE witnessed significant increases in more vulnerable populations, specifically seniors (increased by 64% over 2016 rates) and persons with mental illness (increased by 16% over 2016 rates)
- Only 30% of households had current VI-SPDAT assessments completed
- Housing capacity remains a top concern: in-flow increased by 67% over 2016 levels while out-flow remained the same

5. County and Community Resources Addressing Homelessness

A. Funding for Homeless Services

The Contra Costa Continuum of Care consists of county, municipal, and community-based resources, and leverages a combination of local, state, federal, and private funds. This includes funding streams from federal and state Emergency Solutions Grants (ESG), Continuum of Care program (CoC), Community Development Block Grants (CDBG) funding, as well as state Homeless Emergency Aid Program (HEAP), California Emergency Solutions and Housing (CESH), and Mental Health Services Act (MHSA) funding. Additionally, some funding comes from the County's general fund.

CCBHS and H3 act as administrative coordinating bodies for these resources, which also receive oversight from two County Board of Supervisors Advisory Bodies: the Contra Costa Council on

³⁴ Continuum of Care 2016-2017 Annual Report, <https://cchealth.org/h3/coc/reports.php#simpleContained2>; Contra Costa County's Coordinated Entry System Evaluation of Phase 1 of the Coordinated Entry System, Systemwide Report, <https://cchealth.org/h3/coc/reports.php#simpleContained3>.

³⁵ Contra Costa County's Coordinated Entry System Evaluation of Phase 1 of the Coordinated Entry System, Systemwide Report, <https://cchealth.org/h3/coc/reports.php#simpleContained3>.

Homelessness and the Mental Health Commission. These funding streams support many of the community-based services available to people experiencing homelessness, described below.

B. Community-Based Resources / Services for People Experiencing Homelessness

Contra Costa offers a range of community-based services for people experiencing homelessness through a variety of County and city providers. For a detailed list of services and providers in both the Homeless System of Care and the Mental Health System of Care, see *Appendix A. Homeless Services in Contra Costa County* and *Appendix B. Mental Health Services in Contra Costa County*.

Prevention/Diversion

There are multiple agencies that provide prevention and diversion services so that families can remain housed. This includes both financial interventions (e.g., assistance with rent and utilities), as well as service interventions (e.g., case management and mediation).

Outreach

Both the homeless system of care and the mental health system of care staff their own respective outreach teams to meet the needs of individuals in the field and across the county.

Crisis Services

Crisis resources are offered throughout the county, both by large providers that receive formal funding from the CoC—as well as smaller organizations, such as the faith-based community. These services include basic needs assistance, such as showers, mail, and meals. Short term case management is also available.

Shelter

Both the homeless system of care and the mental health system of care fund multiple emergency shelters throughout the County. Shelters cater to specific populations, such as single adults, families, transition age youth, and minors.

Housing

Individuals and families in Contra Costa have access to multiple housing options to meet their individual circumstances, contingent on availability. This includes Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Transitional Housing. Additionally, some housing exists specifically for families and transition age youth, as well as veterans. In addition, some providers offer housing location and housing navigation services to assist with the search and lease-up process.

Additional Services

Psychiatric services are available through multiple contracted psychiatric hospitals in Central, West, and East County. Additionally, intake screenings for housing and other services are available at multiple providers.

C. County Efforts To Prevent the Criminalization of Homelessness

Contra Costa County has placed a focus on preventing criminalization of homelessness through several forward-thinking programs developed to provide an alternative to the criminal justice system for people experiencing homelessness who have interactions with the justice system and offer additional opportunities for supportive service intervention and care for this population.

Multidisciplinary Forensics Team³⁶

The Forensics Team is a program operated by the County Behavioral Health Services Division and is funded by MHSA. The Team operates within the County's Mental Health Adult System of Care and works closely with Adult Probation, including engaging and offering voluntary services to participants who are seriously and persistently mentally ill and are involved in the criminal justice system. It provides mental health services, alcohol and drug treatment, and housing services to individuals who are seriously and persistently mentally ill who are on probation and at risk of re-offending and incarceration. This team works very closely with the criminal justice system to assess referrals for serious mental illness, provide rapid access to a treatment plan, and work as a team to provide the appropriate mental health, substance abuse and housing services needed.

CoCo LEAD Plus³⁷

CoCo LEAD Plus is a three-year, innovative point-of-arrest diversion program intended to break the cycle of criminalization and repeated incarceration for people with mental illness or substance use disorder in Antioch, CA. Underwritten by a grant awarded and managed by the California Board of State and Community Corrections, the project is funded by savings generated through California's Proposition 47 (2014), which reclassified a wide variety of low-level charges from felonies to misdemeanors. The purpose of CoCo LEAD Plus is to enhance public safety, reduce system costs, and improve outcomes for the target population by collectively identifying and addressing the root causes of justice involvement for people with behavioral health disorders who have been repeatedly arrested on non-violent charges by the Antioch Police Department. CoCo LEAD Plus is expected to divert and enroll 200 unduplicated adults by August 15, 2020.

CORE Outreach Teams³⁸

The CORE program works to engage and stabilize homeless individuals living outside through consistent outreach to facilitate and deliver health and basic need services and secure permanent housing. There are multiple teams that operate as an entry point into Contra Costa's coordinated entry system for unsheltered persons and work to locate, engage, stabilize and house chronically homeless individuals and families. The outreach teams identify individuals living on the streets, assess their housing and service needs, and facilitate connection to shelter and services.³⁹ The CoC is

³⁶ Mental Health Services Act Three Year Program and Expenditure Plan, page B-36-37
<https://cchealth.org/mentalhealth/pdf/2017-MHSA-3-Year-Plan-17-20.pdf>.

³⁷ CoCo LEAD Plus, PPT presentation, <http://www.co.contra-costa.ca.us/DocumentCenter/View/48722/CoCo-LEAD-Plus-Bidders-Conference-PowerPoint?bidId=>

³⁸ Contra Costa Council on Homelessness Website, <https://cchealth.org/h3/services.php>.

³⁹ Ibid.

facilitating the expansion of this program to ensure as much geographic and demographic coverage as possible.

CORE also has a relationship with the County's Code Enforcement, which helps ensure violations of the County Code due to persons experiencing homelessness seeking alternative methods of survival (such as encampments and unsafe housing conditions) are not criminalized or that their criminal justice status is not jeopardized due to minor infractions.

Law Enforcement Education & Representation on the Council on Homelessness⁴⁰

The Council on Homelessness includes two-member seats from local law enforcement agencies throughout the County. The Council has prioritized ensuring that local law enforcement is knowledgeable about issues relating to homelessness to reduce the instances of criminalization of activity and behavior stemming from persons living on the streets. The Council has also used these seats to promote the law enforcement knowledge of available resources, treatment, and respect for persons experiencing homelessness, with an aim to promote law enforcement policy and practice change that reduces criminalization of homelessness, promotes support for homeless services, and creates empathy and understanding for persons experiencing homelessness in the County.

AB 210 Partnership with Probation

On October 7, 2017, Governor Jerry Brown signed Assembly Bill No. 210 (AB 210) into law. AB 210 allows counties to create a multidisciplinary team of services providers who can share confidential information in order to better and more quickly serve homeless households. In response, the CoC is in the process of developing protocols alongside the County Department of Probation and other agencies, to expedite identification, assessment, and linkage of county services to homeless households with criminal backgrounds to help prevent the further criminalization of these households as they attempt to survive upon reentry and to reduce the collateral consequences of their previous and ongoing criminal justice involvement.

Homeless Court

The Homeless Court is an alternative to the traditional criminal justice court system. The court session is focused on homeless and formerly homeless individuals and assembles every other month to resolve traffic, infractions and non-violent minor misdemeanor cases. Clients are referred to the Homeless Court in a variety of ways, including through homeless service providers, and must apply for the program well in advance of the court date. On the scheduled court date, an assigned Public Defender appears with each participant and makes a presentation to the court showing how the participant has progressed and how circumstances have changed since the participant was originally charged with the offense, ticket or fine to facilitate resolution outside of the criminal justice system. H3, the administrative entity for the CoC, monitors Homeless Court and has made itself available as a link to critical services, including housing, for persons moving through this court system.

⁴⁰ Contra Costa Council on Homelessness Bylaws, Approved and Adopted by the Contra Costa Council on Homelessness on December 6, 2018, page 7 <https://cchealth.org/h3/coc/pdf/By-Laws.pdf>.

Ongoing Efforts to Prevent the Criminalization of Homelessness

- CoC is working to increase the number of one stop centers like the existing Family Justice Center for supports to persons involved or at risk of involvement with the criminal justice system
- CoC is seeking opportunities to support aging felons who are released from prison and lack housing or support systems
- County Department of Probation Partnership, includes joint effort to fund the CoC's Housing Security Fund, which provides a flexible pool of funding to support households experiencing or immediately at risk of experiencing homelessness, including support to enter housing or for needs special to the population that the Probation Department serves.
- 2-1-1 Partnership, which includes maintenance of a Local Homeless Services Inventory and resources page.

D. Partners in Ending Homelessness

Contra Costa County engages numerous partners in ending homelessness, many of whom were active participants in planning efforts related to *Forging Ahead* and the *MHSA Three Year Plan*. Please see above at section 1.B. *Engaged Stakeholders* for a non-exhaustive list of partners, which is continually expanding as additional partners join these efforts.

6. Solutions to Homelessness in Contra Costa County

Addressing the ongoing need to house the community's most vulnerable requires a comprehensive, aligned effort from a wide partnership of county and municipal leaders and departments, community service providers and stakeholders. Housing and interventions funded through No Place Like Home will be fully integrated into the systems change and planning processes designed to address individuals experiencing homelessness.

Contra Costa County's efforts are aligned around two goals and three strategies derived from *Forging Ahead*, as well as action and implementation plans by Contra Costa Council on Homelessness, County and city agencies and working groups, and community partnerships over the past several years. These goals and strategies are supported by and integrated with the three goals identified in the County's *MHSA Three Year Plan*: access, capacity, and integration. Those strategies will be further supported by goals and action items derived from existing and planned initiatives, which also used community feedback and evaluation data, in order to build upon successful foundations of prior planning efforts and ongoing implementation of resources.

Contra Costa County's efforts to prevent and end homelessness are guided by the following principle: **Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed. Our system must be nimble and flexible enough to respond through the shared responsibility, accountability, and transparency of the community.** Through a community- and data-driven process, the County has crafted a framework for preventing and ending homelessness in Contra Costa County, which includes the following two goals and three strategies.

A. Goals

Goal 1: Permanent Housing

Contra Costa seeks to decrease the length of time people experience homelessness. This is largely a question of capacity and removing barriers to housing. The community finds effective solutions in the following tools and methodologies:

- Housing First Approach: quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements
- Reducing barriers to entry into continuum of housing and services, including income (employment, benefits), capacity for self-care, rental histories, criminal records, and discrimination
- Recruit private market landlords
- Promote and enhance partnerships with local Public Housing Authorities, including the Housing Authority of Contra Costa County, The Housing Authority of the City of Pittsburg, and the Richmond Housing Authority

Goal 2: Prevention

Contra Costa seeks decrease the percentage of people who become homeless. This means working to expand existing prevention services, improve early identification and intervention efforts and enhance discharge planning efforts. Best practices used in service of those goals include:

- Crisis Resolution
- Client choice, respect and empowerment
- Provide the appropriate level of assistance needed possible for wellness and recovery
- Maximize community resources
- Getting the right resource to the right people at the right time
- Identify persons in need of services and support and educate them on their options
- Promote various intervention strategies, including housing retention, problem solving approaches (diversion), as well as prevention

B. Strategies

Strategy 1: Coordinated Entry

Per the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, all CoC and ESG programs must have a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. Contra Costa launched its Coordinated Entry System in early 2017; see Section 8 below for more details.

Contra Costa has identified the following key principles for its coordinated entry system:

- Quality assurance, to ensure consistency in tools, standards, and trainings
- Access should be easy, fast, and have immediate engagement

- Interdependency between programs and between programs and clients
- Streamlined process for clients and staff
- Address barriers through the Housing First approach and by connecting clients with the highest level of acuity to the most intensive housing and service interventions

Strategy 2: Performance Standards

Contra Costa has developed standards of practice community-wide and performance measures. These are regularly updated to reflect the community and system needs based on ongoing data collection and analysis to ensure clients are being served using the most effective practices and receiving the best possible experience. This strategy also promotes the strategic use of limited resources and supports the Housing First approach.

Performance measurement systematically evaluates the impact of the system’s efforts. Contra Costa requires all of its performance measures to promote several principles:

- Foster a sense of shared responsibility
- Foster a sense of shared accountability
- Promote cooperation and collaboration
- Set targets that:
 - Focus on real change
 - Are meaningful (relevant to desired impact)
 - Are measurable
 - Are realistic (adaptable and flexible)
 - Are regularly assessed

Contra Costa requires all participating housing and service providers to operate under a shared set of practice standards, which include fidelity to Housing First, accurate and timely documentation, and fair housing and equal access with an emphasis on equity (racial, gender identity, and sexual orientation are some examples).

Strategy 3: Communication

Effective communication, both internally among homeless service providers within the CoC and externally to funders and the community at large is a critical strategy. The County will continue to develop the most effective platforms, such as websites, email, video, and social media, to provide access, support advocacy, and connect the community to information about homelessness and available resources.

This strategy includes four key action steps, which will be refined and amplified over time:

1. Develop the platform to ensure community has easy access to resources and information (website, social media, etc.)
2. Improve branding and marketing of homeless services available in the community
3. Craft the message (regular, consistent community education, including videos)
4. Reports and analytics (track effectiveness of communications; report out regularly on established performance measures)

C. Additional Approaches

In the years since those goals and strategies were developed, the County has formed new partnerships, and leveraged and created new tools and approaches to address homelessness in Contra Costa.

- Restructuring the CoC to focus on data collection and analysis to better support decision making, leveraging community input and participation, identify and target solutions to key community priorities
- Affordable Housing Developer partnership building and integration into coordinated entry and CoC activities
- Refine diversion to be more expansive and system wide problem-solving conversations
- Establishment of homeless multidisciplinary team through AB210
- Relaunching Consumer Advisory Group to promote consumer voice

7. No Place Like Home Data Collection in Contra Costa County

A. Independent Audits/Annual Compliance Report

Per California’s Code of Regulations Title 25 §7325, all government-funded rental housing developments must submit an independent audit prepared by a certified public accountant within 90 days after the end of each project’s fiscal year. These audits serve as an “annual compliance report” by ensuring each program continues to engage in eligible activities and costs according to their grant requirements. NPLH Program Guideline Sections 214(a) and 214(b) makes this requirement applicable to all units funded by NPLH.

To fulfill this requirement, developers will submit their compliance reports to the Contra Costa Department of Conservation and Development (DCD) for all NPLH-Assisted units. By the last day of the fiscal year, DCD will submit this data to the California Department of Housing and Community Development, including all items listed in Section 214 (e) of the NPLH Program Guidelines.

Projects that have not correctly completed their annual compliance reports will receive technical assistance and more intensive monitoring.

B. Systems in Place to Collect Section 214 Data

HMIS

Most data points listed in Section 214 of the NPLH Program Guidelines will be collected by H3 using HMIS. In some cases, Contra Costa H3 does not currently track the following data points in HMIS, but will do so by the end of the fiscal year 2019. This includes the following data points:

- The number of tenants who continue to have a Serious Mental Disorder or the number who are Seriously Emotionally Disturbed Children or Adolescents, as defined in Welfare and Institutions Code Section 5600.3;
- For tenants who leased or remained in NPLH Assisted Units during the reporting period: Changes in employment income during the reporting period; Changes in non-employment cash income during the reporting period; and Changes in total cash income during the reporting period

Data Requests to Project Site Management

In some cases, Contra Costa is unable to track data required by Section 214 in HMIS. Contra Costa will collect these mandatory data points through individual data requests by DCD to project sites.

This includes the following data points:

- Project occupancy restrictions;
- Average Project vacancy rate during the reporting period (12-month average).
- Average vacancy rate of NPLH Assisted Units during the reporting period (12-month average);

C. Additional Data Systems

CCBHS will use the state Data Quality/Full Service Partnership Database to collect aggregated data on (1) emergency room visits for NPLH tenants before and after move in, (2) the average number of hospital and psychiatric facility admissions and in-patient days before and after move in, and (3) the number of arrests and returns to jail or prison before and after move in.⁴¹

D. Barriers to Collecting Data

Contra Costa has been making strides to improve data integration, which will enable the County to collect the data required by NPLH. Under the state's Whole Person Care statewide waiver pilot program, Contra Costa has established CommunityConnect, which allows Contra Costa County Health Services departments to coordinate care through a data warehouse. CCBHS has data related to the number of children treated for behavioral health and substance abuse issues, which is data that can be integrated with HMIS information about housing status through CommunityConnect.

While Contra Costa has made progress on data integration, other barriers still remain, including:

- Individuals experiencing homelessness do not always have proper identification, which makes it difficult to enter into and track clients they move through the behavioral health and homeless systems.

⁴¹ As available.

- Definitions of different disorders (e.g. “emotional disturbance”) can vary with the definitions held by the Mental Health Services Act (WIC Section 5600.3). As a result, it is a challenge to be certain that the correct population is being considered during analysis.
- Confidentiality requirements can further complicate access to needed data.

In order to overcome these and other obstacles, CCBHS and H3 are engaging partners to increase the availability and quality of data for the NPLH target population.

8. Coordinated Entry System

In early 2017, the Contra Costa Continuum of Care launched the Coordinated Entry System (CES) to centralize and coordinate the homeless services provided by the County and community-based organizations. The Contra Costa Continuum of Care, which includes all of the housing and homeless service providers in Contra Costa County, uses Coordinated Entry (CE) to engage individuals and families in housing and services. Coordinated Entry is a strategy identified in *Forging Ahead*.⁴² The strategy states that the CoC will “Implement a coordinated [entry] system to streamline access to housing and services while addressing barriers, getting the right resources to the right people at the right time.”⁴³

A. Key Principles of Coordinated Entry System

Contra Costa identified the following key principles for its Coordinated Entry system:

- **Quality Assurance:** the Coordinated Entry System must have a mechanism for ongoing, regular quality assurance to ensure rigor and consistency in tools, standards, and staff trainings.
- **Access:** should be easy, fast, and offer immediate engagement (i.e., assessment and connection to needed services).
- **Interdependency:** CES will promote interdependency
 - **Between programs,** by promoting trust about assessments, referrals, and warm handoffs, and
 - **Between programs and clients,** as clients are connected to the right intervention with consideration for their preferences.
- **Streamlined Process:** for clients and front line staff by reducing the number of times clients are asked redundant questions throughout the system of care, improving efficiency.
- **Address Barriers:** promote Housing First approach, ensuring that clients with the highest level of acuity are provided the most intensive housing and service interventions available.⁴⁴

⁴² Forging Ahead Toward Preventing and Ending Homelessness, <http://cchealth.org/h3/pdf/2014-strategic-plan-update-Final-Draft.pdf>).

⁴³ Ibid. p. 19.

⁴⁴ Contra Costa CoC Coordinated Entry Policies and Procedures, p.5: <https://cchealth.org/h3/coc/pdf/CES-P-and-P.pdf>.

B. Coordinated Entry Implementation

Coordinated Entry is designed to serve anyone in Contra Costa County who is experiencing a housing crisis. This includes those who are:

- **Unsheltered** (e.g., living outside, in a car, on the streets, or in an encampment),
- **Sheltered** (e.g., in emergency shelter or transitional housing), or
- **At imminent risk of homelessness** (e.g., being evicted, unable to pay rent, doubled up, or in an unsafe living situation).

Contra Costa’s Coordinated Entry system includes the following work flow:

Access: Consumers can connect to CE through: Calling or Texting 211; Engaging with CORE outreach teams; and Coordinated Assessment and Resource (CARE) Centers.

Assess: Depending on type and severity of needs, a variety of tools may be used to assess need. These tools include the:

- **VI-SPDAT:** The Vulnerability Index – Service Prioritization Decision Assistance Tool, which is an evidence-based tool that prioritizes individuals, TAY, and families for available permanent housing based on acuity and chronicity.
- **HMIS Intake:** collects basic information about a client, including information to determine eligibility and prioritization for emergency shelter.
- **Rapid Resolution Conversations:** These is a method of case management that works to help connect individuals and families at-risk or experiencing homelessness with personal or community resources to achieve stable housing.

Assign: Clients are matched to available resources based on their need and vulnerability. The most vulnerable clients are prioritized for available housing navigation and location services. The full continuum of homeless housing and services are available through Contra Costa CE, including:

- **Rapid Resolution:** financial assistance or case management to achieve stable housing.
- **Basic Needs and Services:** showers, food, laundry, benefits enrollment, referrals, etc.
- **Emergency Shelter:** short-term, temporary place to stay.
- **Housing Navigation Services:** assistance with locating and obtaining housing.
- **Rapid Re-housing:** time-limited rental assistance with case management.
- **Permanent Supportive Housing:** long-term housing assistance with services.

C. Coordinated Entry for Referring Individuals to NPLH Units

Contra Costa County will utilize its existing CES to assess and place those experiencing homelessness, chronic homelessness, and those “at risk” of chronic homelessness with serious mental illness or co-occurring into the NPLH specified units. The Mental Health Clinical Specialist will screen the top names on the housing queue list when NPLH units are made available. If the client is open to and eligible for the NPLH unit, the CES housing placement process will operate as usual. If

the client is not interested in the NPLH unit and attached services, they will be referred to the Mental Health Transition team for assessment.

After receiving an assessment, those experiencing or at-risk of homelessness will continue to be prioritized and identified for case conferencing through the County's HMIS, before being matched with and placed in the appropriate and available housing units. Contra Costa currently utilizes case conferencing to help match eligible individuals and families with available permanent supportive housing. The County will utilize these case conferences to help match clients to the NPLH units.

D. Coordinated Entry System Marketing and Outreach

Contra Costa H3 is committed to operating coordinated entry so that all individuals and families experiencing housing instability have knowledge and access to homeless and housing services with as few barriers as possible.

As detailed in the Coordinated Entry Policies and Procedures, the CoC will affirmatively market coordinated entry as the access point for available housing and supportive services to those who are least likely to apply in the absence of special outreach, as determined through a regular review of the housing market area and the populations currently being served to identify underserved populations. This may include an evaluation of HMIS service data, the PIT Count, and County demographics and census data.

For identified populations, marketing will be conducted at least annually, and may use the following media: Brochures / Flyers; Announcements at Community Events; Newspapers / Magazines; Radio; Television; and/or Social Media / Websites.

The marketing campaign will be designed to ensure that the CES is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Similarly, the marketing campaign will be designed to ensure that people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CES.

All physical access points in the CES must be accessible to individuals with disabilities, including individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. Marketing materials will clearly convey that the access points are accessible to all subpopulations.

No one will be screened out of the CE process due to perceived barriers to housing or services. This includes, but is not limited to, individuals and families having: too little or no income, active or past substance abuse, domestic violence history, resistance to receiving services, a disability (type or extent), the services or supports that are needed because of a disability, a history of evictions or of poor credit, a history of lease violations, a history of not being a leaseholder, or a criminal record.

All participants in the Coordinated Entry process will be free to decide what information they provide during the assessment process and may refuse to answer assessment questions. Although participants may become ineligible for some programs based on a lack of information, a participant's refusal to answer questions will not be used as a reason to terminate the participant's assessment, nor will it be used as a reason to refuse to refer the participant to programs for which the participant

appears to be eligible. The CoC does not tolerate discrimination on the basis of any protected class (including actual or perceived race, color, religion, ancestry, national origin, sex, age, familial status, disability (mental or physical), sexual orientation, gender identity or gender expression, marital status, genetic information, or source of income) during any phase of the Coordinated Entry process.

9. Conclusion

To coordinate the community response to homelessness in Contra Costa, CCBHS and H3 will use *Forging Ahead* and the *MHSA Three Year Plan*, as synthesized in this NPLH plan, as guides to build partnerships, promote evidence-based practices and approaches, and think strategically about the limited resources in the community. Progress on this work will be tracked through the benchmarks and action steps established in these plans to track progress on our permanent housing and prevention goals.