Contra Costa County Homeless System of Care Quarterly Report for Quarter 3, 2023 (July-September)

LETTER FROM THE CHAIR AND VICE CHAIR

Dear Contra Costa County Board of Supervisors,

The third quarter of this year the system of care focused on sharing data including the 2022 Annual Report and 2023 Point in Time Count data, responding to the Housing and Urban Development Continuum of Care Funding Opportunity, and preparing for Homelessness Awareness Month in November.

From Vice Chair Jo Bruno:

> *It's not easy living a life in survival mode. It's never easy lifting oneself above the shame and regret. There is no ease in finding resources, getting adequate support or even acquiring the skills it takes to utilize the system to receive what's available. We are struggling out here as community members, housed or not. We are hurting. We are all just surviving, not living. But, we are also doing the best we can under whatever circumstances we are surviving with. Truly, what we need is to find ease in our hope for a better tomorrow. We need an easier way to rise above our hurt. We need easy access to what we all deserve to live a fulfilling life. Doing this work as lived experience advisor and peer support specialist, gives me that sense of hope and a feeling of worth. I just wish more folks would share their stories so we can make more change. It's needed. Our communities need it.*

Sincerely,

and

Juno Hedrick, Chair of the Council on Homelessness

Jo Bruno, Vice Chair of the Council on Homelessness

INTRODUCTION

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

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

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

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

SYSTEM FUNDING

This quarter the CoC continued to evaluate the system of care and pursued funding opportunities to address the gaps in Contra Costa's homeless system, including our largest source of funding, the Housing and Urban Development (HUD) Continuum of Care (CoC) Notice of Funding Opportunity (NOFO).

FEDERAL

HUD NOFO: In this quarter**,** HUD announced the FY 2023 Continuum of Care competition and providers worked collaboratively with the CoC to ensure an on-time submission. Council on Homelessness members served as the CoC's Review and Rank panel to create and approve the Priority Listing that was approved by the Council on September 7, 2023. (See Appendix B for 2023 CoC Priority Listing). HUD award decisions are expected sometime in Q4.

STATE

Homeless, Housing and Assistance Program (HHAP): HHAP grant through the California Interagency Council on Homelessness (Cal-ICH) that provides local jurisdictions, including federally recognized tribal governments, with flexible funding to continue efforts to end and prevent homelessness in their communities. In this quarter, H3 received initial disbursement of $3.98 million in HHAP-4 funding from the State and is awaiting executed contract documents. Services funded through HHAP include Interim Housing, homelessness prevention, permanent supportive housing, rapid rehousing, and technical assistance. Cal-ICH also released the Notice of Funding Announcement for HHAP round 5 funding at the end of September 2023.

Homekey 3: H3 submitted an application in Q2 for the Homekey Program that is aimed to rehab physical facilities. The project will be a 54-unit building in San Pablo to house chronically homeless households to provide rental assistance and support services with an expected date of occupancy by the end of 2023. H3 received feedback from state on application and supplied updates. The Department of Housing and Community Development is continuing to review.

LOCAL

Measure X: The Council heard updates from Health, Housing and Homeless Services about the RFP process for Measure X funding allocated for housing/homeless services.

SYSTEM INITIATIVES

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

Annual Report: In August, the Council was presented with the 2022 Annual Report. The presentation included the purpose of the report, capacity building in the CoC, CoC budget based on fiscal year, program utilization in the CoC, program model categories, population and household type, age groups, race and ethnicity, disabling condition and chronicity, sub-population exit to permanent housing, data quality improvements and its outcomes, and goals for 2023. See Appendix C for the 2022 Annual Report.

Equity: The Equity Committee made progress towards achieving the 2023 goal: *Create accessible information, outreach, and educational materials to engage hard to reach or previously unreached communities in Contra Costa County.* The committee began to discuss a focus for the 2024 work plan.

Engagement of People with Lived Experience of Homelessness: The CoC continued to recruit people with lived experience to participate in a variety of activities, including the work of the Equity Committee and Homelessness Awareness Month planning. Additionally, H3 began implementation of a Youth and Young Adult (YYA) Community Needs Assessment. YYA with

lived experience of homelessness were invited to participate in the Community Needs Assessment planning as advisory group members and as participants in key informant interviews and focus groups.

Homelessness Awareness Month: Community members, including people with a lived experience of homelessness were deeply involved in planning and creating materials and events for Homelessness Awareness Month (HAM) in November.

Monitoring: An update regarding compliance monitoring was provided in the July Oversight Committee where committee members heard an overview of findings for local providers and provided recommendations for trainings and technical assistance for CoC-funded providers. In September, the Council approved a list of technical assistance and trainings per the CoC Monitoring Process as recommended by the Oversight Committee

Performance Based Contracting: Providers have continued quarterly meetings with H3 to discuss progress and identify goals for the next quarter. The CoC participant satisfaction surveys went out to all CoC funded or contracted providers in July with results being analyzed and plan to share in October Oversight and PATH Committee meetings.

Point in Time Count (PIT): This quarter the Council was presented with 2023 PIT infographic data as well as a Point-In-Time Count StoryMap. The StoryMap is a direct response to the critical questions our stakeholders ask about homeless experience and how to prevent homelessness. It weaves together local, state, and national data with personal stories of people in Contra Costa County with lived experience with homelessness to highlight why Contra Costa County continues to fight the challenging battle of reducing homelessness. See the StoryMap here: https://storymaps.arcgis.com/stories/9f82dea759d04bf2838f4092e48eff3d. The Council also began recruiting for Point in Time Count work group members at the September meeting to begin planning for the 2024 PIT. See Appendix D for a copy of the 2023 PIT infographic.

GOVERNANCE/REPORTING

- COH voted to approve revisions to the recruitment process and application materials used to fill vacant seats on the council.
- Reviewed and approved revisions to the Council on Homelessness Bylaws and Governance Charter as recommended by the Governance Committee that included"
  - Include high-level seat descriptions in bylaws
  - Stagger seat terms as needed
  - Add mechanism for extending member's term
  - Renaming the "Emergency Solutions Grant Representative" to "Federal Homeless and Housing Funding Administrator Representative".

- Polls conducted at the beginning of each Council on Homelessness regular meetings capture data on # of Council meetings previously attended, lived experience of homelessness and race/ethnicity of attendees. See Appendix E for Q3 averages.

MEETINGS, TRAININGS AND EVENTS

Council on Homelessness (COH) Meetings: The Council on Homelessness held three (3) regular business meetings in addition to an Orientation this quarter. In addition to the regular Council on Homelessness meetings, the following committees met:

Committee	Purpose
Equity Committee	Create accessible information, outreach, and educational materials to engage hard to reach or previously unreached communities in Contra Costa County.
Funding Committee	Direct the community input process for several time-sensitive federal and state funding streams. NOFO prep work that previously happened at the CoC/ESG Committee will now happen at the Funding Committee.
Governance Committee	The purpose of the Governance Committee is to review and revise the Governance Charter and Bylaws to increase the efficiency and impact of the Council on Homelessness
HMIS Policy Committee	Develops and shares updates on HMIS policies and practices, compliance, and troubleshooting; Plans technical assistance and training; Informs standards of practice and monitoring
Nominating Committee	Reviews application process for potential new CoH members and provides recommendations to the full Council
Oversight Committee	Reviewing and assessing the development, implementation, and improvement of the CoC, Coordinated Entry System, HMIS database, and system outcomes
PATH Innovation Committee	Work towards the goal of reducing unsheltered homeless in Contra Costa County by 75% by 2024

Trainings

- Connecting Clients to Mainstream Benefits (7/10/23)
- Fair Housing (8/14/23)
- Connecting Clients to Employment (9/11/23)

Events

- CoC Provider Meetings (3)

- H-WIN meeting (8/9)

The recordings, minutes and materials for trainings and meetings can be found on the H3 website[1] and on the County agenda center[2], and a calendar of upcoming meetings and events can be found on the H3 website.

RECOMMENDATIONS

- Support recruitment of volunteers for the annual homeless Point in Time Count that takes place in late January.

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[1] https://cchealth.org/h3/coc/partners.php#Training
[2] https://www.contracosta.ca.gov/agendacenter

APPENDIX A

Commonly Used Acronyms and Terms

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

SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TA	Technical Assistance
TAY	Transition Age Youth (usually ages 18-24)
VA	Veterans Affairs (U.S. Department of)
VASH	Veterans Affairs Supportive Housing
VI-SPDAT	Vulnerability Index – Service Prioritization Decision Assistance Tool

Contra Costa County COVID-19 Resources:

Please see below for additional resources on COVID-19.

- *Health Services COVID Data Dashboard-* https://www.coronavirus.cchealth.org/dashboard
- *Health Services Homeless Specific Data Dashboard- https://www.coronavirus.cchealth.org/homeless-dashb*
- *Health Services COVID Updates-* https://www.coronavirus.cchealth.org/health-services-updates
- *Health Services Homeless-Specific COVID Resources -*https://www.coronavirus.cchealth.org/for-the-homeles

APPENDIX B

2023 CoC Priority Listing

Contra Costa Council on Homelessness
FY2023 CoC Program Competition Priority Listing
Approved by the Council on Homelessness on September 7, 2023

Rank	Score	Applicant	Project	Type	Request Amount
			Tier 1		
1	102.43	SAHA	Tabora Gardens Senior Apartments	PSH	$ 281,055
2	99.86	Hope	ACCESS	PSH	$ 1,059,055
3	99.86	Hope	Garden Park Apartments Community	PSH	$ 352,150
4	99.29	HACCC	Lakeside	PSH	$ 96,628
5	99.14	Hope	Families in Supportive Housing	PSH	$ 1,087,325
6	99.14	HACCC	Villa Vasconcellos	PSH	$ 115,671
7	99.00	CCHS (H3)	Destination Home	PSH	$ 429,457
8	99.00	Hope	ACCESS Expansion (New Project)	PSH	$ 522,197
9	98.57	HACCC	Contra Costa Tenant-Based Rental Assistance	PSH	$ 6,830,871
10	98.57	CCHS (H3)	High Utilizers of Multiple Systems	PSH	$ 1,883,352
11	98.43	HACCC	Contra Costa Project-Based Rental Assistance	PSH	$ 159,920
12	*	CCHS	Contra Costa Coordinated Entry	SSO	$ 1,217,035
13	*	CCHS	Contra Costa HMIS	HMIS	$ 175,596
14	*	Hope	Richmond Hacienda	PSH	$ 150,220
15	*	Hope	Project Home SAFE	RRH	$ 716,332
16	*	SHELTER, Inc.	Pelancha RRH	RRH	$ 536,883
17	98.29	CCHS (H3)	Permanent Connections *(Straddling Tiers)*	PSH	$ 35,392
			Tier 2		
17	98.29	CCHS (H3)	Permanent Connections *(Straddling Tiers)*	PSH	$ 239,214
18	97.14	SHELTER, Inc.	Project Thrive	PSH	$ 1,251,559
19	95.43	RCD	Idaho Apartments	PSH	$ 194,836
20	100.00	CCHS (H3)	HUMS Project Based** (New Project)	PSH	$ 670,175
			Domestic Violence (DV) Bonus		
23	88.00	SHELTER, Inc.	Planting Roots*** (New Project) (DV Bonus)	RRH	$ 567,123
			Not Recommended for CoC Funding****		
21	95.14	SHELTER, Inc.	New Horizons (New Project)	PSH	$ 1,177,892
22	94.00	Hope	YOUTH Hope (New Project)	RRH	$ 471,985
24	87.43	LFCD	Care Campus San Pablo (New Project)	RRH	$ 1,258,692

* Per local process, HMIS, CE, and projects with less than 1 year of data are automatically ranked at bottom of Tier 1.
** This project voluntarily elected to be placed at this ranking despite it's higher score. The award amount is reduced from applicant's initial request ($1,177,892) to align with the remaining funding available to the CoC.
*** This project is being submitted for DV Bonus funding. If not selected for DV Bonus funding, the project is not recommended for CoC Bonus funding to align with the total funding amount available to the CoC.
**** These projects are not recommended for CoC funding as total requests exceeded funding amount available to the CoC.

Annual Renewal Demand	$	16,827,031
CoC Bonus	$	1,177,892
Domestic Violence Bonus (1 application received)	$	567,123
Tier 1 Amount	$	15,649,139
Tier 2 Amount	$	2,355,784
CoC Planning (not ranked)	$	841,352
Total Request to HUD	$	19,413,398

APPENDIX C

2022 CoC Annual Report

2022 ANNUAL REPORT

Contra Costa County Continuum of Care

Health Housing and Homeless Services

CONTRA COSTA
HEALTH

Contra Costa Continuum of Care

Table of Contents

Executive Summary

This annual report provides a deep dive into the activities and outcomes of the Contra Costa Homeless Continuum of Care (CoC) during 2022. The CoC is made up of multiple service providers, guided by a Council, and operated by an administrative lead. With a shared vision and clear objectives, the CoC continues to meet the needs of people in a housing crisis.

Numbers Served

During 2022, the CoC served 7,725 households (10,600 individuals) served in the CoC during 2022, reflecting a 3% increase from 2019, the year before the COVID-19 pandemic greatly impacted the county.

- 1,169 households served in prevention and diversion, for households at-risk of homelessness or newly homeless and not yet engaged in CoC services
- 5,848 households served in crisis response programs, for households in sheltered and unsheltered sleep settings
- 1,166 households served in permanent housing programs, for households that had been homeless and subsequently placed into permanent housing through supports

Outcomes

Out of the 7,725 households served during 2022, 3,370 (44%) were able to retain, or exit to, permanent housing.

- 90% of household enrollments in prevention and diversion programs exited to permanent housing
- 29% of household enrollments in crisis response programs exited to temporary or permanent housing and another 9% entered into emergency shelter
- 96% of household enrollments in permanent housing programs either retained their housing or exited to other permanent housing

CoC Budget

The CoC sought out over $50 million in funding for services during 2022. Sixty-six percent of those funds were from government and local funding ($33 million) and 34% from federal Housing and Urban Development (HUD) funds ($17 million).
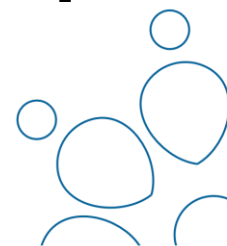
CoC Capacity Building

The CoC's lead administrator is Contra Costa Health's Health, Housing and Homelessness Services division (H3). During 2022, H3 led a variety of activities that took place to build capacity within the CoC.

- Conducted trainings on key topics related to responding to the housing crisis and serving those impacted by homelessness (critical time intervention, case management, fair housing, housing first model, how to serve victims of domestic violence, among others).
- Data quality and performance monitoring tools were developed by H3 to enhance data quality and accuracy. During 2022, data accuracy increased from 79% to 94%.
- H3 developed CoC program models and performance-based contracting to create consistent and transparent performance standards to improve the quality of service and outcomes across the CoC.
- An equity committee was established to address recommendations made in an equity assessment conducted in 2022. The committee approved a new housing prioritization tool and CoC monitoring process for the CoC-funded projects to ensure that equity goals are being met.
- CORE Outreach continues to expand with new partnerships with the City of Martinez and the Contra Costa Health Plan.

CoC Successes

The CoC is ever-changing with new initiatives, partnerships, and development.

- There were 537 referrals through the Coordinated Entry System (CES) to house vulnerable individuals and families in stable long-term housing.
- The county shelters were improved with the sleep stations that offer privacy, allowing couples and multi-generational adult households to stay together. Additionally, pet facilities were set up to allow people with pets to access shelters.
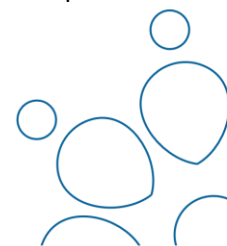
Population Characteristics

- Households with Children: There were 1,314 households with children served in 2022, a 32% increase since 2019.
- Transition Age Youth (TAY), ages 18-24: TAY made up 8% of the CoC served and increased by 21% since 2019.
- Race/ethnicity: Black/African American/African households and American Indian/Alaska Native/Indigenous were over-represented in the CoC relative to the county population (4x and 7x, respectively).
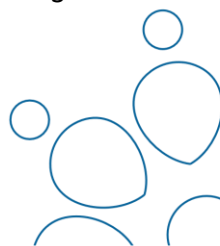
- Disabling conditions: 69% of households served in the CoC had a member with at least one disabling condition. Mental health condition was the most prevalent disability, accounting for 43% of households.
- Chronic homelessness: 48% of all households in crisis response were chronically homeless.
- Survivors of domestic violence: 20% of households accessing crisis response had at least one household member that had experienced domestic violence.
- Sexual orientation: 2% of adults served in crisis response identified as LGBTQIA+ and 26% of those people were between the ages of 18 and 24.
- Veterans: The CoC served 803 veterans in 2022 (10%) of all adults. Veteran households made up 41% of all households in permanent housing programs.
- Housing outcomes vary for sub-populations:

| Population	From Prevention	From Crisis Response
General Population	**90%**	**21%**
Race/Ethnicity		
Black/African American/African (HH)	93%	22%
White (HH)	87%	21%
Multiple Races (HH)	91%	21%
Hispanic/Latin(a)(o)(e)(x) (HH)	91%	20%
Native Hawaiian/Other Pacific Islander (HH)	96%	18%
Asian American/Asian (HH)	92%	17%
American Indian/Alaska Native/Indigenous (HH)	84%	17%
Other Sub-Populations		
Veterans (Ind)	82%	43%
Households with Children (HH)	97%	40%
Survivors of Domestic Violence (Ind)	88%	26%
Households with Disabling Condition (HH)	75%	22%
Chronically Homeless (HH)	n/a	16%
LGBTQIA+ (Ind)	n/a	16%

Regional and City Data

More people lost housing from Richmond than any other city (n= 1,435), followed by Antioch (n=1,096) and Concord (n=909). More people lost housing in east county (33% of households) than in central or west, while fewer households slept in east county (30% of households) the night prior to enrolling into programs, suggesting that many households move from east county to other regions of the county.

Coroner's Data

An annual memorial has been hosted in Contra Costa since 2004 to acknowledge and honor people who pass away while experiencing homelessness. During 2022, 106 people were identified by the county coroner's office as passing away while homeless. The number one cause was accidental death by overdose.
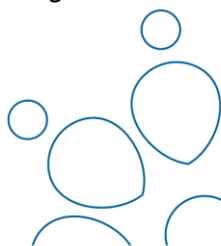
Contra Costa Homeless Continuum of Care (CoC) Overview

The Continuum of Care (CoC) is designed to assist individuals and households experiencing a housing crisis by providing the housing and/or services needed to help households retain housing or move into transitional and permanent housing, with the goal of long-term stability. CoCs are partially funded by the U.S. Department of Housing and Urban Development (HUD) and have specific requirements. HUD rules state that the primary purpose of the CoC Program is to:

- Promote a community-wide commitment to the goal of ending homelessness
- Provide funding for efforts by nonprofit providers, states, and local governments to re-house homeless individuals and families rapidly while minimizing the trauma and dislocation caused to homeless individuals, families, and communities as a consequence of homelessness
- Promote access to, and effective use of, mainstream programs by homeless individuals and families
- Optimize self-sufficiency among individuals and families experiencing homelessness

A Continuum of Care (CoC) is comprised of multiple partners and service providers, with a single applicant to streamline the funding application process, encourage coordination of housing and service providers on a local level, and establish a more coordinated and strategic approach to address the complex needs of people experiencing homelessness.

Contra Costa County's CoC is designed to assist individuals and families who are at risk of homelessness, are currently experiencing homelessness, or were formerly homeless and in need of on-going support to sustain housing stability. The CoC relies upon community-wide planning and strategic use of resources to address homelessness and improve coordination with non-CoC resources and other local programs targeted for people experiencing homelessness.

> "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."
>
> -Contra Costa Continuum of Care Bylaws

All CoCs are required to have: 1) a CoC advisory board; 2) an administrative agency; 3) a Homeless Management Information System (HMIS) administrator; and 4) a Coordinated Entry administrator. In Contra Costa, Contra Costa Health's Health, Housing, and Homeless Services division (H3) is the county entity that fulfills these CoC administrative roles. H3 is also a direct service provider.
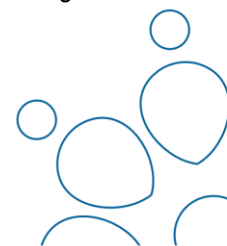
CoC Advisory Board

The Council on Homelessness (COH) is the advisory board to both the CoC in Contra Costa County and the County Board of Supervisors. The COH is comprised of 19 seats designated by area of expertise or role within the CoC including affordable housing development, behavioral health, city government, educational and vocational services, faith community, funders, health care, public housing, public safety, reentry services, veteran services, workforce services as well as seats for community member, adults, and transition age youth with lived experience of homelessness.

The COH and its sub-committees guide the direction of the CoC and make decisions on policies and programs adopted and implemented in the CoC. The COH meets for monthly council meetings as well as various sub-committee meetings. All meetings are open to the public.

Administrative Agency

H3 provides administrative oversight, strategic guidance, fiscal management, and technical assistance to a network of community-based agencies organized to respond to homelessness in the community. H3 applies for CoC funds and is the point of contact with HUD. During 2022, H3 conducted the following CoC administrative agency tasks:

- Applied for federal, state, and local funds and resources for CoC programming
- Provided staffing and administrative support for COH meetings and sub-committee meetings, CoC Providers' meetings, and various community meetings
- Identified funding for technical assistance on multiple initiatives, including:
  - Regional Action Plan
  - Plan for Accelerating Transformative Housing (PATH) Innovations Committee
  - Performance Based Contract Model plan dashboards and technical assistance
- Planned, staffed, and implemented the 2023 Point-in-Time Count
- Created a comprehensive annual report and a HUD Systems Performance Measures report

Staffing and Administration of the Homeless Management Information System (HMIS)

H3 provides staffing and management to ensure HMIS is effectively meeting HUD requirements. H3 monitors for complete and accurate data entered by providers that are ultimately submitted to HUD in quarterly and annual reports. Additionally, H3 provides HMIS training, data quality assessments, technical assistance, and ensures data security for all CoC-funded service providers.
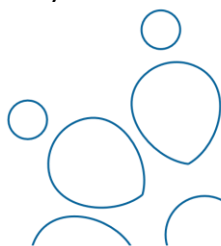
Coordinated Entry System Management

Coordinated Entry is a centralized and coordinated process designed to streamline voluntary placement into permanent and stable housing through intake, assessment, and provision of referrals. The purpose of the county's Coordinated Entry System (CES) is to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, and connected to housing and homeless services based on their strengths and needs. CES facilitates the use of standardized tools and practices across the CoC, incorporates a system-wide Housing First approach, and, in an environment of scarce resources, coordinates housing support so that those with the most severe service needs are prioritized. Contra Costa's CoC has designated H3 as the provider and manager of the CES. H3 provides the staffing and administration to oversee CES.

> Coordinated Entry creates fair and equal access to services based on individuals' strengths and needs.

Housing First

Contra Costa County uses a Housing First approach to serve people experiencing homelessness. Housing First establishes that a person experiencing homelessness must first be able to access a decent, safe place to live that does not limit length of stay (permanent housing) before stabilizing, improving health, reducing harmful behaviors, or increasing income. Under the Housing First approach, anyone experiencing homelessness should be connected to a permanent home as quickly as possible, and programs should remove barriers to accessing housing, such as requirements for sobriety or absence of criminal history. It is based on the "hierarchy of need." People must access necessities — like having a safe place to live and food to eat — before being able to achieve quality of life or pursue personal goals. Housing First does not mean "housing only." On the contrary, Housing First acknowledges social services and care coordination are necessary elements of housing stability and quality of life.
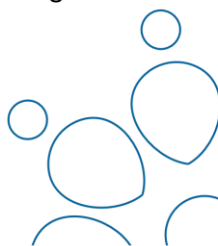
CoC and Community Partnerships

Collaboration between CoC service providers, nonprofits, community partners, and agencies results in a wide-casting network of services, allowing broader reach and a wider array of services for those accessing the homeless system of care. Examples of key partnerships during 2022 are described below.

Employment and Human Services Department (EHSD)

H3 continued its partnership with Contra Costa Employment and Human Services (EHSD) through multiple state funded projects including:

- **Home Safe** is a prevention and housing stabilization program for older adults with an open EHSD Adult Protection Services (APS) case and who are either at-risk or experiencing homelessness.
- **HousingWORKS!** is an eviction prevention and rapid rehousing program run by EHSD for families receiving CalWORKS and are at-risk or experiencing homelessness.
- **The Housing, Disability, and Advocacy Program (HDAP)** is designed for individuals experiencing homelessness who are eligible for General Assistance (GA) and pending Social Security Income (SSI).


Probation & Public Defenders

H3 partnered with Contra Costa County Probation and the Contra Costa Public Defender's Office on two initiatives. The first initiative with County Probation provides homeless prevention and rapid rehousing for adults and transition aged youth (TAY) currently on probation. The Public Defender's Office is involved in the second initiative called the Holistic Intervention Partnership (HIP), which is funded through the Justice Assistance Grant (JAG). This program provides housing and case management services to adults involved in the criminal legal system.

Housing Authority

The Housing Authority of Contra Costa County collaborated with H3 on multiple projects in 2022, accounting for over 183 housing placements made through the Coordinated Entry System in 2022 (34% of all referrals placed into permanent housing in the CoC). These projects included distribution of Emergency Housing Vouchers, as well as the Hacienda Heights Affordable Housing Project.
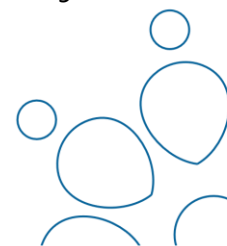
2023 Point-in-Time (PIT) Count

The Research, Evaluation, and Data (RED) team plans and leads all PIT efforts, relying heavily on community-wide collaboration required to implement the PIT successfully. Planning and preparation for the 2023 PIT began September of 2022 and PIT sub-committees were held in November and December. Volunteer recruitment focused on having representation from a variety of stakeholder agencies, including county and city government staff, service providers, police departments, agencies that serve veterans and transition age youth, and individuals with health conditions. This resulted in the best PIT volunteer turnout ever, with 164 community volunteers working with CORE Outreach and H3 staff to conduct the observational count and 14 agencies taking part in data collection for the follow-up survey.


CalAIM Implementation

Contra Costa Health Plan (CCHP) works with H3 to provide community supports that address social determinants of health amongst health plan patients through the CalAIM program. As part of the contract, community supports such as respite recuperative care, post-hospitalization placements, housing transition navigation services, and tenancy sustaining services are provided to meet the social needs of patients and address housing instability. H3 meets weekly with the CCHP to increase program capacity across the system and has hired direct service staff to support the growth.

Heat Emergency Weather Response

In response to intense heat waves during summer 2022, CORE mobile outreach distributed extra water bottles to people experiencing unsheltered homelessness and transported people to designated indoor locations to cool off. The Concord Service Center expanded hours to provide a safe place for unsheltered individuals to cool down; non-profit mobile shower programs added days to their regular schedule; and information about the additional resources was pushed out to over 2,000 providers and community members via CoC email blasts.
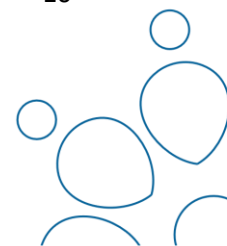
CoC Capacity Building

The CoC, with the administrative support of H3, provides continuous improvement through trainings, tools, and collaboration to improve services and expand capacity across the CoC.

CoC Trainings

To ensure that providers have the knowledge and skills to implement best practices and comply with funder requirements, the CoC provided monthly trainings on topics that included critical time intervention, case management, motivational interviewing, trauma informed care, how to connect clients to workforce services and mainstream benefits, fair housing, housing first, mandated reporting of elder and dependent abuse, violence against women act compliance & strategies for serving survivors of domestic violence, and how to have problem solving conversations.

Data Quality & Performance Monitoring Tools

As part of capacity building efforts, multiple administrative staff within H3 worked collectively to create and implement Data Quality tools to monitor and measure Program Model Performance Standards as well as Coordinated Entry Annual Performance Report data and outcomes. The tools allow providers to monitor data quality and outcomes in real time, with accurate tracking of performance, outcomes, and data quality. Implementation of these tools resulted in system-wide data quality improvements; data accuracy increased from 79% to 94% with these new tools. The dashboards also allow each agency to monitor their own program performance.

> Data accuracy increased from 79% to 94%

CoC Program Models and Performance Based Contracting

H3, through the support of a consultant, developed seven CoC-wide program models. The purpose was to create consistent and transparent performance standards to improve the quality of service and outcomes for individuals and families served across CoC programs. The Council on Homelessness (COH) approved the CoC Program Models in June 2022, and the models and performance standards were integrated into provider contracts in July 2022. Simultaneously, the Research, Evaluation, and Data (RED) team, alongside the CoC administrators within H3, developed performance dashboards for each of the seven program models as a tool for agencies and H3 to monitor their data. Additionally, CoC providers were each provided a self-assessment tool where they could measure current practices and determine areas for growth.
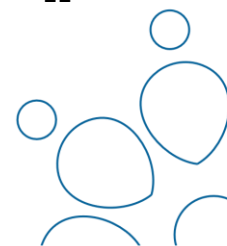
Equity

In early 2022, C4 Innovations presented the results of the Equity Assessment of the Contra Costa homeless system of care they were contracted to conduct in 2021. As a result of the report, the COH established an Equity Committee and approved a 2023 work plan. This plan guides the Equity Committee in creating accessible information, outreach, and educational materials to engage hard-to-reach or previously unreached communities in Contra Costa County.

The Council approved changes to a revised housing project scoring tool for the FY 2022 Continuum of Care competition and the CoC monitoring process of 19 CoC funded projects in our system of care. They ensured that these tools helped advance equity in the system of care.

Data Integration

The HMIS team has continuously worked with CCH's Information Technology department to further integrate HMIS data with CCLink, the county's primary health record system. The two-way data integration fosters the exchange of valuable data. This provides homeless service staff ways to connect and collaborate with a client's healthcare/health plan team, while also giving clinical providers more insight into their patients' social situations.

With several statewide holistic health initiatives underway, there has been an increased demand to analyze and report on data derived from both systems. Reporting tools have been developed to aid in client matching and provide actionable analytics across both the healthcare and homeless systems.

Coordinated Outreach and Referral (CORE) Team Expansion

CORE street outreach increased the number of teams through contracts with the City of Martinez and the Contra Costa Health Plan (CCHP). As a result of this expansion, the total number of teams operating across the county increased to 13. Working with the CCHP ensured a stronger linkage between healthcare and outreach.
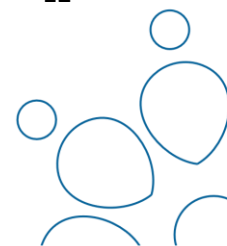
CoC System Successes

The CoC is ever-changing with new initiatives, partnerships, and forward-thinking development. During 2022, there were a number of critical successes that were the result of years of planning and implementation.

Permanent Housing Referrals

In 2022, the Coordinated Entry System referred over 537 households to permanent housing programs and projects. Households placed in permanent housing could receive both time-limited and long-term financial support and case management, if needed, to obtain housing.

Of these placements, a notable effort includes the referrals and placements made to Hacienda Heights, a 150-unit Senior Housing building in Richmond operated by Mercy Housing. Most of these, 125 units, were filled by the Housing Authority of Contra Costa's Project Based Voucher (PBV) waiting list. The remaining 25 units were filled through the CoC's Coordinated Entry System through collaboration with multiple partners. CES prioritizes households based on vulnerability and length of time homeless. The 25 households placed through CES will receive ongoing Permanent Supportive Housing Case Management services from Hope Solutions to ensure they maintain their housing and thrive.

Housing units filled through the Coordinated Entry System, involved the collaboration of Contra Costa Health: Health, Housing and Homeless Services (H3) Division, Mercy Housing, the Housing Authority of Contra Costa County, and Hope Solutions, demonstrating that success that can be achieved when county, community, and affordable housing partners come together in an effort to end homelessness and provide supportive housing for our most vulnerable community members.
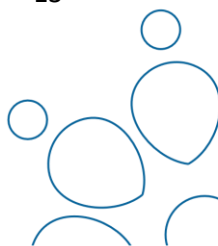
Improved Interim Housing

Project RoomKey (PRK) hotel programs that were established during the COVID-19 pandemic were closed during 2022 as programming shifted back to pre-pandemic "norms." While the county shelters were unoccupied as residents were in PRK hotels, the facilities were remodeled to include individual sleep stations that provide privacy and allow for couples and multi-generational adult households to reside together. The shelters also had an outdoor play area with kennels for pets as many people would not access shelters if it required leaving their pets. The remodeled Concord Service Center also began functioning as a warming center with six beds for individuals who need to come indoors but cannot access a shelter.

Improvements were also made at Delta Landing Interim Housing Program to include a wellness center with a patient-centered design. Participants began repopulating Delta Landing, which has 174 rooms and can house up to 249 participants, in February 2022.

In 2022, Contra Costa County and Bay Area Community Services (BACS) received awards from the Pet Assistance Grant offered by the California Department of Housing and Community Development, totaling more than $1 million. This funding was used to build outside dog parks at the Brookside Shelter and Delta Landing, as well as purchase pet supplies such as kennels, crates, and veterinary services. These purchases allowed many people with pets to gain access to emergency and interim housing as most did not want to part with their pets during their housing crisis.

Emergency Housing Vouchers

The Emergency Housing Voucher (EHV) program provided a significant opportunity for Public Housing Authorities (PHAs), Continuums of Care (CoCs), and Victim Service Providers (VSPs) to develop collaborative partnerships and strategies that effectively address the needs of vulnerable populations in their communities. Through EHV, HUD provided housing choice vouchers to local PHAs to assist individuals and families who are homeless or at-risk of homelessness and either fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking, or were recently homeless or have a high risk of housing instability. The Contra Costa CoC was allotted 199 EHVs to distribute from September 2021 through September 2023. In
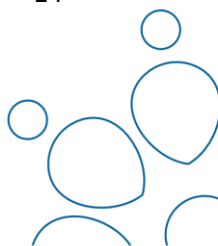
2022, the CoC was able to house 158 households utilizing EHVs successfully and is on track to distribute the remaining vouchers during 2023.

Future Initiatives and Goals

- **Bringing Families Home** will be a project for Children and Family Services (CFS) involved families. It will have the capacity to serve 28 families through prevention and an additional 29 families through rapid rehousing. This is a partnership between EHSD, CFS bureau/division, H3, and Caminar, a new provider in 2023.
- **HUMS Expansion** – In 2023, HUMS will expand to include new units at El Portal Place in San Pablo.
- **Measure X** will provide an additional $2.3 million to fund four new permanent housing projects and eight new service providers.
- **Special NOFO** is a $5.3 million one-time 3-year grant to help address unsheltered and rural homelessness. Through Thrive CCC and housing stability vouchers, the grant will be used to house 28 of the most vulnerable people experiencing unsheltered homelessness. Additionally, the Housing Authority will distribute 41 vouchers to help more people who are currently homeless or at-risk of homelessness.
- **El Portal Place** is a former office building set to open in Fall 2023 that H3 has been working to rehabilitate into permanent supportive housing for chronically homeless households.

These new funding initiatives build on each other to meet CoC objectives through community supports, a robust infrastructure, and policy changes. Priorities include:

| Expanded targeted prevention with families, transition age youth, and households at risk of homelessness	Expanded interim housing focused on case management to help households become document ready and to reduce unsheltered homelessness	Increased permanent housing through El Portal Place, HUMS expansion, housing stability vouchers, and Thrive CCC
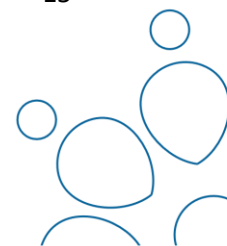
CoC Budget

Budgets are prepared for each federal fiscal year (July 1 to June 30). During fiscal year 2022-2023, which overlaps with the calendar year for this annual report, HUD awarded the CoC $17,318,215. This amount represents a 9% increase over four years in HUD funding. Additional non-HUD funds in the amount of $33,015,872 obtained through grants and foundations provided supplemental and critical financial resources for CoC administration, planning, data management, housing, and COVID-19 response. These non-HUD funds, which account for 66% of the CoC budget, have increased by over $13 million, or 68%, from fiscal year 2019-2020 to fiscal year 2022-2023 (Table 1).

> The majority of the CoC funds are one-time, emergency funds that cannot be assured in future fiscal years

Table 1: Fiscal Year Budgets for 19-20 through 22-23

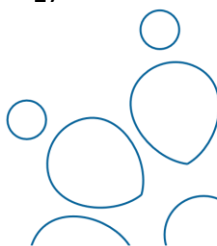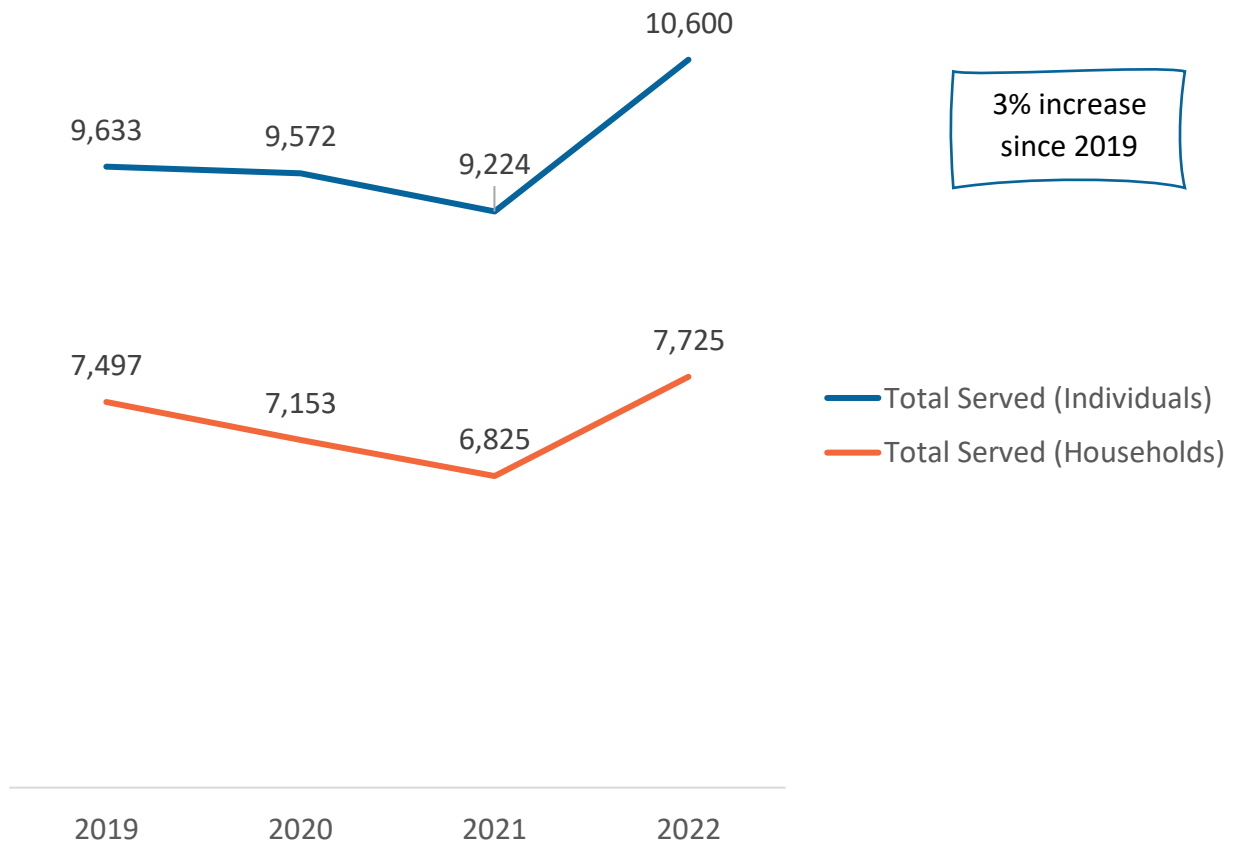| Budget	FY 19-20	FY 20-21	FY 21-22	FY 22-23	% Change
CoC Award	$ 15,857,604	$ 15,239,701	$16,296,852	$17,318,215	+9%
Other government and local funding	$ 19,676,057	$ 25,158,000	$ 28,967,000	$33,015,872	+68%
Total Funds	$ 34,862,042	$ 41,454,852	$ 45,815,402	$50,334,087	+44%
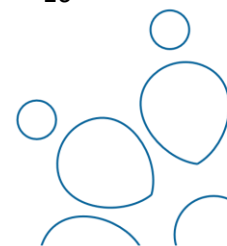
CoC Program Utilization

During Calendar Year 2022, 7,725 unique households were served in CoC programs, with 10,600 people in those households. This represents a 3% increase in households served since 2019, or prior to COVID-19. During 2020 and 2021, the number of households served decreased while services were limited and capacity to serve people at shelters was reduced to prevent over-crowding and the spread of COVID-19 (Figure 1).

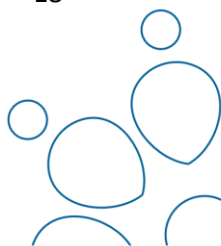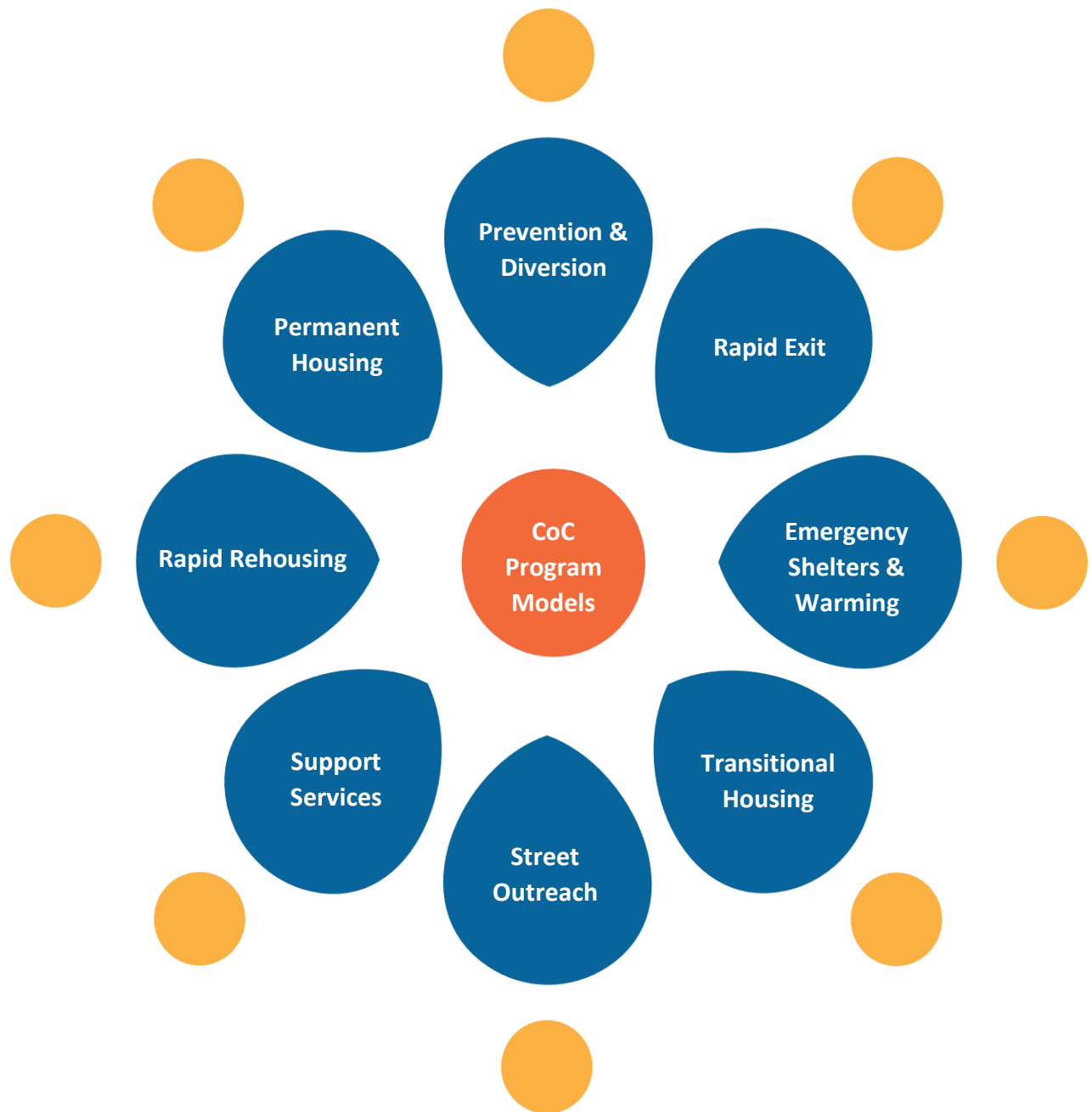**Figure 1: Number of Households and Individuals Accessing CoC Services, 2019-2022**
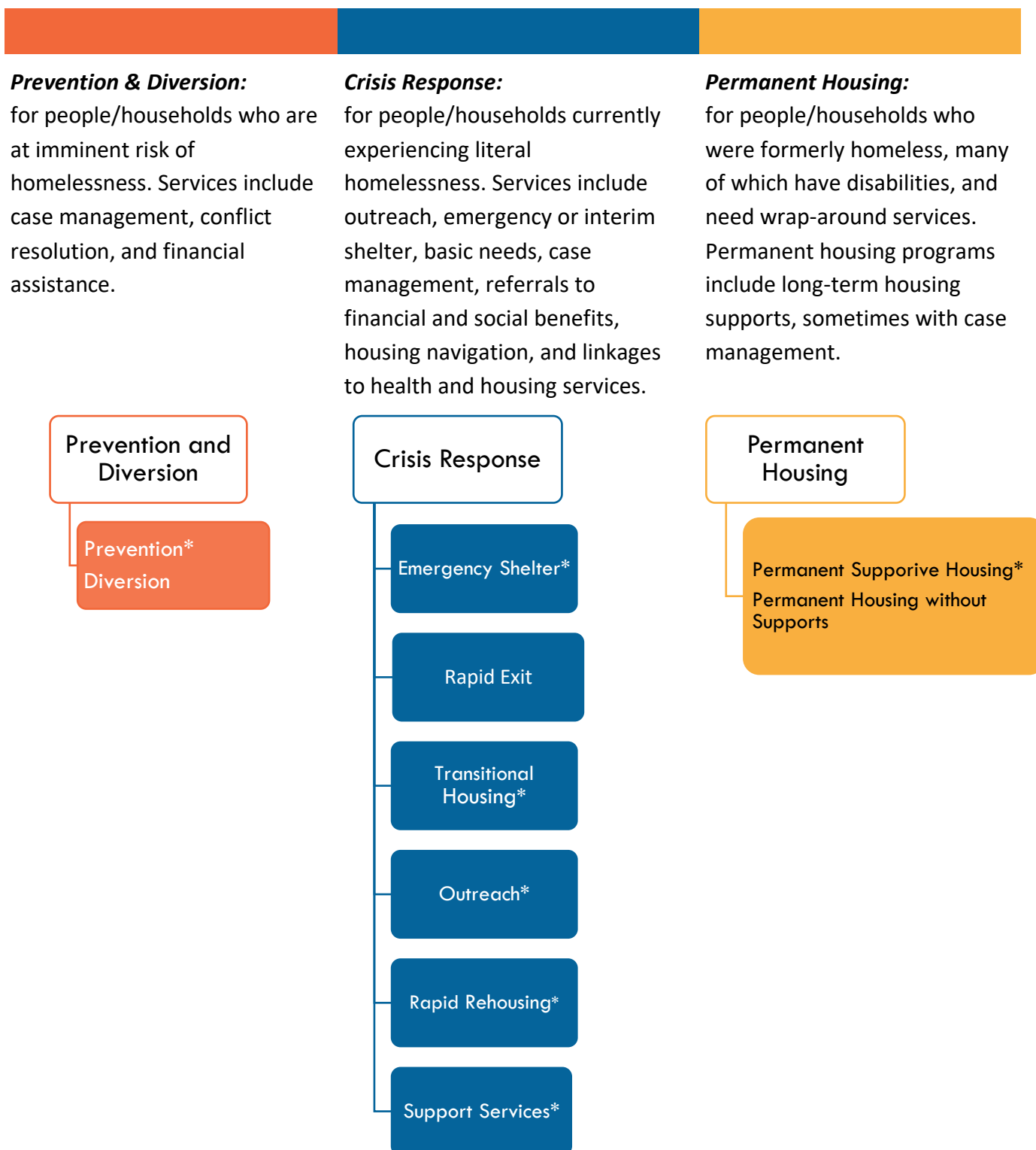

10,600

9,633   9,572   9,224

3% increase since 2019

7,497   7,153   6,825   7,725

Total Served (Individuals)

Total Served (Households)

2019   2020   2021   2022

CoC Program Models

- Prevention & Diversion
- Rapid Exit
- Emergency Shelters & Warming
- Transitional Housing
- Street Outreach
- Support Services
- Rapid Rehousing
- Permanent Housing

Figure 2: Program Models and Categories

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

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

Permanent Housing:
for people/households who were formerly homeless, many of which have disabilities, and need wrap-around services. Permanent housing programs include long-term housing supports, sometimes with case management.

Prevention and Diversion
- Prevention*
- Diversion

Crisis Response
- Emergency Shelter*
- Rapid Exit
- Transitional Housing*
- Outreach*
- Rapid Rehousing*
- Support Services*
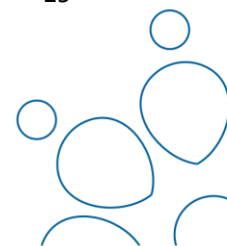
Permanent Housing
- Permanent Supporive Housing*
- Permanent Housing without Supports

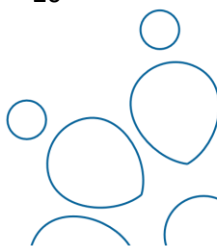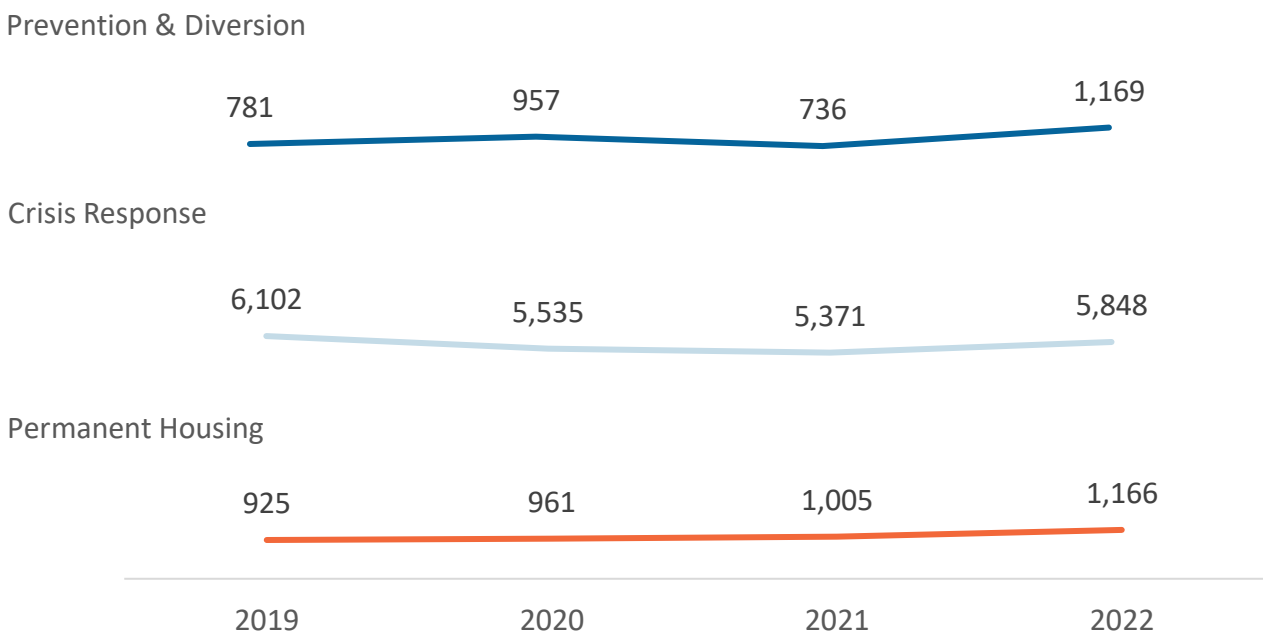The program models with an asterisk (*) are also "project types" defined by HUD.

The majority of households served in the CoC were served in crisis response programs designed for people experiencing sheltered and unsheltered homelessness (72% of household enrollments, n=5,849). Households in prevention/diversion and permanent housing both made up 14% of enrollments (n=1,169 and 1,166, respectively, Figure 3).

Figure 3: Household Enrollment Across Program Model Categories, 2022

There was a 50% four-year increase in the number of households served in prevention and diversion, a 4% decrease in crisis response, and a 26% increase in permanent housing (Figure 4).

Figure 4: Number of Households Served, by Program Model Category, 2019-2022

Prevention & Diversion

| 781 | 957 | 736 | 1,169 |

Crisis Response

| 6,102 | 5,535 | 5,371 | 5,848 |

Permanent Housing

| 925 | 961 | 1,005 | 1,166 |

| 2019 | 2020 | 2021 | 2022 |

20

Positive Outcomes and Exit Destinations

There were 89 programs in the CoC, listed in Appendix A. These programs fall under the program models adopted by the CoC. Desired exit destination for each program model varies depending on the target population (at-risk, sheltered, or unsheltered) and expected outcomes:

Permanent Housing	Temporary Settings	Emergency Shelters	Institutional Settings	Unsheltered Settings
• rental units (subsidized or not) • own home • living with friends or family on permanent basis	• transitional housing • living with family or friends on a temporary basis • hotel/motel not paid for by the CoC	• interim housing designated for people experiencing homlessness • hotels/motels paid for by the CoC	• hospitals, mental health facilities • rehabilitation centers • foster care • long-term care facilities • detention	• encampment • vehicles such as cars and RVs • uninhabitable buildings

There are two additional exit destination statuses:

1. **Still active** status occurs when a household has not yet exited a program. This is common for permanent housing programs where households remain housed and engaged in programming, and for interim housing programs where households remain unhoused and engaged in shelter or rapid rehousing. Households that do not engage with programming are automatically exited after 90 or 120 days, depending on the program model.

2. **Missing data** for exit destination occurs when households stop engaging with CoC programs without providing their next destination or sleep setting (this includes households that are auto-exited. This is common for households in crisis response as many households may find housing on their own, may move out of the area, or may simply stop accessing CoC programs, yet continue to experience homelessness.
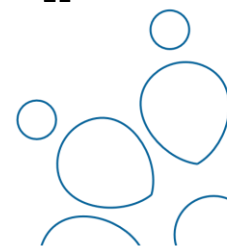
Positive Exits from Prevention and Diversion

Programs in prevention are designed for people about to lose their housing (some programs are specific to households that might lose their housing within the next two weeks). Diversion programs target households that are literally homeless but have not yet accessed the CoC and have resources that make CoC services unnecessary. The goal of prevention and diversion programs is to gain housing quickly with a permanent housing exit destination. Because these programs are designed to be short-term and have regular contact with participants, there is not a lot of missing exit data.

Positive Exits from Crisis Response

Street outreach and support services provide resources and referrals for people sleeping outside who need access to basic living necessities and referrals to housing support. Positive outcomes for outreach and support services entails further engagement in the CoC at shelters and/or referrals to housing services. Missing exit destination from outreach and support services is common for the many people who stop engaging with these programs without formally exiting CoC programs.

However, other program models in crisis response, such as rapid rehousing and rapid exit, have a housing focus and help people experiencing homelessness achieve housing through case management and financial assistance. Data collection on exit destination is more complete for these types of programs, although many still exit the system without exit data.

Positive Exits from Permanent Housing

A positive outcome for permanent housing is simply maintaining housing through a permanent housing program or exiting to other permanent housing destinations (these outcomes are summarized below in Table 2).
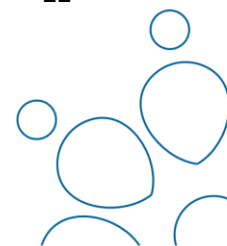
Table 2: Positive Outcomes for Each Program Model Category

| Program Model Category	Positive Outcomes
Prevention and Diversion	Remain housed upon program exit
Crisis Response (other than Rapid Rehousing)	Temporary stay at a shelter, transitional housing, friend, or family member's home; permanent housing; institution; long-term care setting
Crisis Response (Rapid Rehousing)	Exit to permanent housing, subsidized or not
Permanent Housing	Remain housed in permanent housing program or exit to other permanent housing

Exit destinations for households utilizing each of the program model categories are provided in Table 3. These outcomes should be judged based on the program model objectives, as described above, and should not be compared across program model categories.

Table 3: Exit Destinations for Household Enrollments by Program Model Categories, 2022

Exit Destination	Prevention/ Diversion (n=1,170)	Crisis Response (all programs) (n=5,849)	Crisis Response (RRH only) (n=1,101)	Permanent Housing (n=1,166)
Permanent Housing	87%	17%	46%	96%
Temporary Setting	3%	13%	12%	1%
Emergency Shelter	1%	9%	6%	<1%
Institution	1%	3%	1%	<1%
Unsheltered	1%	8%	21%	<1%
Still Active	7%	14%	11%	n/a
Missing Data	0%	36%	3%	<1%

A description of each program model category is provided in the following section, along with the number of households served and demographic data during 2022. The program models are listed in order of category (prevention and diversion, crisis response, and permanent housing). Crisis response has multiple program models; data summaries are provided for those as well.

Outcomes for these program models are based on total household enrollments and have duplicated data because households may enter a program model multiple times during a reporting period. In addition to the housing exit destination for all enrollments, this section includes the proportion of households per program model that exited to permanent housing. This data run removes some of the duplications and provides a clearer understanding of housing rates for each program model.

23
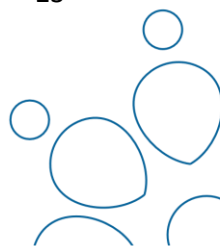
Prevention and Diversion

1,170 Households Served in 2022

Utilization and Demographics

Prevention and diversion programs provide short-term, one-time support for people at risk of homelessness or who have been homeless but recently accessed the system of care for the first time. Supports include conflict resolution between tenants and landlords or family members, financial assistance for utilities, rent, deposits, or fees related to housing, and case management. Demographics for those served in prevention in 2022:

Household Type
Adult-only: 54%
Households with Children: 42%
Unaccompanied minors: 4%

Age
<18 (40%); 18-24 (7%); 25-54 (42%); 55-64 (6%); 65+(5%)

Chronic Homelessness
There are no chronically homeless in Prevention/Diversion

Race/Ethnicity
Black/African American: 50%
White: 34%
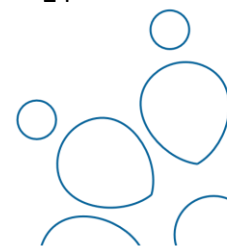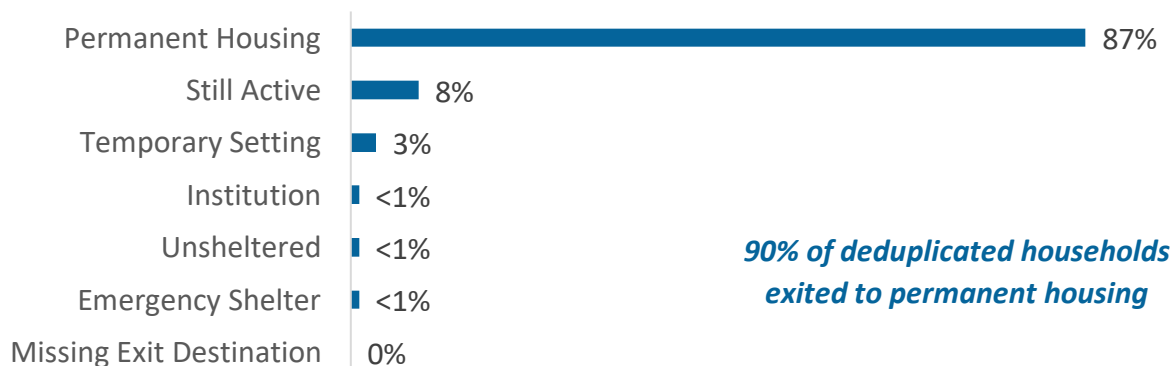Hispanic/Latin(a)(o)(e)(x): 22%
All others: 5% or less

Gender
Women: 60%
Men: 40%
Transgender/gender non-conforming: <1%

Outcomes

Outcomes for prevention and diversion focus on maintaining permanent housing. Almost 90 percent (87%) of household enrollments in prevention and diversion exited to permanent housing, 3% exited to a temporary setting, and 1% exited to an institution, shelter, or unsheltered settings. Eight percent were active at the time this report was generated. There was no missing exit destination for households accessing prevention/diversion programs (Figure 5).

Figure 5: Exit Destination for Households Accessing Prevention/Diversion, 2022

Exit Destination	Percent
Permanent Housing	87%
Still Active	8%
Temporary Setting	3%
Institution	<1%
Unsheltered	<1%
Emergency Shelter	<1%
Missing Exit Destination	0%

90% of deduplicated households exited to permanent housing

24

Crisis Response
Utilization and Demographics

**5,849 Households
Served in 2022**

Crisis response includes all program models designed to serve people who are in sheltered and unsheltered settings. Program models under crisis response are rapid exit, street outreach, support services, emergency shelters, transitional housing, and rapid rehousing. Demographic and outcome data specific to each program model are provided in the next section. However, it is helpful to aggregate data across all program models within crisis response to describe households that are literally homeless. Demographics for those served in all crisis response program models in 2022:

Household Type
Adult-only: 89%
Households with Children: 11%
Unaccompanied minors: <1%

Age
<18 (15%); 18-24 (8%); 25-54 (51%); 55-64 (18%); 65+ (8%)

Chronic Homelessness
44% were chronically homeless

Race/Ethnicity
White: 43%
Black/African American: 39%
American Indian/Alaska Native: 9%
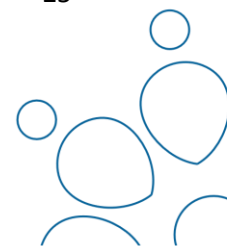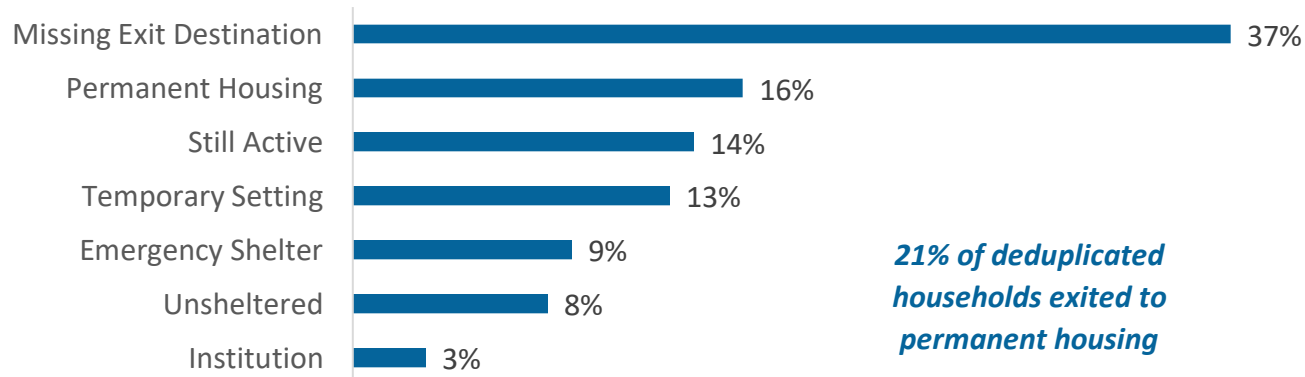Hispanic/Latin(a)(o)(e)(x): 18%
All others: 5% or less

Gender
Men: 55%
Women: 45%
Transgender/gender non-conforming: <1%

Outcomes

More than one-third (37%) of household enrollments in crisis response had missing exit data, 16% exited to permanent housing and another 13% to temporary setting. Nine exited to emergency shelter, 8% to an unsheltered setting, and 3% to an institutional setting. Almost a third of deduplicated enrollments (30%) exited to temporary or permanent housing (Figure 6).

Figure 6: Exit Destination for Households Accessing Crisis Response, 2022

Missing Exit Destination: 37%
Permanent Housing: 16%
Still Active: 14%
Temporary Setting: 13%
Emergency Shelter: 9%
Unsheltered: 8%
Institution: 3%

21% of deduplicated households exited to permanent housing

CR-Rapid Exit

Utilization and Demographics

Rapid exit is a program model designed for households that are newly homeless but not yet active in the CoC to prevent entry into crisis response or to quickly resolve a household's homelessness once they enter a shelter, transitional housing situation, or an unsheltered situation. Demographics for those served in Rapid Exit in 2022:

Household Type
Adult-only: 85%
Households with Children: 15%

Age
<18 (17%); 18-24 (5%);
25-54 (47%);55-64 (25%); 65+ (6%)

Chronic Homelessness
37% were chronically homeless

Race/Ethnicity
White: 45%
Black/African American: 47%
Hispanic/Latin(a)(o)(e)(x): 18%
All others: 5% or less

Gender
Women: 42%
Men: 56%
Transgender/gender non-conforming: 2%

Outcomes

For the 102 households enrolled during 2022 in Rapid Exit, 66% exited to permanent housing, 7% to an emergency shelter, 5% to unsheltered homelessness setting and 4% to a temporary setting. Eighteen percent were still active at the time this report was analyzed (Figure 7).

Figure 7: Exit Destination for Households Accessing Rapid Exit, 2022

Destination	Percentage
Permanent Housing	66%
Still Active	18%
Emergency Shelter	7%
Unsheltered	5%
Temporary Setting	4%
Institution	0%
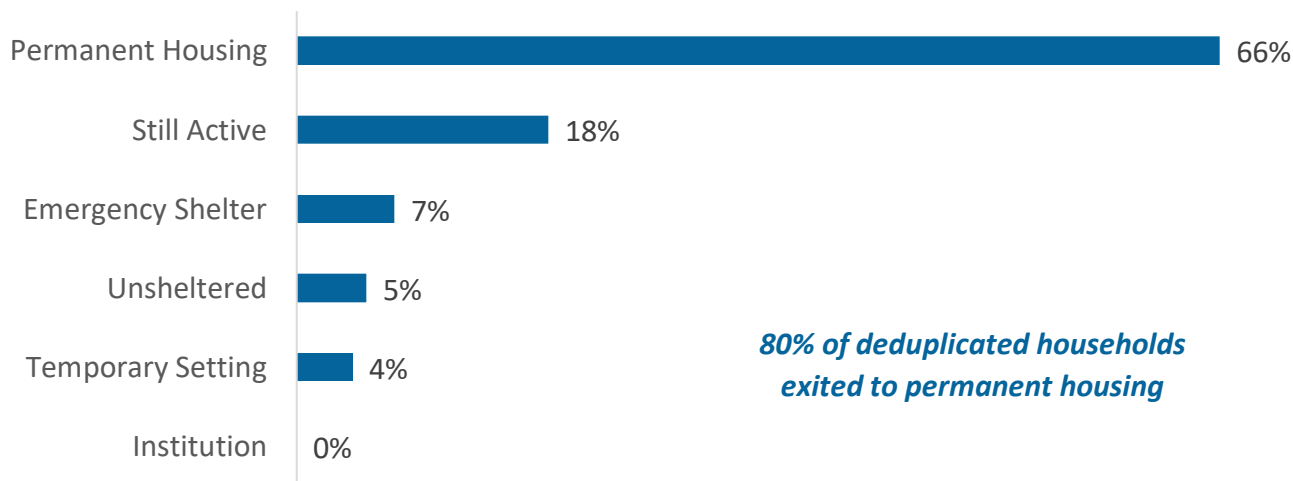
80% of deduplicated households exited to permanent housing
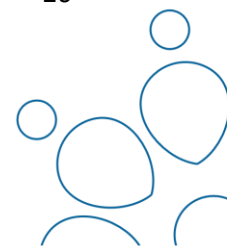
Rapid Exit Success Story

Sharon never expected to become homeless herself. When the unit she and her grandson lived in fell into a toxic state of disrepair due to landlord neglect, they had to leave. A recent widow with no family, Sharon had no choice but to move into her car.

Sharon was referred to the Coordinated Entry System (CES) by the San Pablo Police Department who directed her to the Coordinated Entry System. Once part of CES, Sharon was connected to Rapid Exit services. Rapid Exit program staff at Hope Solutions identified a number of challenges during her intake (bad credit, facing an eviction, low income, and a very high car payment) as well as some possible resources. They connected her grandson with the RYSE Center, a youth-serving agency, that was able to pay for them to stay in a hotel until they located housing. SparkPoint helped provide gift cards for food and other essential items while they waited. Rapid Exit staff helped with the housing search, and finally identified an apartment complex in east county with a 2-bedroom unit that they could afford. CORE outreach was able to help get her belongings out of storage and into their unit. She now lives with her grandson in an apartment and can focus on finding more stable employment.

Partners in this success:

- Hope Solutions
- RYSE
- San Pablo Police Department
- SparkPoint
- CORE Street Outreach

"Hope Solutions has helped me and my grandson start a new life. After my partner of 17 years passed away, we became homeless. Hope Solutions staff went above and beyond to help us. We are now in our new home and my grandson was able to walk the stage and receive his high school diploma!

Thank you so much for all your support."

Sharon
Hope Solutions Rapid Exit Program Participant

CR-Street Outreach

Utilization and Demographics

Street outreach is provided in the community to link people experiencing unsheltered homelessness with basic needs (including but not limited to food, water, and hygiene kits) as well as referrals and connections to service providers within the CoC. Demographics for those served in street outreach in 2022:

Household Type
Adult-only: 89%
Households with Children: 11%

Age
<18 (15%); 18-24 (7%); 25-54 (54%); 55-64 (18%); 65+ (6%)

Chronic Homelessness
57% were chronically homeless

Race
White: 45%
Black/African American: 36%
American Indian/Alaskan Native: 10%
Hispanic/Latin(a)(o)(e)(x): 19%
All others: 6% or less

Gender
Women: 54%
Men: 46%
Transgender/gender non-conforming: <1%

Outcomes

The purpose of street outreach is to engage with people sleeping in unsheltered settings and refer them to supports that might lead to shelter, temporary housing, or permanent housing. More than half of household enrollments in outreach (53%) simply stopped accessing programs in the CoC and did not provide exit data. One-third (33%) had exits to temporary or permanent settings (16% to temporary settings, 13% to emergency shelter, and 4% to institutional settings). Nine percent were still active in outreach at the time this report was analyzed, and 1% exited back to unsheltered (Figure 8).

Figure 8: Exit Destination for Households Accessing Street Outreach, 2022

Exit Destination	Percent
Missing Exit Destination	53%
Temporary Setting	16%
Emergency Shelter	13%
Still Active	9%
Institution	4%
Permanent Housing	4%
Unsheltered	1%
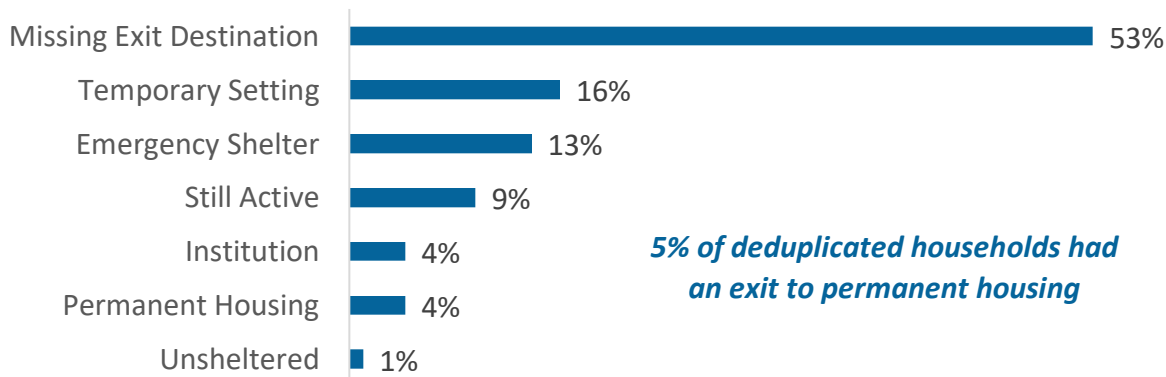
5% of deduplicated households had an exit to permanent housing

28
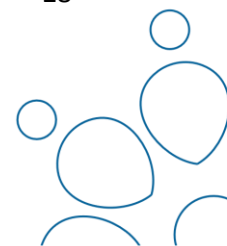
CR-Support Services

2,122 Households
Served in 2022

Utilization and Demographics

Some support services program models provide basic needs such as meals, showers, hygiene kits, mail service, and referrals to other resources that might lead to shelter, temporary housing, or permanent housing. Other support services focus on enrollment into benefits programs. Demographics for those served in support services in 2022:

Household Type
Adult-only: 95%
Households with Children: 5%

Age
<18 (8%); 18-24 (9%); 25-54 (54%);
55-64 (21%); 65+ (8%)

Chronic Homelessness
29% were chronically homeless

Race/Ethnicity
Black/African American: 45%
White: 44%
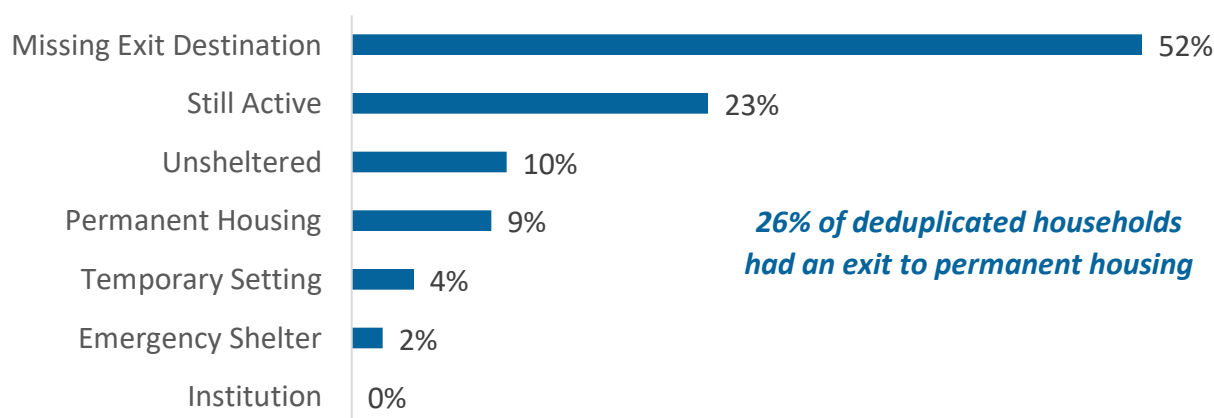Hispanic/Latin(a)(o)(e)(x): 18%
All others: 5% or less

Gender
Men: 53%
Women: 46%
Transgender/gender non-conforming: <1%

Outcomes

Many people who access support services stop engaging with all programs in the CoC and do not provide exit data. More than half (52%) of household enrollments with support services during 2022 did not have exit data. Almost one-quarter (23%) were still active in support services when the data was analyzed. Sixteen percent exited to temporary or permanent settings (9% to permanent, 5% to temporary, and 2% to emergency shelters, Figure 9).

Figure 9: Exit Destination for Households Accessing Support Services, 2022

Category	Percent
Missing Exit Destination	52%
Still Active	23%
Unsheltered	10%
Permanent Housing	9%
Temporary Setting	4%
Emergency Shelter	2%
Institution	0%

26% of deduplicated households had an exit to permanent housing
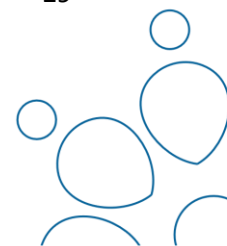
Support Services Success Story

Ronald and his young son first came to Greater Richmond Interfaith Program (GRIP) in 2012. He was not interested in entering GRIP's family shelter, so while the father and son were living on the street, GRIP staff helped Ronald enroll his son in school with transportation, school supplies, clothes, connections to health care, and food pantries. Staff tried to help him with finding housing, but he was unable to follow through with the pieces he needed to complete on his own.

Years later, GRIP staff learned that Ronald was connected to a case manager through Community Connect, and together, the caseworkers were able to get him a 1-bedroom unit in a senior housing program.

At the same time, staff also connected Ronald's 18-year-old son, Rondale, with the Calli House Transition Aged Youth shelter. A case manager at GRIP worked with staff at Calli House to support Rondale in enrolling in an employment program. Rondale has graduated from the employment program and has a temporary job in Yosemite, but he will return soon to help his father as his in-home support services worker so they can be together again, housed and supported.

Partners in this success:

- GRIP CARE Center
- Calli House Transition Age Youth Shelter
- Contra Costa Office of Education
- Local food pantries, and health clinics
- Community Connect
- Employment program
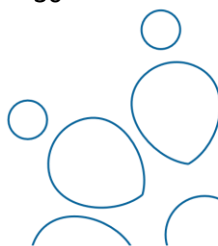
CR-Emergency Shelter
Utilization and Demographics

**1,417 Households
Served in 2022**

Emergency shelters provide interim housing for people who do not have safe and healthy sleep settings. People experiencing homelessness generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or have lost their temporary housing. Demographics for those served in emergency shelters in 2022:

Household Type
Adult-only: 90%
Households with Children: 8%
Unaccompanied minors: 2%

Age
<18 (13%); 18 to 24 (7%); 25 to 54 (43%); 55 to 64 (24%); 65+ (13%)

Chronic Homelessness
52% were chronically homeless

Race/Ethnicity
White: 47%
Black/African American: 35%
American Indian/Alaskan Native: 8%
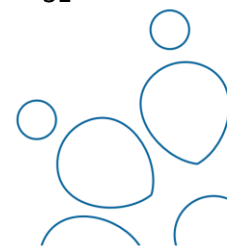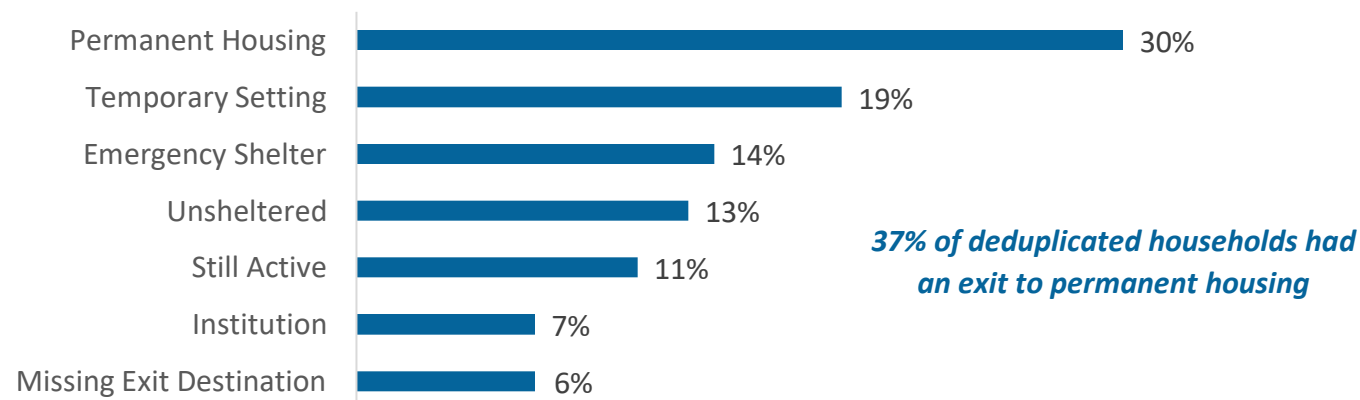Hispanic/Latin(a)(o)(e)(x): 18%
All others: 6% or less

Gender
Men: 53%
Women: 46%
Transgender/gender non-conforming: 1%

Outcomes

Emergency shelter aims to provide short-term and interim shelter until people find temporary or permanent housing resources. Almost half of household enrollments exited to a temporary or permanent settings (30% to permanent housing, 19% to temporary). Another 14% exited to another shelter, 13% exited to unsheltered homelessness, and 7% to an institutional setting. Ten percent were still active at the time this report was run, and there was missing exit data for 6% (Figure 10).

Figure 10: Exit Destination for Households Accessing Emergency Shelter, 2022

Exit Destination	Percentage
Permanent Housing	30%
Temporary Setting	19%
Emergency Shelter	14%
Unsheltered	13%
Still Active	11%
Institution	7%
Missing Exit Destination	6%

37% of deduplicated households had an exit to permanent housing

31

Emergency Shelter Success Story

When Mary came to the Mountain View Family Shelter in July 2022, she was a single mom and pregnant with another child. She had been experiencing homelessness on and off for about seven years; ending a toxic relationship resulted in her most recent bout of homelessness. While she was close to her family, their struggles with housing meant she could not live with them. Despite being employed, she was not able to make enough money for stable housing.

Mary's case worker at Mountain View supported in exploring higher paying employment, begin budgeting the money she did have and helped get the documents she needed, like a birth certificate, so that when she was referred to a housing program she would be ready to move in. When Mary was referred to Rapid Rehousing program, she was motivated and determined to find a home. When she found an apartment, she called her caseworker with excitement to tell her that she finally had her own space for herself and her children.

Partners in this success:

- Mountain View
- SHELTER, Inc. – rapid rehousing program

Mary reports that her goals are to have a career and be self-sufficient enough not to need help from housing programs. She is happy for the start of this new chapter and is so thankful to SHELTER, Inc and her case manager for helping her get through her struggles and leading her on the right path to success.
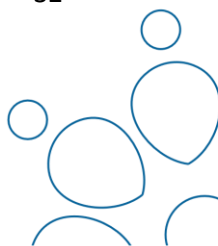
CR-Transitional Housing

Utilization and Demographics

131 Households Served in 2022

Transitional housing provides short-term housing to get households off the streets and into more stable living environments until permanent housing can be established. These programs are generally focused on specific sub-populations such as Transition Age Youth (18 to 24) and veterans. Demographics for those served in transitional housing in 2022:

Household Type
Adult-only: 99%
Households with Children: 1%

Age
<18 (1%); 18 to 24 (38%);
25 to 54 (39%); 55 to 64 (12%);
65+(10%)

Chronic Homelessness
20% were chronically homeless

Race/Ethnicity
White: 43%
Black/African American: 37%
American Indian/Alaskan Native: 10%
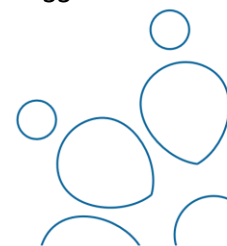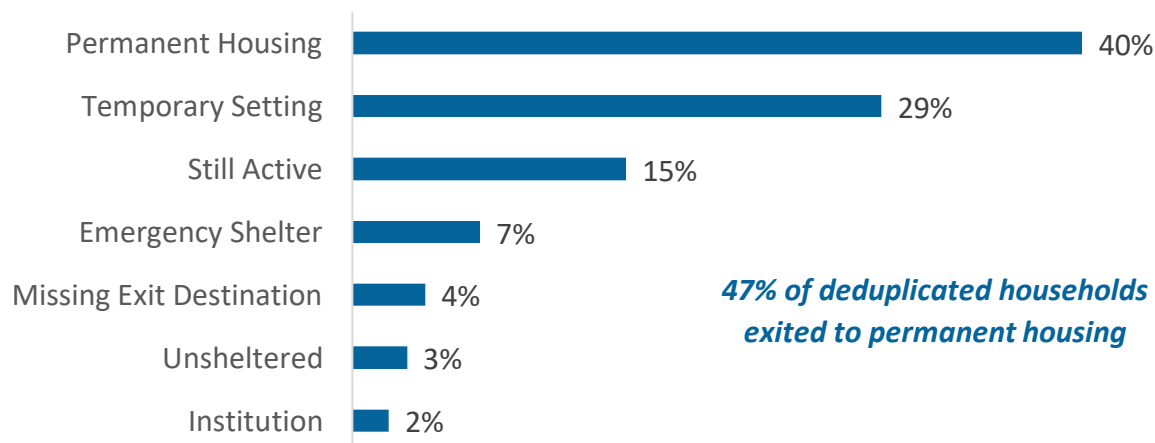Hispanic/Latin(a)(o)(e)(x): 24%
All others: 8% or less

Gender
Men: 82%
Women: 16%
Transgender/gender non-conforming: 2%

Outcomes

The primary goal of transitional housing is to move households from temporary housing to permanent housing. Forty percent of household enrollments exited to permanent housing. Twenty-nine percent of enrollments exited to temporary settings, 7% exited to an emergency shelter and 3% exited to unsheltered status. Fifteen percent were still enrolled in transitional housing when the data was analyzed (Figure 11).

Figure 11: Exit Destination for Households Accessing Transitional Housing, 2022

Exit Destination	Percentage
Permanent Housing	40%
Temporary Setting	29%
Still Active	15%
Emergency Shelter	7%
Missing Exit Destination	4%
Unsheltered	3%
Institution	2%

47% of deduplicated households exited to permanent housing

33

CR-Rapid Rehousing

Utilization and Demographics

Rapid rehousing integrates short-term financial assistance with services and case management to help those experiencing homelessness get quickly re-housed and stabilized. Demographics for those served in rapid rehousing in 2022:

Household Type
Adult-only: 76%
Households with Children: 24%

Age
<18 (25%); 18 to 24 (10%); 25 to 54 (43%); 55 to 64 (13%); 65+ (9%)

Chronic Homelessness
31% were chronically homeless

Race/Ethnicity
Black/African American: 48%
White: 38%
Hispanic/Latin(a)(o)(e)(x): 16%
All others: 4% or less

Gender
Men: 54%
Women: 46%
Transgender/gender non-conforming: <1%

Outcomes

Households enrolled in rapid rehousing generally work with case managers to address barriers to obtaining housing and help identify appropriate housing opportunities. Households stay enrolled in rapid rehousing even after a move-in date until they can sustain housing on their own without support. Almost half (46%) of household enrollments in rapid rehousing exited to permanent housing and another 11% were still active (not yet in housing) when this report was generated. Twenty-one percent exited to unsheltered settings, 6% to emergency shelters, and 1% to an institutional setting. There was missing exit destination for 3% of enrollments (Figure 12).

Figure 12: Exit Destination for Households Accessing Rapid Rehousing, 2022

Exit Destination	Percentage
Permanent Housing	46%
Unsheltered	21%
Temporary Setting	12%
Still Active	11%
Emergency Shelter	6%
Missing Exit Destination	3%
Institution	1%

52% of deduplicated households exited to permanent housing
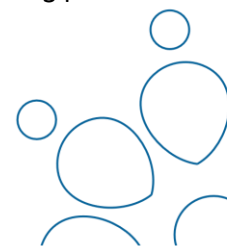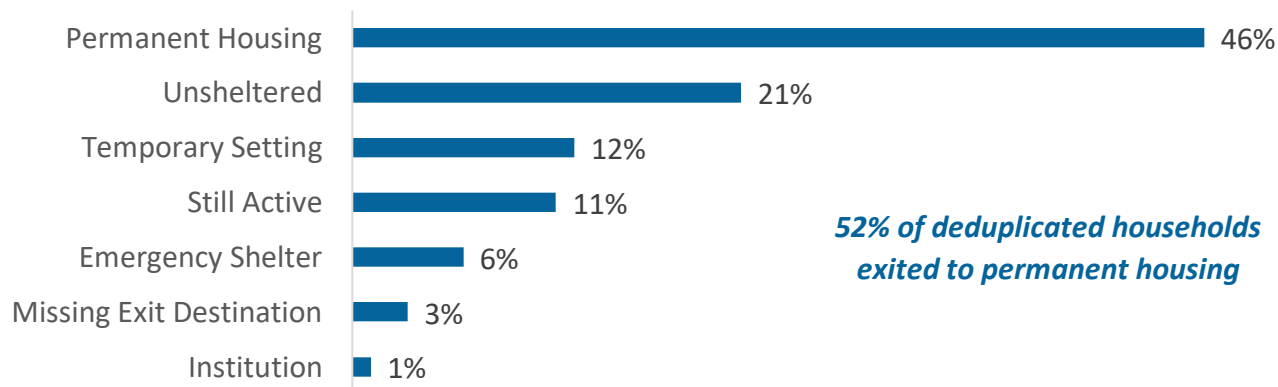
Permanent Housing

Utilization and Demographics

**1,166 Households
Served in 2022**

Permanent housing programs provide long-term financial support for housing for people who were previously homeless. Many include case management and wrap-around services. Most households stay housed in this program for many years. Demographics for those served in permanent housing in 2022:

Household Type
Adult-only: 79%
Households with Children: 21%

Age
<18 (25%); 18 to 24 (4%);
25 to 54 (38%); 55 to 65 (21%);
65+ (12%)

Chronic Homelessness
49% were chronically homeless

Race/Ethnicity
White: 45%
Black/African American: 39%
American Indian/Alaskan Native: 6%
Hispanic/Latin(a)(o)(e)(x): 13%
All others: 4% or less

Gender
Women: 54%
Male: 46%
Transgender/gender non-conforming: <1%

Outcomes

Households in permanent housing programs generally stay in their housing until they can no longer live independently; 89% of households in permanent supportive housing were still enrolled at the time this report was generated. Another 5% exited to permanent housing (resulting in 94% remaining housed), 1% to temporary housing, and 1% had missing exit destination data (Figure 13).

Figure 13: Exit Destination for Households Accessing Permanent Housing, 2022

Exit Destination	Percentage
Still Housed	91%
Permanent Housing	5%
Missing Exit Destination	1%
Temporary Setting	1%
Institution	<1%
Unsheltered	<1%
Emergency Shelter	<1%

96% of deduplicated households remained in permanent housing
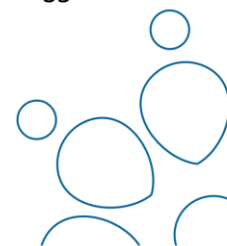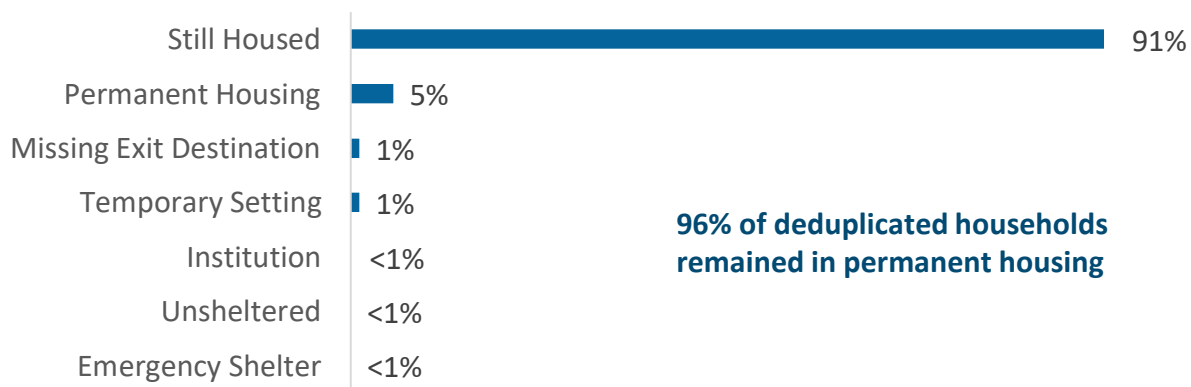
Permanent Housing Success Story

Roxy became a victim of domestic violence and violent attacks that were triggered by her trans identity. She was experiencing homelessness and the added trauma led to feelings of hopelessness and desperation.

In March 2017, the West County Adult Mental Health clinic referred her to the Brookside shelter. At Brookside, she met a case manager she had worked with previously through Calli House, the transition aged youth shelter she had stayed at previously. That case manager helped Roxy move into the Permanent Connections, a transition aged youth permanent supportive housing program. While in permanent housing, she received support with money management, mental health, and cognitive behavioral therapy, among other services.

Over the years, Roxy has successfully accessed services to help maintain her mental, physical, and emotional health, working with Rubicon Programs, Recovery Innovations, Fred Finch Youth and Family Services, Adult mental health, Richmond Works and many more community-based agencies.

Partners in this success:
- Brookside and Calli House emergency shelters
- Rubicon Programs
- Fred Finch Youth and Family Services
- Adult Mental Health
- RichmondWORKS

With stable housing, Roxy has also been able to successfully complete her legal gender transition process. The transition, she reports, has given her the confidence to apply herself in everyday life. Roxy is in what she calls "the career of her choice" as an In-Home Support Service (IHSS) provider. She reports that she strives to offer services the way she wished someone had when she was younger- the best way. Roxy no longer receives public benefits and now has earned income. Roxy reports that her stability has contributed towards rebuilding wholesome personal and family relationships.
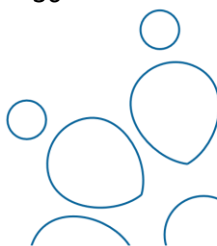
"I am a living testament of what permanent and consistent housing, doubled up with relevant services can do in helping shape a person's life. I owe everything I am to Permanent Connections. Everything I have accomplished could not have been possible if I had not met people who believed in me, people who encouraged me and held up my hope when I was ready to give up."

- Roxy

DEMOGRAPHICS:

Household Types

Age Group

Race/Ethnicity

Gender

Chronicity & Disability

Domestic Violence Victims

Sexual Orientation

Veterans

Demographics

The CoC is made up of 10,600 people in 7,725 households, all from different backgrounds. This section of the report provides demographic data for individuals and households accessing the CoC during 2022.

Household Type

Household types in the CoC fall into three categories:

1. households with adults and children (under 18)
2. households with only adults (single or multiple adults)
3. unaccompanied minors (households with no adult head of household).

This section summarizes the three household types, their characteristics, their program utilization, and their outcomes.

Almost 8,000 households (7,725), making up 10,600 people, accessed services in the CoC during 2022. There has been in the number of households served in the CoC (among prevention and diversion, crisis response, and permanent housing programs) since 2019.

Adult-only households made up 83% of the household enrollments in the CoC during 2022 and households with children made-up 16% (Figure Fourteen). There were 73 unaccompanied minors served at a youth program in the CoC, making up less than a tenth of a percent of all enrollments in the CoC. The number of unaccompanied minors is small and disaggregating in further analysis jeopardizes confidentiality and therefore is not included in further analyses in this report.

Figure 14: Proportion of Enrollments in the CoC, by Household Type, 2022
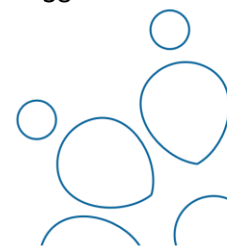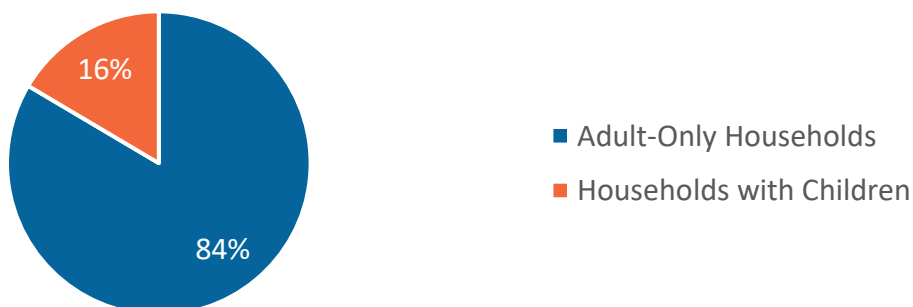
Adult-only households experienced a 4% decrease from 2019 to 2022, while households with children increased by 32% (Table 4).

Table 4: Number of Households, by Household Type, Served in the CoC, 2019-2022

	2019	2020	2021	2022	4-year % change
Adult-Only Households	6,961	6,391	5,994	6,651	-4%
Households with Children	994	1,031	1,075	1,314	32%
Total (Unique) Households	7,497	7,153	6,825	7,723	3%

Adult-only households were the largest household type accessing all three program model categories; more than half of households served in prevention and diversion (56%, n=640), 89% among crisis response (n=5,430), and 79% among permanent housing (n=918, Figure 15).

Figure 15: Program Model Category, by Household Type, 2022
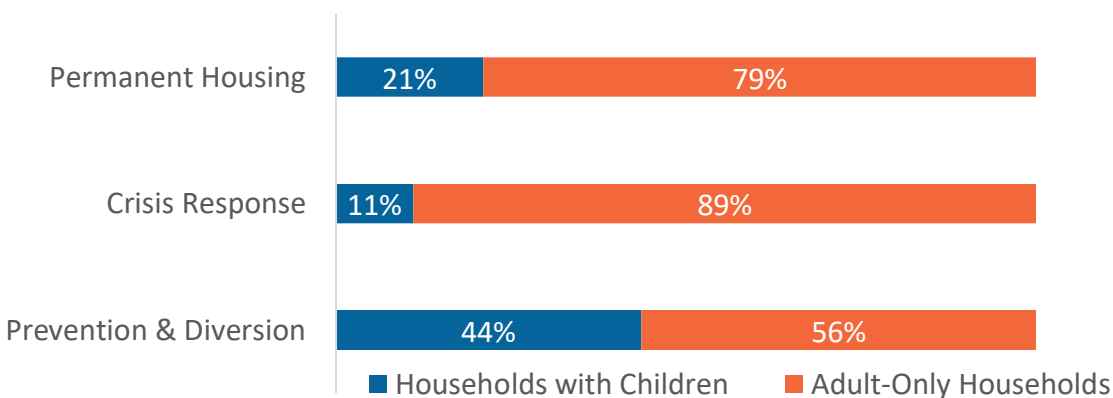
Program utilization varied considerably for households with children compared to adult-only households. A greater proportion of households with children accessed prevention and diversion (36% of households with children) than adult-only households (9% of adult-only households). A lower proportion of households with children (46%) accessed crisis response than adult-only households (78%). Rates for accessing permanent supportive housing were closer (18% of households with children and 13% of adult-only households, Figure 16).
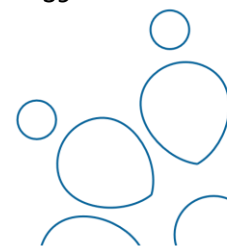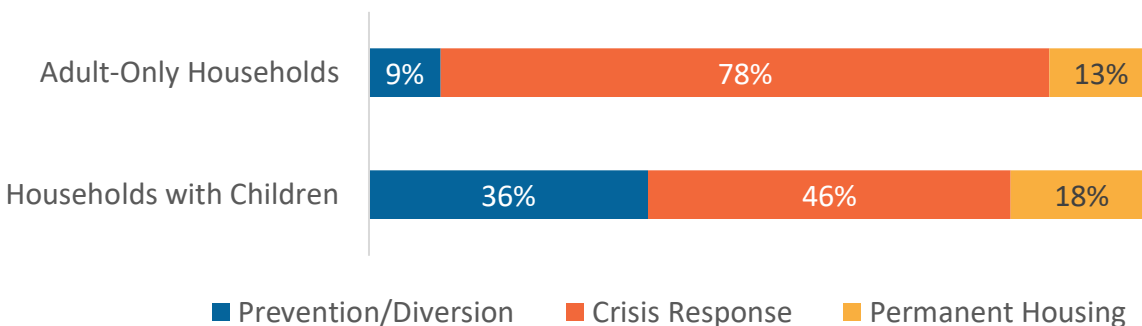
Figure 16: Program Model Category Utilization, by Household Type, 2022

Household Type	Prevention/Diversion	Crisis Response	Permanent Housing
Adult-Only Households	9%	78%	13%
Households with Children	36%	46%	18%

Exits to Permanent Housing by Household Type

Households with children had higher exit rates to permanent housing from all three program model categories than adult-only households during 2022. Among prevention and diversion, households with children had a 97% exit rate to housing rate compared to 92% for adult-only households. Forty percent of households with children exited to permanent housing from crisis response compared to 18% of adult-only households, and 100% of households with children, compared to 97% of adult-only households, retained housing or exited to permanent housing from permanent supportive housing programs (Figure 17).

Figure 17: Percent of Exits to Permanent Housing, or Retained Housing, by Household Type, 2022

Program	Households with Children	Adult-Only
Prevention and Diversion	97%	92%
Crisis Response	38%	18%
Permanent Housing	100%	97%

40
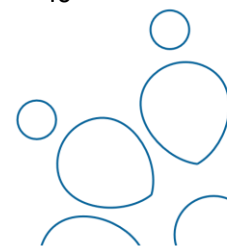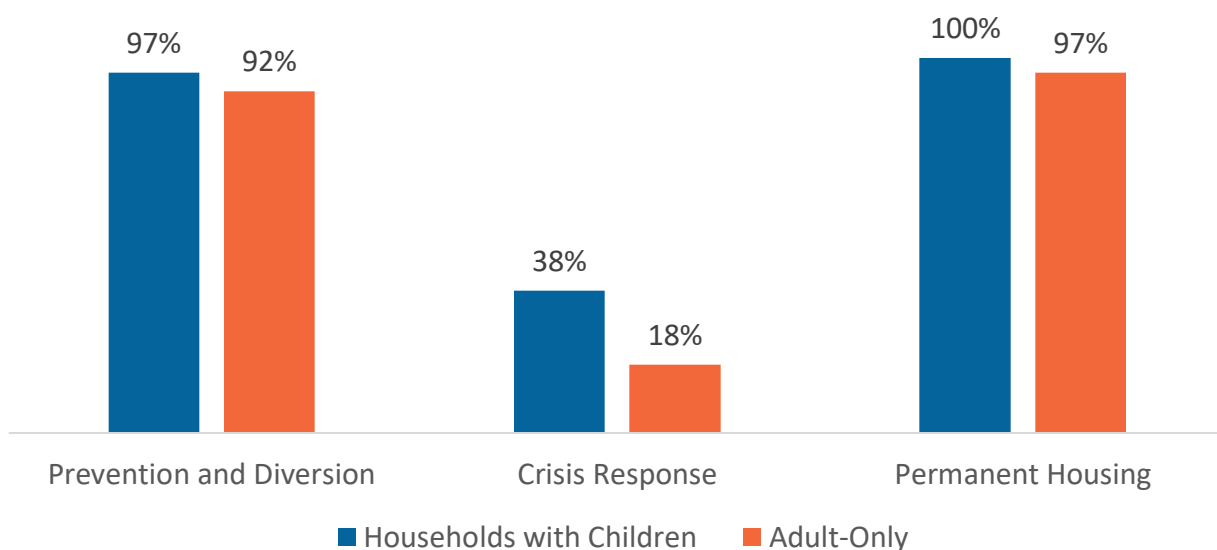
Age Groups

Adults ages 25 to 54 years old made-up almost half (48%) of all people accessing services in the CoC during 2022, followed by minors (ages 0 to 17, 21%). Older adults (55- to 64 years of age) made up 16%, seniors (ages 65 and older) made up 7%, and transition-age youth (TAY, 18 to 24) made up 8% (Figure 18).

Figure 18: Age Distribution for All People Experiencing Homelessness Served by the CoC, 2022
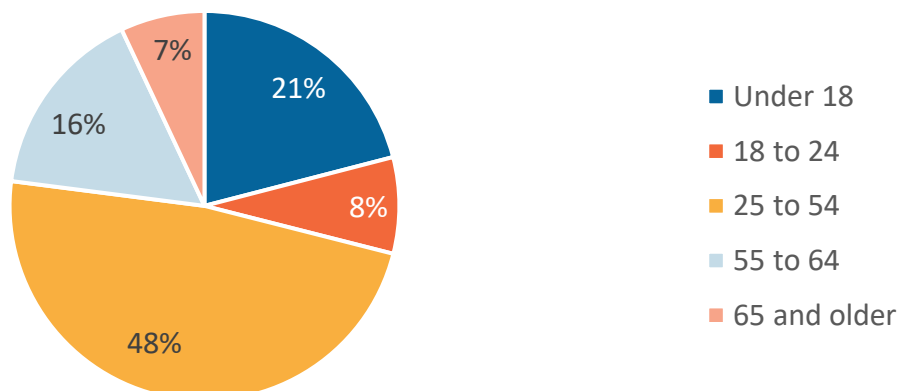
Over the last four years, the CoC has experienced shifts in the number of people within most age groups. These changes reflect the CoC's prioritization to serve populations most at-risk of complications of COVID-19, with a focus on older adults and seniors and people with chronic health conditions. Programs serving households with children have also increased, resulting in more minors. There was a 36% increase in the number of seniors 65+ from 2019 to 2022, a 30% increase among minors, a 21% increase among TAY, and a 7% increase among 55- to 64-year-olds with no percent change among 25- to 54-year-olds (Table 5).

Table 5: Four-year Percent Change (2019-2022) Among Age Groups

	<18	18-24	25-54	55-64	65+
4-Year Percent Change	30%	21%	0%	7%	36%

Adults between the ages of 25 and 54 made up the largest age group accessing prevention and diversion and crisis response while minors under 18 made up the largest group accessing permanent housing (Table 6).
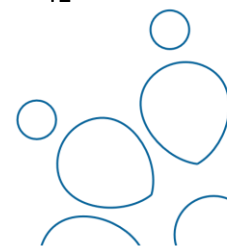
Table 6: Number of Each Age Group Served in Program Model Category, 2022

	<18	18-24	25-54	55-64	65+
Prevention & Diversion	943	164	983	136	123
Crisis Response	1,092	612	3,772	1,306	560
Permanent Housing	431	68	663	372	203

Minors had a higher proportion in Prevention/Diversion than any other age group (38% of minors) and older adults 55 to 64 had the lowest proportion in prevention/diversion with 7%). TAY had the highest proportion in crisis response (73%), followed closely by 55- to 64-year-olds (72%) and 25- to 54-year-olds (70%). Minors had the lowest proportion in crisis response at 44%. Seniors 65 and older had the highest proportion in permanent housing programs (23%), and TAY had the lowest (8%, Figure 19).

Figure 19: Program Utilization for Each Program Model Category, by Age Group, 2022
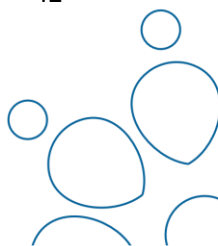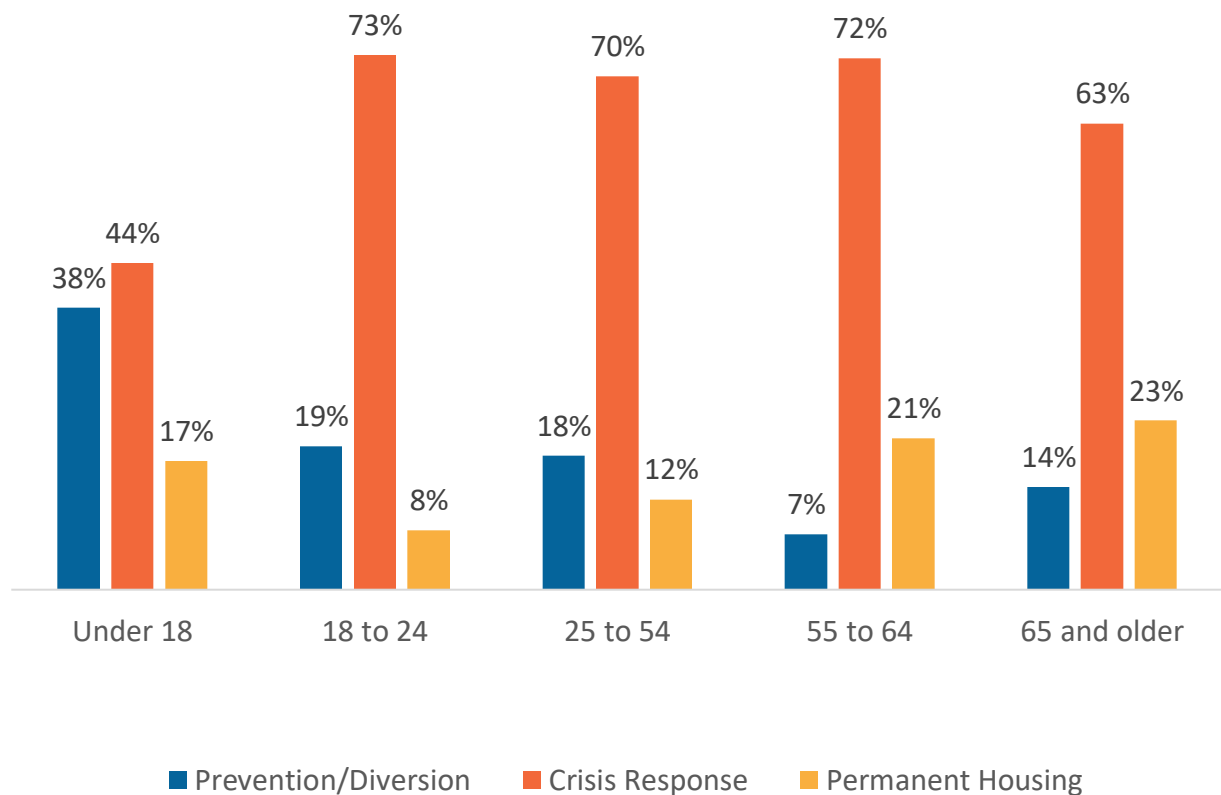
Age Group Exits to Permanent Housing

Minors had the highest exit rates to, or retention in, permanent housing from crisis response and permanent housing programs than any other age group. Exits to permanent housing from prevention/diversion ranged from 97% for adults ages 25 to 54 to 62% among older adults 65 and older. Exits to permanent housing from crisis response ranged from 41% among minors to 20% among adults ages 25 to 54. All household types had a housing retention rate of 93% or higher (Figure 20).

Figure 20: Percent of Exits to, or Retention in, Permanent Housing, by Program Model Category and Age, 2022

Prevention and Diversion ■ Crisis Response ■ Permanent Housing
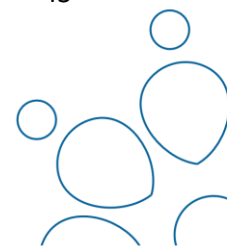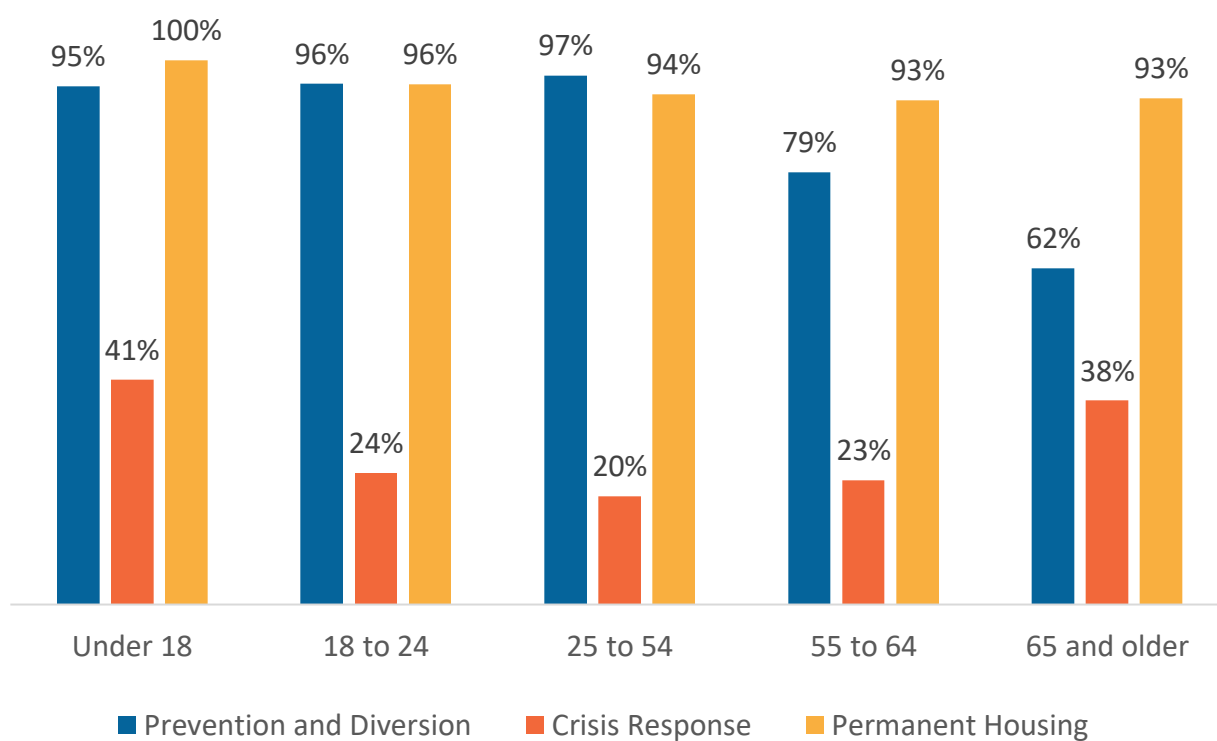
Race and Ethnicity

Race and ethnicity data is generally analyzed for the head of household. Much of the data in this section is for the head of household unless otherwise stated. Race and ethnicity are separate data elements per HUD definition; people who are Hispanic/Latin(a)(o)(e)(x) may self-report any race. Across all three program model categories (prevention and diversion, crisis response, and permanent housing), White households made up the largest race category (42%, n=3,182), followed closely by Black/African American/African households (41%, n=3,090), American Indian/Alaska Native/Indigenous (8%, n=595), people with Multiple Races (5%, n=382), and 2% for each Asian American/Asian and Native Hawaiian/Other Pacific Islander (n=184 and 134, respectively, Figure 21). Eighteen percent (n=1,411) of households in the CoC were Hispanic/Latin(a)(o)(e)(x).

Figure 21: Racial Distribution of Heads of Households Across the CoC, 2022
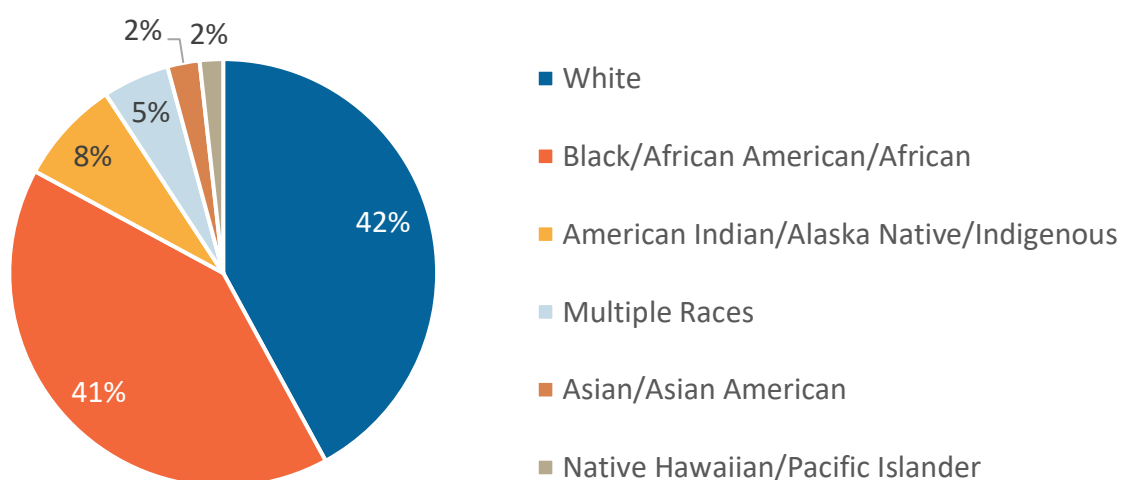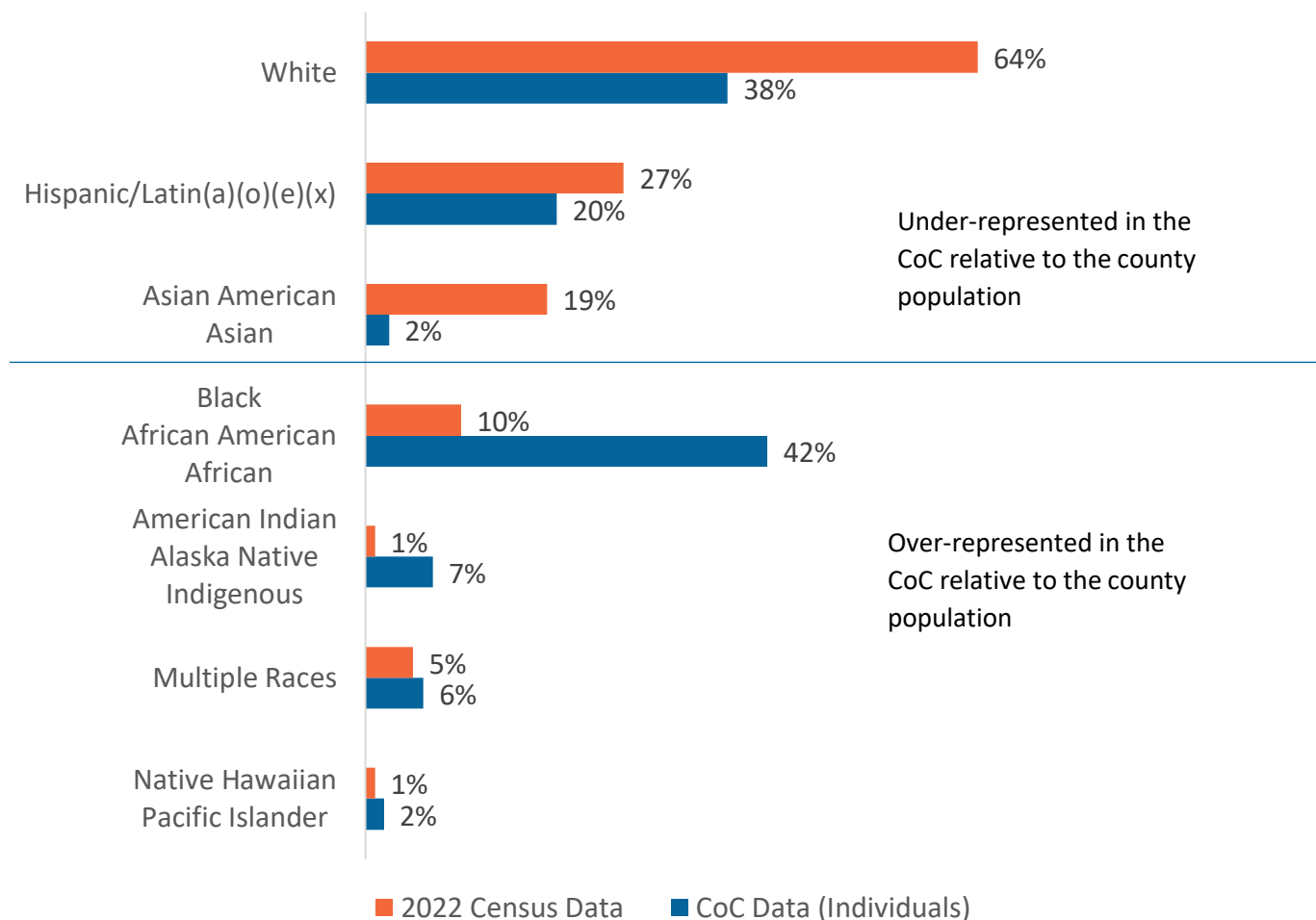

Compared to the racial composition of all Contra Costa residents (2022 U.S. Census estimates), White, Asian American/Asian, and Hispanic/Latin(a)(o)(e)(x) were underrepresented in the CoC, while Black/African American/African and American Indian/Alaska Native/Indigenous households were over-represented. Census data are available for individuals and not head-of-households, thus the proportion in the following graphic is for individuals and does not match the head-of-household proportions above. White individuals represented 64% of the county population, and only 38% of the CoC, and Asian American/Asian made up 19% of the county population and 2% of the CoC. Conversely, Black/African American/African people represented 42% of the CoC had only 10% of the county population (four times higher), and American Indian/Alaska Native/Indigenous were 7% of the CoC and only 1% of the county (seven times higher than the
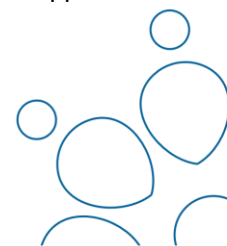
census). Hispanic/Latin(a)(o)(e)(x) represented a smaller proportion (20%) than census estimates (27%, Figure 22).

Figure 22: Race Distribution in the CoC* Compared to 2022 County Census Data Estimates

Under-represented in the CoC relative to the county population

Over-represented in the CoC relative to the county population

■ 2022 Census Data   ■ CoC Data (Individuals)

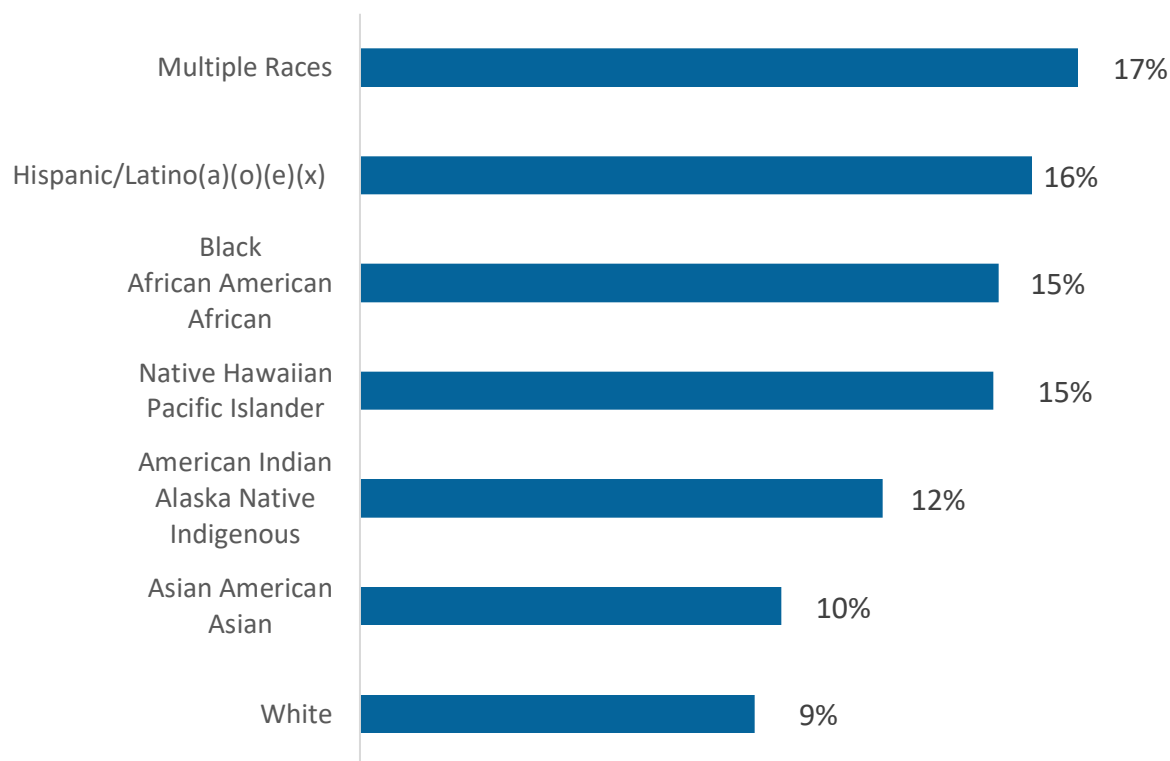*County census data is available at: https://www.census.gov/quickfacts/contracostacountycalifornia. Race distribution for Figures Twenty-One and Twenty-Two are different because census data is run at the individual level, not household, therefore, the CoC data was run at individual level for Figure Twenty-Two.

Household type varied across races and ethnicities. White households had the lowest rate of households with children (9% of households), followed by Asian American/Asian (10%). Head-of-household with Multiple Races had the highest proportion of households with children (17%, Figure 23).

Figure 23: Proportion of Households with Children in the CoC, by Race and Ethnicity, 2022

Race/Ethnicity	Percentage
Multiple Races	17%
Hispanic/Latino(a)(o)(e)(x)	16%
Black African American African	15%
Native Hawaiian Pacific Islander	15%
American Indian Alaska Native Indigenous	12%
Asian American Asian	10%
White	9%

The proportion of households accessing the three program model categories also varied by race and ethnicity distribution.

Prevention and Diversion
Asian American/Asian households were more likely to use prevention and diversion (27%), followed by Native Hawaiian/Pacific Islander (20%). American Indian/Alaska Native/Indigenous were least likely to access prevention and diversion (5%).

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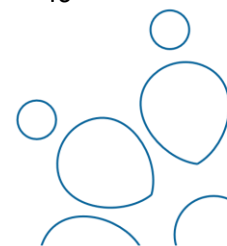
Crisis Response

The proportion of American Indian/Alaska Native/Indigenous households who accessed crisis response (85%) was higher than all other races/ethnicities, followed by people with Multiple Races (74%). Asian American/Asian households were least likely (58%).

Permanent Housing

White individuals were most likely to access permanent housing (16%), followed by Asian American/Asian (15%). Hispanic/Latin(a)(o)(e)(x) households and American Indian/Alaska Native were least likely to utilize permanent housing programs (10% each, Table 7).

Table 7: Proportion of Households Served in Each Program Model Category, by Head of Household's Race/Ethnicity, 2022

Race/Ethnicity	Prevention and Diversion	Crisis Response	Permanent Housing
White (n=3,182)	11%	73%	16%
Black/African American/African (n=3,090)	17%	69%	14%
American Indian/Alaska Native/Indigenous (n=595)	5%	85%	10%
Multiple Races (n=382)	15%	74%	12%
Asian American/Asian (n=184)	27%	58%	15%
Native Hawaiian/Pacific Islander (n=134)	20%	70%	11%
Hispanic/Latino(a)(o)(e)(x) (n=1,411)	17%	73%	10%
Across CoC, Regardless of Race/Ethnicity (n=7,725)	15%	72%	14%

Permanent Housing Outcomes

Permanent housing exit destinations from prevention, crisis response, and permanent housing varied slightly across race and ethnicity. The number of households for each race with exits to permanent housing are provided in Table 14.

Prevention and Diversion Outcomes

Head of households who identified with Native Hawaiian/Other Pacific Islander had the highest rate of exits to permanent housing from prevention and diversion (96%) than other races/ethnicities. American Indian/Alaska Native/Indigenous had the lowest exit rate to housing from prevention and diversion (84%).
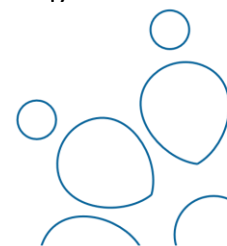
Crisis Response Outcomes

Black/African American/African households had the highest rate of exits from crisis response (22%). American Indian/Alaska Native/Indigenous and Asian American/Asian had the lowest (17% each).

Permanent Housing Outcomes

Black/African American/African and Multiple Races had the highest housing retention in permanent housing programs (100%). Native Hawaiian/Other Pacific Islander households had the lowest rate of sustaining permanent housing (93%, Table 8).

Table 8: Number and Proportion of Households with Exits to, or Retention in, Permanent Housing from Each Program Model Category, by Race/Ethnicity, 2022

| Race/Ethnicity	Prevention and Diversion		Crisis Response		Permanent Housing	
	N	% exited to perm housing	N	% exited to perm housing	N	% exited to perm housing
White	378	87%	2,485	21%	506	98%
Black/African American/African	552	93%	2,273	22%	444	100%
American Indian/Alaska Native/Indigenous	31	84%	527	17%	64	97%
Multiple Races	58	91%	291	21%	45	100%
Asian American/Asian	52	92%	113	17%	30	97%
Native Hawaiian/ Other Pacific Islander	27	96%	96	18%	15	93%
Hispanic/Latin(a)(o)(e)(x)	255	91%	1,075	20%	143	99%
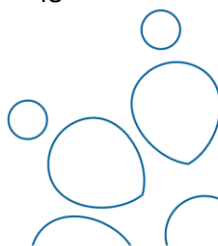
Gender

The CoC served slightly more men (51%) than women (48%), and less than 1% of people accessing services identified as transgender or gender non-conforming. Given the small number of people in the CoC who identified as transgender or gender non-conforming, their data was suppressed from this report and not disaggregated at the program model category to protect the confidentiality of those individuals.

Women were more likely than men to access prevention and diversion programs (26% of women served in the CoC compared to 16% of men served); men were more likely to access crisis response (68% versus 60%). Both genders accessed permanent housing at similar rates (15% of women and 16% of men, Figure 24).

Figure 24: Program Model Category, by Gender, 2022
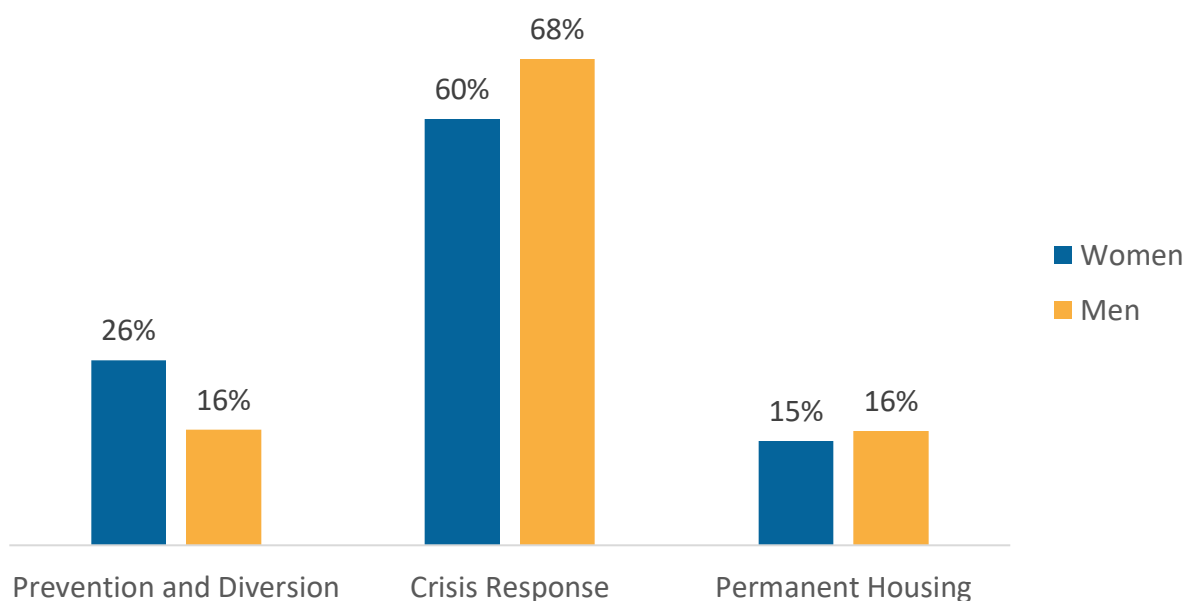
* Less than 1% reported transgender or gender non-conforming. Data suppressed to protect confidentiality.

Women were more likely to be in households with children; 28% of women compared to 6% of men (Figure 25).
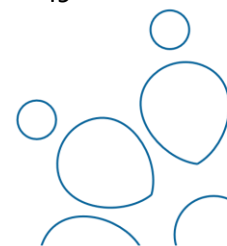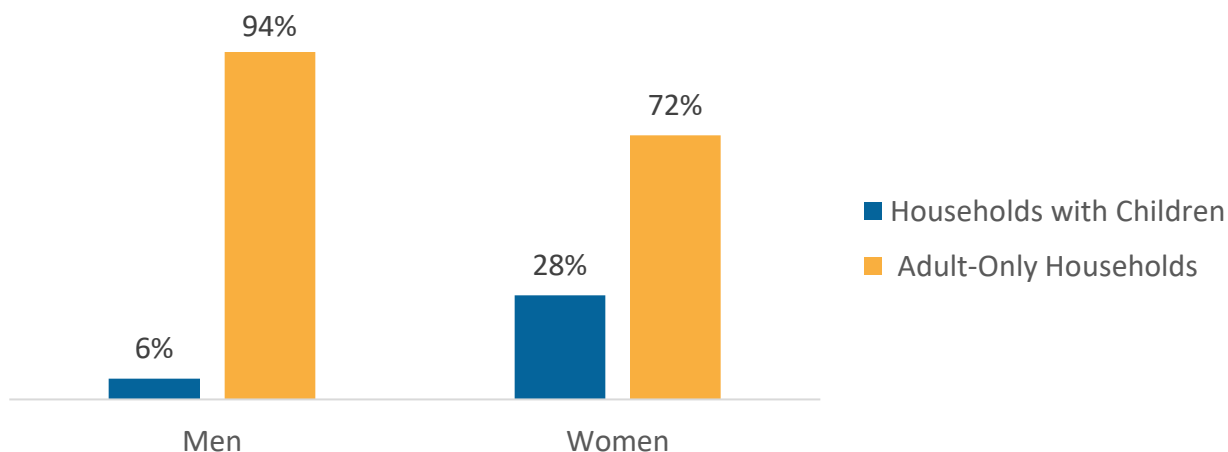
Figure 25: Household Type, by Gender, 2022

Legend:
- ■ Households with Children
- ■ Adult-Only Households

Men: 6%, 94%
Women: 28%, 72%

Permanent Housing Outcomes

Women had better permanent housing rates compared to men for all program model categories. For prevention and diversion, 93% of women versus 90% of men exited to permanent housing. Over a quarter (28%) of women in crisis response exited to permanent housing, compared to 23% of men. All women in permanent housing program retained housing compared to 98% of men (Figure 26).

**Figure 26: Proportion of Households with Exits to, or Retention in, Permanent Housing, by Program Model Category and Gender, 2022**

Legend:
- ■ Men
- ■ Women

Prevention and Diversion: 90%, 93%
Crisis Response: 23%, 28%
Permanent Housing: 98%, 100%
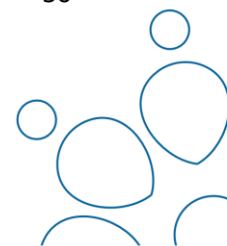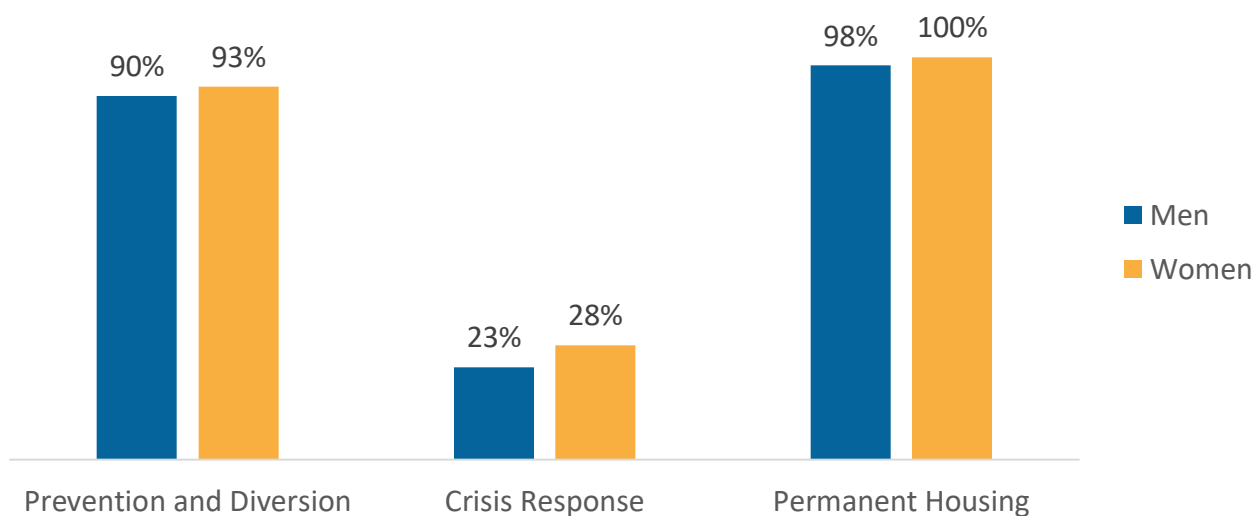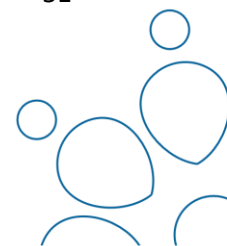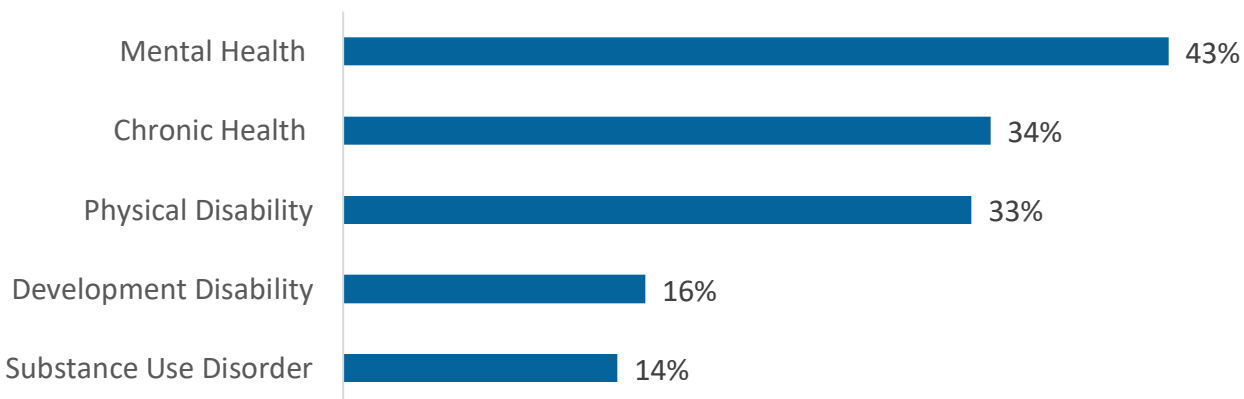
Disabling Conditions

Almost 70% of households (69%) across all CoC programs reported having a disabling condition. The HUD definition of a disabling condition is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug use, post-traumatic stress disorder (PTSD), or brain injury that is expected to be long-term and impacts the individual's ability to live independently, a developmental disability, or HIV/AIDS. Three-quarters (75%) of households served in crisis response reported having a disabling condition, 68% of households in permanent housing programs, and 27% in prevention and diversion (Figure 27).

Figure 27: Proportion of Households with at Least One Disabling Condition, by Program Model Category, 2022
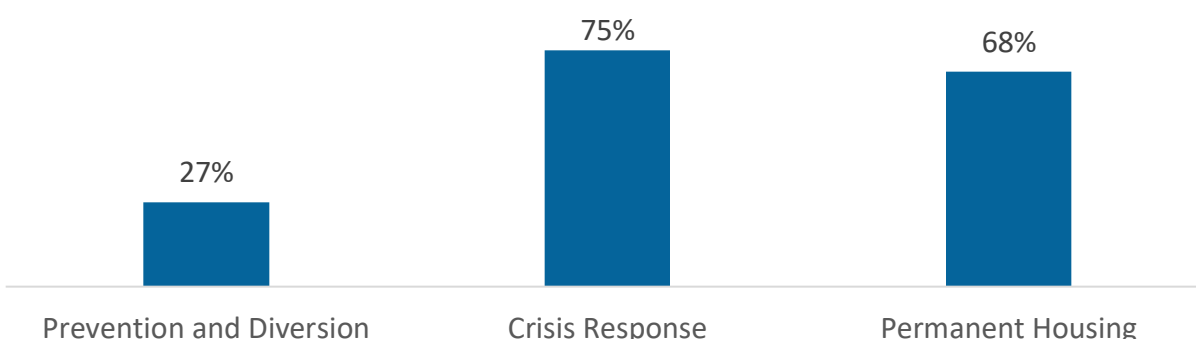
Mental health was the most common disabling condition among households served in the CoC with 43% of households served having a member with a mental health condition. One-third (34%) of households had a chronic health condition and (33%) a physical disability. Sixteen percent reported a developmental disability and another 14% reported a substance use disorder (Figure 28).

Figure 28: Proportion of Households with Disabling Conditions, 2022

Permanent Housing Outcomes

Households without people with disabling conditions had a slightly higher exit rate to permanent housing (100%) than those with a disabling condition (99%). From prevention, 97% of households without a disabling condition exited to permanent housing compared to 86% of households with disabling conditions; 26% from crisis response for those without disabling conditions compared to 23% of those with a disabling condition (Figure 29).

Figure 29: Proportion of Households with Exits to, or Retention in, Permanent Housing, 2022
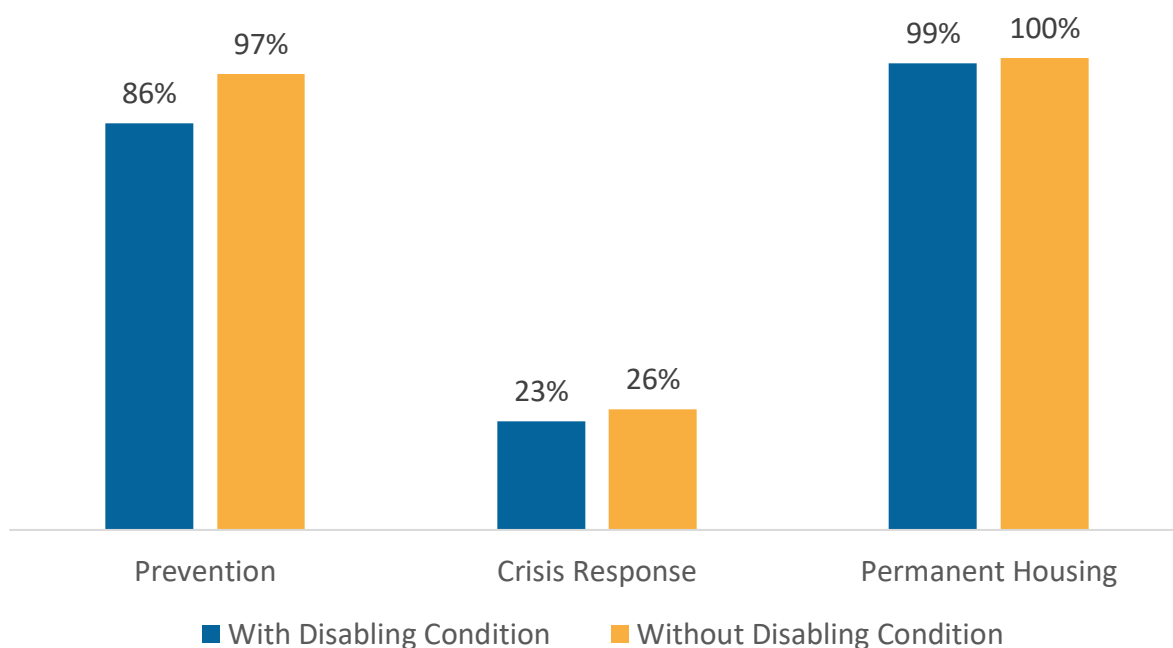
Chronic Homelessness

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

Half of all households served in crisis response during 2022 were chronically homeless (48%, N=2,832). Sixteen percent of chronically homeless households exited to permanent housing.
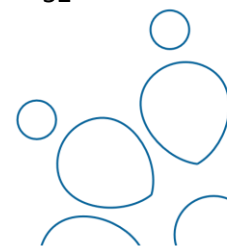
Survivors of Domestic Violence

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

One out of five adults (20%) who accessed crisis response programs reported experiencing domestic violence at some time in their lives; for women, 37% had experienced domestic violence. More than one-third of those people (37%) were fleeing domestic violence at the time they enrolled into the program.

The majority of survivors of domestic violence were women (79%); less than 1% identified as transgender or gender non-conforming. Twenty-six percent of people in crisis response who were survivors of domestic violence exited to permanent housing.

Sexual Orientation

Two percent of adults served in crisis response, identified as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQIA+). There is a large amount of missing data on sexual orientation among prevention/diversion and permanent and this report does not include those outcomes. One-quarter (26%) of people who were LGBTQIA+ were between the ages of 18 and 24. Sixteen percent of adults in crisis response who were LGBTQIA+ exited to permanent housing.

Veterans

The CoC served 803 veterans during 2022 (10% of the population served). There were more veterans in permanent housing than in crisis response or prevention and diversion programs during 2022 (380 veterans in crisis response and 88 in prevention/diversion). Veterans made up 6% of adults served in prevention/diversion, 6% of adults served in crisis response, and 41% of adults served in permanent housing programs (Figure 30).

Figure 30: Percent of People Accessing Each Program Model Category who are Veterans, 2022
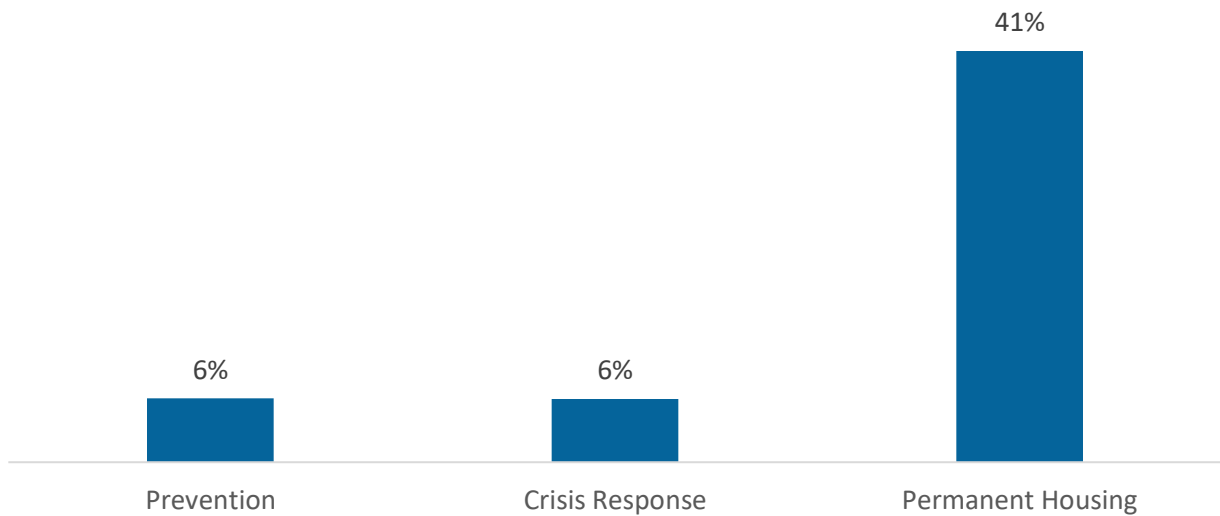
Eighty-two percent of veterans exited prevention to permanent housing in 2022; 43% of veterans in crisis response exited to permanent housing (higher than any other sub-population in the CoC), and 95% remained in their permanent housing program or exited to another permanent housing destination (Figure 31).

Figure 31: Percent of Veterans who Remain Housed or Exited to Permanent Housing, by Program Model Category, 2022

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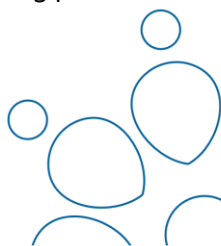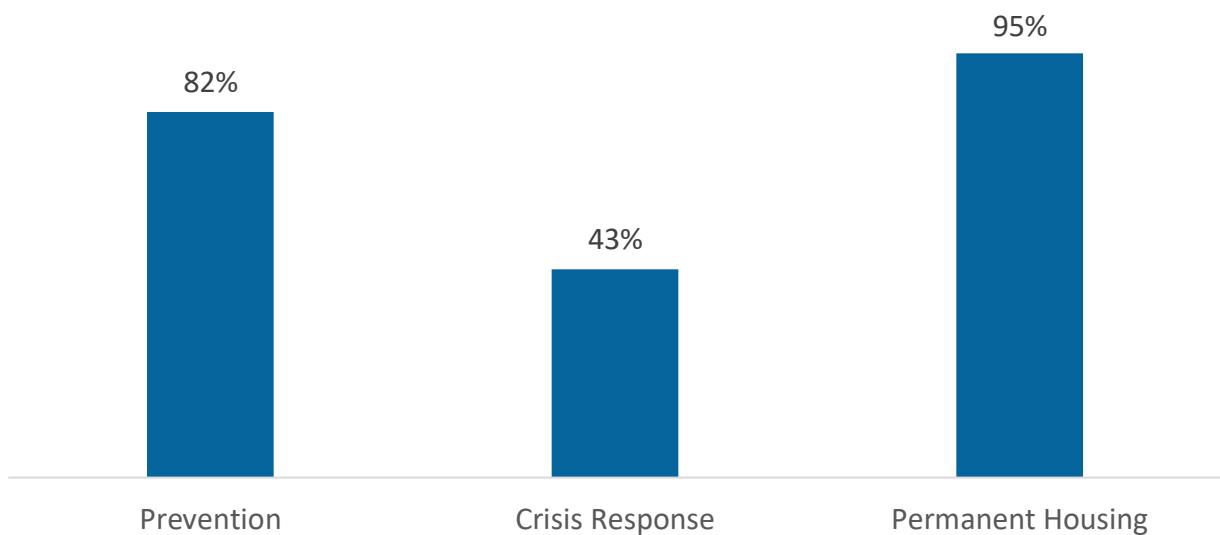
Housing Outcome Summary:

For Prevention & Crisis Response

Housing Outcomes Summary

Almost half (44%, n=3,370) of all households served in the CoC during 2022 were housed on exit or maintained housing. Outcomes across sub-populations vary for those exiting from prevention and diversion and those exiting from crisis response while the proportion of people maintaining permanent housing or exiting to other permanent housing is consistent across all sub-populations.

> **3,370 households were housed during 2022, 44% of all households served**

Table 9 presents the percent of households (HH) or individuals (Ind) served during 2022 with exits to permanent housing from prevention/diversion and crisis response programs. This data was provided in previous sections and is now presented together for easy comparison. The overall exit rate to permanent housing for the CoC from prevention and diversion was 90%, and 21% from crisis response.

Among race and ethnic groups, three groups had the highest exits to housing from crisis response: Black/African American/African (22%), White (21%) and Multiple races (21%). American Indian/Alaskan Native/Indigenous and Asian/Asian American households had the lowest (17%). Among other sub-populations, Veterans had the highest rates of exits to permanent housing (43%), followed by households with children (40%). LGBTQIA+ and chronically homeless households had the lowest rates (16%, Table 9).

Table 9: Housed on Exit Rates by Sub-Populations, 2022

| Population	From Prevention	From Crisis Response
General Population	**90%**	**21%**
Race/Ethnicity		
Black/African American/African (HH)	93%	22%
White (HH)	87%	21%
Multiple Races (HH)	91%	21%
Hispanic/Latin(a)(o)(e)(x) (HH)	91%	20%
Native Hawaiian/Other Pacific Islander (HH)	96%	18%
Asian American/Asian (HH)	92%	17%
American Indian/Alaska Native/Indigenous (HH)	84%	17%
Other Sub-Populations		
Veterans (Ind)	82%	43%
Households with Children (HH)	97%	40%
Survivors of Domestic Violence (Ind)	88%	26%
Households with Disabling Condition (HH)	75%	22%
Chronically Homeless (HH)	n/a*	16%
LGBTQIA+ (Ind)	n/a*	16%

REGIONAL & CITY DATA:

West County

Central County

East County

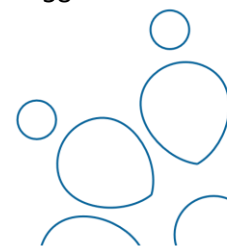Out of County

Regional and City Data

People experiencing homelessness were asked in which city they lost housing and in which city they slept in the night before enrollment into crisis response. This provides city and regional data to help understand where people lost their housing and identify a greater need for prevention services. Thirty-three percent (n=2,085) of households accessing crisis response lost their housing in East County, 29% (n=1,869) in West County, 24% (n=1,555) in Central County, and 14% (n=910) outside of Contra Costa County (Figure 33).

Figure 33: Proportion of Households Losing Housing by Region, 2022
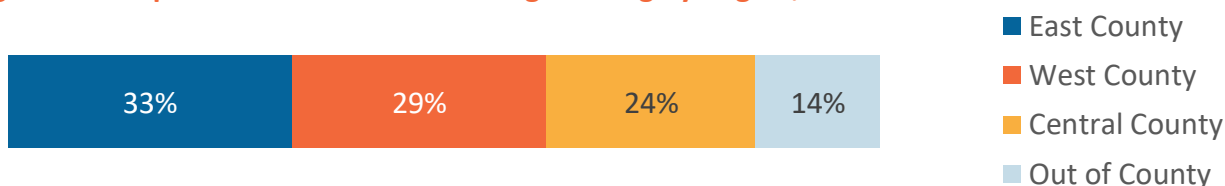
When comparing the region where households lost housing with the region they slept in the night prior to enrolling into programming, it appears there is movement across the county. The proportion of households that lost housing in West County and Central County was lower than the proportion of households that slept in those regions the night prior to program enrollment while the opposite was true in East County. The proportion of households that lost housing in West County (29%) was lower than the 32% of households that slept in West County prior to enrollment. Similarly, the proportion that lost housing in Central County (26%) was lower than the proportion that slept in Central County (34%). Conversely, the proportion that lost their housing in East County (33%) was lower than the proportion that lost their housing in East County (30%, Figure 34).

Figure 34: Where Households Lost Housing and City Where Slept Before Enrollment, by Region, 2022
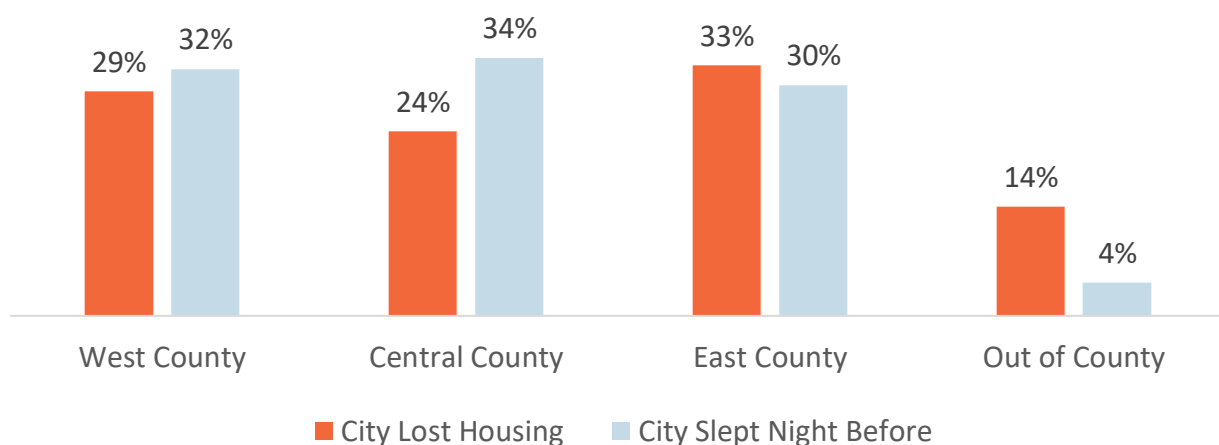
The city data for where households lost their housing is provided in Table 10.

Table 10: Contra Costa Cities Where Households Lost Their Housing, 2022

East County		Central County		West County		Out of County	
Antioch	1,096	Concord	909	Richmond	1,435	County Not Listed	480
Pittsburg	589	Martinez	256	San Pablo	186	Alameda Co	196
Bay Point	160	Walnut Creek	160	Rodeo	57	Solano Co	125
Brentwood	101	Pleasant Hill	93	El Sobrante	52	San Francisco Co	61
Oakley	91	San Ramon	33	North Richmond	40	Sonoma Co	16
Bethel Island	29	Danville	24	Pinole	38	Santa Clara Co	12
Discovery Bay	12	Pacheco	20	El Cerrito	30	San Mateo Co	11
Byron	7	Clayton	20	Crockett	17	Napa Co	5
		Lafayette	18	Hercules	14	Monterey Co	2
		Alamo	7			Marin Co	2
		Orinda	4				
		Moraga	4				
		Port Costa	4				
		Clyde	2				
		Kensington	1				
Total	**2,085**		**1,555**		**1,869**		**910**
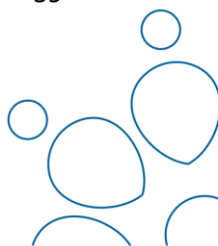
CORONER'S DATA:

Cause of Death Reported by the Coroner's Office

Cause of Death per Coroner

H3 hosts a memorial for people who pass away while experiencing homelessness to give dignity to those who lost their lives while still struggling with a housing crisis. Additionally, data from the Contra Costa County Coroner's Office is provided to H3 to identify causes and trends in death rates among individuals experiencing homelessness. The Coroner's Division was notified when someone passed away in a location without medical staff to report the cause of death. The coroner reported 106 people experiencing homelessness who died during calendar year 2022, a 38% increase from 2019.

There was an 85% increase in the number of drug and alcohol related accidental deaths between 2019 and 2022. This increase in drug and alcohol related deaths coincides with an increase among the general population across the county. The Journal of American Medicine reported that the pandemic was with the highest annual number of fatal drug overdoses on record in the US[1]. There was also a 25% increase in the number of deaths by natural causes (Figure 34).

Figure 34: Cause of Death Recorded by Coroner for People Experiencing Homelessness, 2019 and 2022

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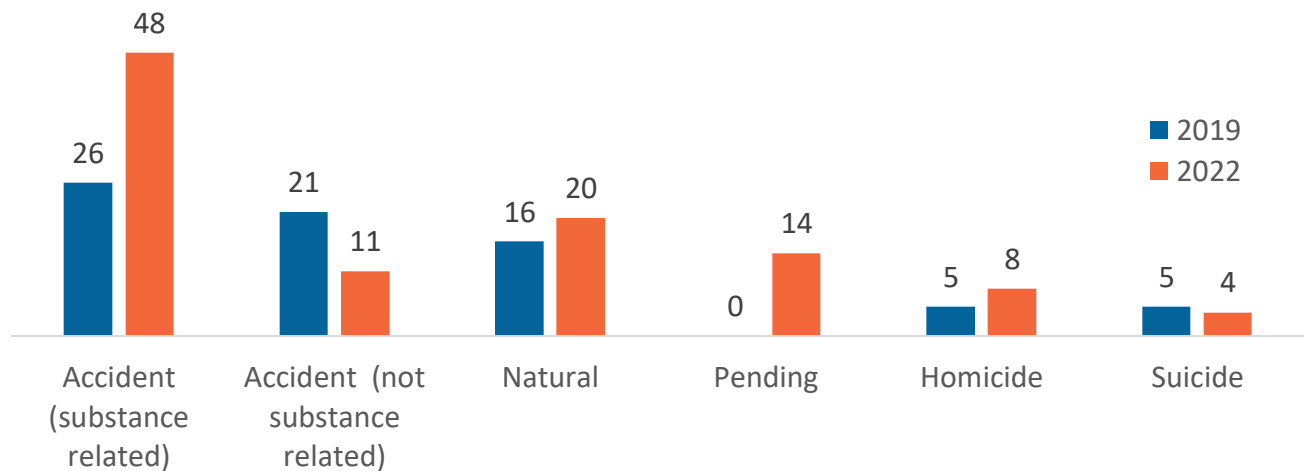
[1] *JAMA Netw Open.* 2022;5(3):e223418. doi:10.1001/jamanetworkopen.2022.3418
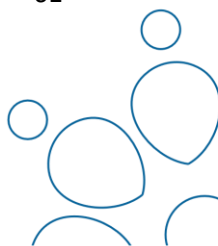
Other CoC Data

This annual report provides a comprehensive summary of the people and households that access the CoC and is meant to raise questions, identify successes, and inform future programing and policies. Additional data sources help the CoC understand the population, needs, and program successes.

System Performance Measures (SPMs)

System Performance Measures are reported to The Department of Housing and Urban Development (HUD) annually and include seven measures to help communities gauge their progress in preventing and ending homelessness. The federal fiscal year is from Oct. 1 to Sept. 30. When shifts in SPMs are observed, the CoC may determine if these impacts are signs of changes in the community or environment (such as housing capacity or impacts related to the COVID-19 pandemic) or how programs within the CoC are affecting outcomes for those served. A full report on the SPMs is available on the H3 website at cchealth.org/h3.

Point -in-Time (PIT) Count

The PIT Count is an annual "count" of people in interim housing (emergency shelters and transitional housing) or observed in unsheltered settings. This count is required of all HUD funded CoCs, to be conducted every other year. H3 plans, implements, analyzes, and reports on the PIT Count. A PIT infographic and StoryMap are available on the H3 website at cchealth.org/h3.

**Appendix A: Program Names and Agencies, 2022**

Prevention and Diversion Programs

Agency	Program	# Individuals	# Households
SHELTER, Inc.	Rental Assistance (Prevention)	1,673	676
Catholic Charities of the East Bay	Prevention Program	76	76
Hume Center	CE Prevention/Diversion	80	74
Hume Center	Home Safe Prevention	72	71
Hope Solutions	CE Prevention/Diversion	156	58
Hope Solutions	Probation Prevention	64	56
Northern California Family Center	Prevention (Youth)	48	48
Hume Center	Holistic Intervention Partnership (HIP) Prevention	47	46
SHELTER, Inc.	SSVF Prevention	71	45
Insight Housing	SSVF Prevention	72	33
Hope Solutions	HousingWorks HSP Eviction Prevention	19	7
SHELTER, Inc.	Positive Futures Prevention	3	3
Hope Solutions	Parole Prevention	1	1
SHELTER, Inc.	ESG (State) Prevention	4	1

Rapid Exit Programs

Agency	Program	# Individuals	# Households
Hume Center	CE Rapid Exit	61	60
Hope Solutions	CE Rapid Exit	77	43

Emergency Shelter Programs and Warming Center

Agency	Program	# Individuals	# Households
Bay Area Community Services	Delta Landing	500	411
Contra Costa Health, Housing, and Homeless Services	Concord Warming Center	293	292
Contra Costa Health, Housing, and Homeless Services	Concord Shelter	255	251
Contra Costa Health, Housing, and Homeless Services	Brookside Shelter	147	146
COVID-19 FEMA	Marriott	196	136
Contra Costa Health, Housing, and Homeless Services	Philip Dorn Respite Center	117	117
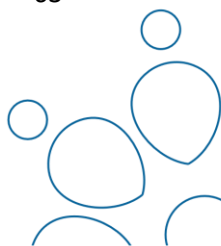
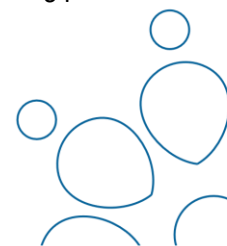| Bay Area Community Services | Don Brown | 106 | 106 |
Contra Costa Health, Housing, and Homeless Services	Calli House	66	66
Greater Richmond Interfaith Program	GRIP Family Shelter	175	54
Trinity Center	Trinity Center Evening Program	39	39
Northern California Family Center	Emergency Shelter	29	29
Winter Nights Shelter	Winter Nights Family Shelter	61	22
SHELTER, Inc.	Mountain View Family Shelter	58	20

Transitional Housing Programs

Agency	Program	# Individuals	# Households
Contra Costa Behavioral Health	Uilkema House	45	45
Veterans Accession House	Veterans Accession House	36	36
Contra Costa Homeless Program	Mary McGovern	30	30
Contra Costa Homeless Program	Pomona Apartments	25	23

Street Outreach Programs

Agency	Program	# Individuals	# Households
Contra Costa Health, Housing, and Homeless Services	CORE Mobile Outreach	4,170	3,379

Support Services Only

Agency	Program	# Individuals	# Households
Contra Costa Health, Housing, and Homeless Services	CORE Mobile Outreach	4,170	3,379
Greater Richmond Interfaith Program	GRIP	1,047	848
Trinity Center	Trinity Center	558	553
Hope Solutions	Housing Navigation	389	252
Trinity Center	Trinity Center Young Adult Program	202	202
Contra Costa Health, Housing, and Homeless Services	Concord Service Center	183	183
Employment and Human Services Department	The Housing, Disability, and Advocacy Program (HDAP)	138	138
Hope Solutions	Housing Navigation for HDAP	124	124
Hume Center	Holistic Intervention Partnership (HIP) SSO	82	79
City of Richmond - Castro Encampment Resolution	Castro Encampment Transition Care Program	83	79
Housing Consortium of the East Bay	Rydin/Castro Safe Park	69	64
Winter Nights Shelter	Winter Nights Parking Lot Program	49	37

| Agency	Program	# Individuals	# Households
Hope Solutions Contracts	Housing Navigation for Transition Age Youth	20	15
SHELTER, Inc.	HVRP Employment Services	8	8
Humanity Way	Humanity Way	2	2

Rapid Rehousing Programs

Agency	Program	# Individuals	# Households
Bay Area Community Services	Rapid Rehousing	207	175
Insight Housing	SSVF Rapid Rehousing	201	139
Hope Solutions	HousingWorks HSP	287	103
SHELTER, Inc.	SSVF Rapid Rehousing	129	93
Hope Solutions	Probation RRH	100	85
SHELTER, Inc.	AB109 Rapid Rehousing	78	76
SHELTER, Inc.	Positive Futures Rapid Rehousing	78	75
SHELTER, Inc.	REACH Plus RRH for Families and Singles	136	56
Hope Solutions	TAY Rapid Rehousing	55	34
Hope Solutions	Parole RRH	22	22
Hope Solutions	City of Concord Rapid Rehousing	18	9
Hope Solutions	Probation TAY RRH	7	7
SHELTER, Inc.	ESG (State) RRH	14	7
SHELTER, Inc.	Rental Assistance (Homeless)	6	6
SHELTER, Inc.	ESG (County) RRH	12	5

Permanent Housing Programs

Agency	Program	# Individuals	# Households
Department of Veterans Affairs	HUD VASH	556	418
Hope Solutions	COC RAP TBRA	469	305
Hope Solutions	Emergency Housing Voucher (EHV)	239	158
Hope Solutions	ACCESS	52	52
Contra Costa Health, Housing, and Homeless Services	HUMS	34	34
SHELTER, Inc.	Permanent Turning point	77	31
Hope Solutions	Garden Park Apartments	67	28
Hope Solutions	Families in Supportive Housing (FISH)	80	22
Lifelong Medical	Idaho Apartments	21	21
SHELTER, Inc.	Project Thrive	39	18

65
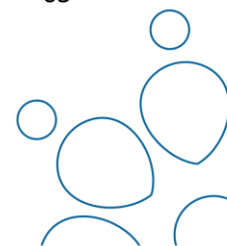
RCD	St. Pauls Commons	19	15
Contra Costa Health, Housing, and Homeless Services	Destination Home	16	14
Contra Costa Health, Housing, and Homeless Services	Permanent Connections	13	13
SHELTER, Inc.	Tabora Gardens	13	12
Hope Solutions	Lakeside Apartments	35	12
Hope Solutions	Hacienda Heights	10	10
Lifelong Medical	Idaho Apartments - HOPWA units	10	10
Hope Solutions	COC RAP Ohio Street	13	9
Hope Solutions	COC RAP Villa Vasconcellos	5	5
Hope Solutions	COC RAP Lakeside	4	4
Satellite Affordable Housing Associates	Columbia Park Manor	2	2
SHELTER, Inc.	Tabora Gardens	2	2
Contra Costa Behavioral Health	Veterans Square	2	1
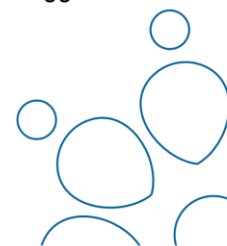
APPENDIX D

2023 PIT Infographic

CONTRA COSTA COUNTY
2023 HOMELESS POINT-IN-TIME COUNT

Contra Costa HEALTH

The 2023 Point-in-Time (PIT) Count identified a 4% increase in the total number of people observed experiencing homelessness on a given night in Contra Costa County since 2020. This is a modest increase given California's ongoing housing crisis, the impact COVID-19 had on housing stability and resources, and the continued economic challenges.
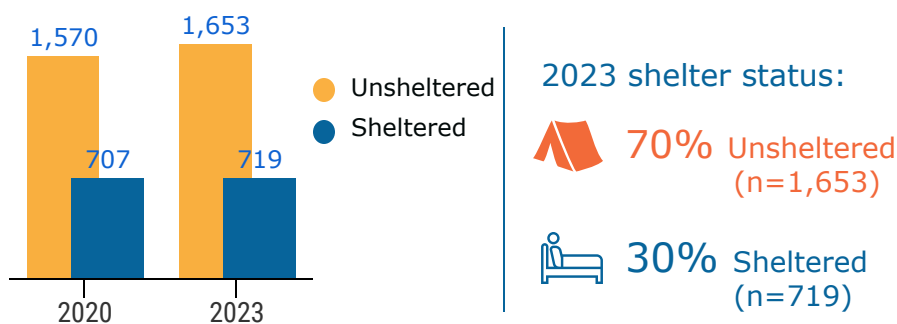
Contra Costa is dedicated to increasing capacity for interim and permanent housing with new grants directed at increasing prevention programming and housing opportunities.

Thanks to the many service agencies and community members that provided support with planning and implementation of the 2023 PIT.
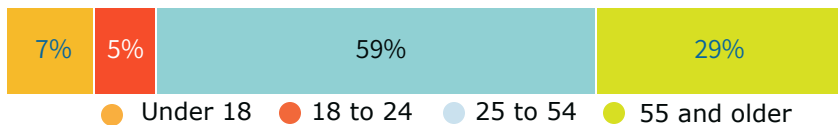
2,372 people experiencing homelessness on a given night in Contra Costa County

- 1,911 households
- 4% increase from 2020 to 2023

SHELTERED AND UNSHELTERED INDIVIDUALS

- Unsheltered
- Sheltered

1,570 (2020 Unsheltered)
1,653 (2023 Unsheltered)
707 (2020 Sheltered)
719 (2023 Sheltered)

2023 shelter status:

70% Unsheltered (n=1,653)

30% Sheltered (n=719)

AGE

| 7% | 5% | 59% | 29% |

- Under 18
- 18 to 24
- 25 to 54
- 55 and older

RACE

- 51% White
- 30% Black/African American
- 9% American Indian/Alaskan Native
- <6% All other Races made-up 5% or less

GENDER

- 63% Male
- 36% Female
- <1% Transgender or Non-binary

ETHNICITY

24% Hispanic/Latin(a)(o)(e)(x)

2023 HUD data standards require that race and ethnicity data is captured separately.
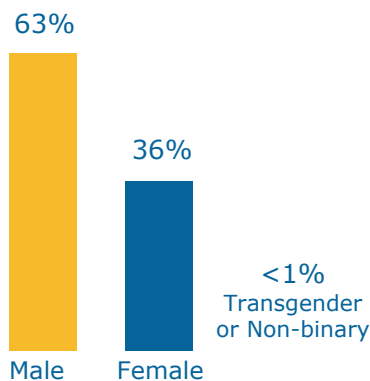
67% chronically homeless

4% veterans

HOUSEHOLD BREAKDOWN

Adult-only Households
- made up 95% of households
- 4% decrease since 2020

Households with Children
- made up 5% of households
- 12% increase since 2020

2023 UNSHELTERED OBSERVATIONS

	West 40%	Central 30%	East 30%

West County 29% increase from '20 to '23	2020	2023
Crockett	35	21
El Cerrito	24	7
El Sobrante	9	5
Hercules	7	20
N. Richmond	22	31
Pinole	7	8
Richmond	280	487
Rodeo	64	36
San Pablo	67	48
Total	515	663

Central County 4% decrease from '20 to '23	2020	2023
Clayton	2	10
Concord	160	241
Danville	7	7
Martinez	127	140
Pacheco	26	20
Pleasant Hill	90	31
Walnut Creek	80	40
Total	514	496

East County 6% decrease from '20 to '23	2020	2023
Antioch	238	334
Bay Point	49	50
Bethel Island	2	6
Brentwood	80	37
Oakley	50	9
Pittsburg	102	58
Total	523	494

Cities with fewer than 5 observed unsheltered individuals are not included in this table

SLEEP SETTINGS ON THE NIGHT OF THE COUNT

30% EMERGENCY OR TRANSITIONAL HOUSING

← SHELTERED
UNSHELTERED →

43% OUTDOORS / TENT

12% RECREATIONAL VEHICLE

11% CAR

4% VAN

CONDITIONS THAT CONTRIBUTE TO HOMELESSNESS

The following data represent self-reported personal circumstances that contributed to homelessness and do not address the social and community conditions that are strongly correlated to homelessness.

AGE FIRST EXPERIENCED HOMELESSNESS*

- 47%
- 27%
- 13%
- 12%

● Under 18
● 18-24
● 25-49
● 50 or older
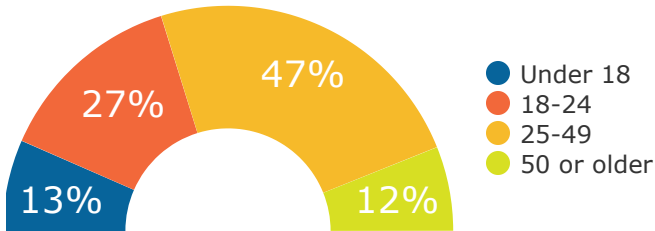
FOSTER CARE

13%

13% of adults had been in foster care

LEGAL SYSTEM INVOLVED

12%

12% of adults had spent 1+ nights in jail/prison in the past year

SELF-REPORTED HEALTH CONDITIONS +

83% of households had at least one member with a disabling condition

- CHRONIC HEALTH CONDITION (51%)
- SUBSTANCE USE DISORDER (51%)
- MENTAL HEALTH CONDITION (49%)
- PHYSICAL DISABILITY (42%)
- FLEEING DOMESTIC VIOLENCE (19%)
- HIV/AIDS RELATED ILLNESS (2%)

SELF-REPORTED CIRCUMSTANCES THAT LED TO HOMELESSNESS Δ * +

41%	Substance use disorder
27%	Employment loss
25%	Eviction/foreclosure
24%	Mental health condition
22%	Unable to stay with family/friends
16%	Divorce or separation

LENGTH OF RESIDENCY IN CONTRA COSTA COUNTY*

- Less than a year: 3%
- 1 to 4 years: 9%
- 5 to 9 years: 11%
- 10 years or more: 77%
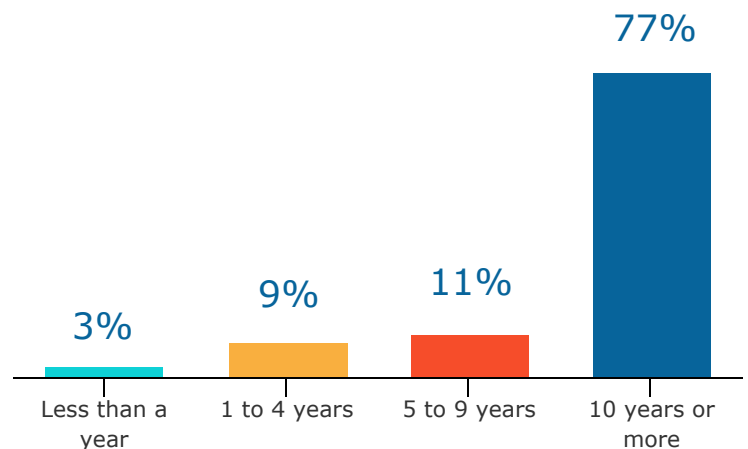
METHODOLOGY

- The 2023 PIT Count methodology followed the Housing and Urban Development's guidelines for a "night of" observational count followed by a random sample survey to gather demographic data and homeless experience.
- A household falls under chronic homelessness if the head-of-household has a disabling condition and has been homeless for 12 months or more in the last year or 12 months or more over four or more episodes during the last three years.
- Unaccompanied youth (<18), and unaccompanied young adults (18 to 24) are youth who do not live with a parent or guardian.

Δ Only display top responses
* Responses represent only unsheltered respondents
+ Multiple response question, results do not add up to 100%

For more information about Contra Costa County's Homeless Continuum of Care, please visit cchealth.org/h3/coc.

APPENDIX E

Poll Question Answers Q3

How many Council on Homelessness meetings have you attended?	
[missing July data for this question]	**Q3 avg**
This is my first meeting	1%
I've attended some meetings	24%
I've attended a lot of meetings	75%
I prefer not to answer	0

Do you have lived experience of homelessness?	
[missing July data for this question]	
Yes, currently	6%
Yes, within the past 7 years	7%
Yes, more than 7 years ago	12%
No	77%
I prefer not to answer	0

What best describes your racial identity?*	
African American/Black	17%
American Indian/Alaskan Native	8%
Asian/Pacific Islander/Native Hawaiian	6%
Hispanic/Latinx	26%
White	28%
Multi-racial	9%
I prefer not to answer	3%
I describe myself in another way	7%

*This category allows people to select multiple options