



## California Interagency Council on Homelessness

# Homeless Housing, Assistance and Prevention Round 4 Application

## Application Information

**Application Due Date: 11/29/2022**

This Cognito platform is the submission portal for the Cal ICH HHAP-4 Application. You will be required to upload a full copy of the HHAP-4 Data Tables Template and enter information into the portal from specific parts of the HHAP-4 Local Homelessness Action Plan and Application Template as outlined below.

Please review the following HHAP-4 resources prior to beginning this application:

- [Homeless Housing, Assistance, and Prevention Program Statute](#)
- [HHAP-4 Local Homelessness Action Plan & Application Template](#) and
- [HHAP-4 Data Tables](#)

## Application Submission for HHAP-4 Funding

Using the [HHAP-4 Local Homelessness Action Plan & Application Template](#) as a guide, applicants must provide the following information in the applicable form section (see below) to submit a complete application for HHAP-4 funding:

1. **Part I: Landscape Analysis of Needs, Demographics, And Funding:** the information required in this section will be provided in Tables 1, 2, and 3 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section.
2. **Part II: Outcome Goals and Strategies for Achieving Those Goals:** the information required in this section will be provided in Tables 4 and 5 of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Outcome Goals and Strategies* section of this application form.
3. **Part III: Narrative Responses:** the information required in this section will be provided by entering the responses to the narrative questions within the *Narrative Responses* section of this application form. Applicants are **NOT** required to upload a separate document with the responses to these narrative questions, though applicants may do so if they wish. The responses entered into this

Cognito form will be considered the official responses to the required narrative questions.

4. **Part IV: HHAP-4 Funding Plans and Strategic Intent Narrative:** the information required in this section will be provided in Tables 6 and 7 (as applicable), of the HHAP-4 Data Tables file uploaded in the *Document Upload* section, **AND** copy and pasted into the fields in the *Funding Plan Strategic Intent* section of this application form.
5. **Evidence of meeting the requirement to agendize the application at a meeting of the governing board** will be provided as a file upload in the *Document Upload* section.

## **How to Navigate this Form**

This application form is divided into **seven sections**. The actions you must take within each section are described below.

- **Applicant Information:** In this section, indicate (1) whether you will be submitting an individual or joint application, (2) list the eligible applicant jurisdiction(s), and (3) provide information about the Administrative Entity.
- **Document Upload:** In this section, upload (1) the completed HHAP-4 Data Tables as an Excel file, (2) evidence of meeting the requirement to agendize the application at a regular meeting of the governing board where public comments may be received, and (3) any other supporting documentation you may wish to provide to support your application.
- **Part I. Landscape Analysis:** In this section, answer the questions confirming that Tables 1, 2, and 3 have been completed and included in the HHAP-4 Data Tables file uploaded in the previous section.
- **Part II. Outcome Goals and Strategies:** In this section, copy and paste your responses from Tables 4 and 5 of the completed HHAP-4 Data Tables.
- **Part III. Narrative:** In this section, enter your responses from Part III of the HHAP-4 Local Homelessness Action Plan & Application Template.
- **Part IV. HHAP-4 Funding Plan Strategic Intent Narrative:** In this section, enter your responses from Tables 6 and 7 of the completed HHAP-4 Data Tables file, and answer the narrative questions.
- **Certification:** In this section, certify that the information is accurate and submit the application.

Prior to the submission deadline, you can save your progress in this application and come back to it later by clicking the save button. This will provide you with a link to the saved application, and there will be an option to email that link to the email address(es) of your choosing.

After submitting the application, you will not be able to make changes to your responses unless directed by Cal ICH staff.

**I have reviewed the HHAP-4 statute, FAQs, and application template documents**

Yes

**I am a representative from an eligible CoC, Large City, and/or County**

Yes

## Applicant Information

List the eligible applicant(s) submitting this application for HHAP-4 funding below and check the corresponding box to indicate whether the applicant(s) is/are applying individually or jointly.

### Eligible Applicant(s) and Individual or Joint Designation

Joint

This application represents the joint application for HHAP-4 funding on behalf of the following eligible applicant jurisdictions:

## Joint Applicants Selection

### Eligible Jurisdiction 1

#### Eligible Applicant Name

Contra Costa County

### Eligible Jurisdiction 2

#### Eligible Applicant Name

CA-505 Richmond/Contra Costa County CoC

*Click + Add Eligible Jurisdiction above to add additional joint applicants as needed.*

## Administrative Entity Information

Funds awarded based on this application will be administered by the following Administrative Entity:

### Administrative Entity

Contra Costa Health Services - Health, Housing, and Homeless Services Division

### Contact Person

Jamie Schechter

### Title

CoC Director

### Contact Person Phone Number

(925) 392-4486

### Contact Person Email

jamie.schechter@cchealth.org

### \*Agreement to Participate in HDIS and HMIS

By submitting this application, we agree to participate in a statewide Homeless Data Integration System, and to enter individuals served by this funding into the local Homeless Management Information System, in accordance with local protocols.

## Document Upload

Upload the completed [HHAP-4 Data Tables](#) (in .xlsx format), evidence of meeting the requirement to agendize the application at a regular meeting of the governing body where public comments may be received (such as a Board agenda or meeting minutes), and any other supporting documentation.

### **HHAP-4 Data Tables**

Amended\_HHAP\_4\_Data\_Tables\_20230216.xlsx

### **Governing Body Meeting Agenda or Minutes**

COH\_Agenda\_HHAP\_Action\_Plan\_11.3.22.pdf

### **Optional Supporting Documents**

## **Part I. Landscape Analysis of Needs, Demographics, and Funding**

**Table 1 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

**Table 2 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

**Table 3 is fully completed and included in the HHAP-4 Data Tables file uploaded in the previous section.**

Yes

## Part II. Outcome Goals and Strategies for Achieving Those Goals

Copy and paste your responses to Tables 4 and 5 from the [HHAP-4 Data Tables](#) into the form below. All outcome goals are for the period between July 1, 2022 and June 30, 2025.

### Table 4: Outcome Goals

**Name of CoC**

CA-505 Richmond/Contra Costa County CoC

#### 1a. Reducing the number of persons experiencing homelessness.

**Goal Statement**

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 6,005 total people accessing services who are experiencing homelessness annually, representing 292 more people and a 5% increase from the baseline.

**Goal Narrative**

Contra Costa Health - H3 is projecting that there will be an 5% increase (to 6,005) from the 2021 baseline data. This projection is based on the knowledge that Contra Costa County experienced an 11% increase between 2018 and 2020. In 2022, Contra Costa County reported a 35% increase in unsheltered and sheltered homelessness. While the goal does not reflect a reduction in people experiencing homelessness from the baseline goal, the updated information from the 2022 PIT provides Contra Costa Health - H3 reason to believe that this is a realistic and positive goal for the county. Additionally, increased funding since the COVID-19 pandemic have expanded access to services, including Street Outreach, and the increase from the baseline reflects high utilization of services available.

<b>Baseline Data</b>	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Annual Estimate of # of people accessing services who are experiencing homelessness</b>
5,713	292	5%	6,005

**Decrease/Increase in # of People**

Increase

**Optional Comments**

### Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

People who are Hispanic/Latino comprised only 19% (or 1,217 people) of the population accessing services in 2021. However, this subpopulation comprised 24% (or 740 people) of the 2022 PIT count. People who are Hispanic/Latino are making up less of the population accessing services than are experiencing homelessness.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Increase the number of Hispanic/Latino people accessing services by 17% (or 211 people).

## 1b. Reducing the number of persons experiencing homelessness on a daily basis

### Goal Statement

By the end of the performance period, data for the Contra Costa County CoC will show 1,900 total people experiencing unsheltered homelessness daily, representing 429 fewer people and a 18% reduction from the baseline.

### Goal Narrative

Contra Costa Health - H3 is projecting that there will be an 18% decrease (to 1,900) from the 2021 baseline data. This projection is based on the knowledge that Contra Costa County's 2022 PIT count reflected a total of 2,329 people experiencing unsheltered homelessness. Contra Costa Health - H3 is actively working to reduce unsheltered homelessness through many strategies, some of which are identified on table 5. This goal reflects an ambitious reduction in unsheltered homelessness from the baseline goal while Contra Costa Health - H3 works to refine PIT methodology to ensure increasingly thorough, accurate counts.

Baseline Data	Change in # of People	Change as % of Baseline	Target Daily Estimate of # of people experiencing unsheltered homelessness
2,329	429	18%	1,900

### Decrease/Increase in # of People

Decrease

### Optional Comments

## Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

In the 2022 PIT there were 713 people who were Black or African American in the unsheltered count, comprising 31% of the unsheltered population. According to the US Census Bureau data, people who are Black or African American comprise only 9.5% of the population in Contra Costa County.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Decrease the proportion of Black or African American individuals experiencing unsheltered homelessness by 28% (or 198 people) from 2022 PIT .

## 2. Reducing the number of persons who become newly homeless.

## 2. Reducing the number of persons who become newly homeless.

### Goal Statement

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 2,175 total

people become newly homeless each year, representing 556 fewer people and a 20% reduction from the baseline.

**Goal Narrative**

Contra Costa Health - H3 projects that the temporary, one-time increase of cash support to prevent evictions that were provided early in the pandemic and the instated eviction moratorium led to fewer people becoming homeless for the first time. Contra Costa County - H3 is increasing prevention resources over the next couple of years to support balancing out the impact of the eviction moratorium being lifted and the changes that have occurred within the job and housing markets. These investments, some of which will be referenced in strategies outlined in table 5, include diverse funding sources such as HHAP, CalAIM, Measure X, and private investments.

<b>Baseline Data</b>	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Annual Estimate of # of people who become newly homeless each year</b>
2,731	556	20%	2,175

**Decrease/Increase in # of People**  
Decrease

**Optional Comments**

**Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

The number of Hispanic/Latino individuals experiencing first time homelessness showed decreases between 2018 - 2020, but an increase in 2021 HDIS data (393 in 2020 to 645 in 2021). This brings the proportiona of Hispanic/Latino individuals experiencing first time homelessness up 2% (22% in 2020 and 24% in 2021).

**Describe the trackable data goal(s) related to this Outcome Goal:**

Through increased prevention efforts and targeted outreach efforts, H3 will reduce the number of Hispanic/Latino individuals experiencing homelessness for the first time by 9% (or 55 people).

**3. Increasing the number of people exiting homelessness into permanent housing.**

**3. Increasing the number of people exiting homelessness into permanent housing.**

**Goal Statement**

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 1050 total people people exiting homelessness into permanent housing annually, representing 86 more people and a 9% increase from the baseline.

**Goal Narrative**

HDIS data reflects that exits to Permanent Housing have been on the decline since CY 2018. However, CY2021 data shows a slight increase in permanent housing placements that are likely to reflect one-time



resources like Emergency Housing Vouchers. The community is working to increase permanent housing availability and therefore projects an increase in the number of people exiting homelessness to permanent housing through strategies outlined in Table 5.

<b>Baseline Data</b>	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Annual Estimate of # of people exiting homelessness into permanent housing</b>
964	86	9%	1,050

**Decrease/Increase in # of People**  
Increase

**Optional Comments**

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

According to the HDIS data, Unaccompanied Youth between the age of 18 and 24 are exiting homelessness at a disproportionately lower rate (107 in 2018 to 34 in 2021 -- a 68% decrease relative to a 42% decrease among all persons).

**Describe the trackable data goal(s) related to this Outcome Goal:**

Increase the number of unaccompanied youth, ages 18-24, to permanent housing destinations by 76% from 2021 baseline, or to 60 people. This reflects an 11% increase from HHAP-3 goal setting.

### **4. Reducing the length of time persons remain homeless.**

### **4. Reducing the length of time persons remain homeless.**

**Goal Statement**

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 130 days as the average length of time that persons are enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs annually, representing 6 fewer days and a 4% reduction from the baseline.

**Goal Narrative**

Contra Costa Health - H3 expects that the implementation of new program models across all programs in the County will increase the efficiency of services and support to move people out of programs and into housing more swiftly going forward. However, in an effort to lower barriers to shelter, CCH-H3 funded shelters have eliminated length of stay requirements that may result in an initial increase of length of time homeless for households enrolled in emergency shelter programs.

<b>Baseline Data</b>	<b>Change in # of Days</b>	<b>Change as % of Baseline</b>	<b>Target Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing</b>
136	6	4%	

**Decrease/Increase in # of Days**  
Decrease

**Optional Comments**

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

People who are Multiple Races are experiencing homelessness for a disproportionately long time, 151 days, relative to the average in Contra Costa in 202, of 136. This subpopulation reflects a shift from HHAP-3 goalsetting where Contra Costa Health - H3 identified Households with at least one adult and one child (HH with children) as the disproportionately impacted population. In 2021, HDIS data showed HH with children's length of time homeless decreased from 176 days in 2020 to 140 days. This indicated a one-time increase from historical downward trends for HH with children and led Contra Costa Health to examine other subpopulations.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Decrease the length of time by 15 days, or 10%, to decrease the disproportionality for People who are Multiple Races.

### **5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

### **5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

#### **Goal Statement**

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 12% of people return to homelessness within 2 years after having exited homelessness to permanent housing, representing 2% more people and a 20% increase from the baseline.

#### **Goal Narrative**

Without HDIS data to provide historical information on two year returns to homelessness, Contra Costa Health - H3 is utilizing six month return data and will seek to adjust goals if two year return data suggest significantly different trends. The baseline data represents incomplete 2021 exit data and Contra Costa Health - H3 expects data to reflect outcomes similar to CY2020 (15% return to homelessness). Contra Costa Health - H3 targets a similar reduction rate as proposed in HHAP-3 which translates a 20% reduction from baseline. By leveraging strategies listed in table 5, including utilizing tenancy sustaining services offered through CalAim and implementing encampment resolution funding, Contra Costa Health - H3 expects to see a decrease in returns to homelessness.

**Baseline      Change in % of      Change as % of      Target % of people who return to**

<b>Data</b> 10%	<b>People</b> 2%	<b>Baseline</b> 20%	<b>homelessness within 2 years after having exited homelessness to permanent housing</b> 12%
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**Decrease/Increase in # of People**  
Increase

**Optional Comments**  
amended to reflect 20% change from baseline. math error was corrected.

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

People who are Asian have the highest rate of return to homelessness among all race/ethnic subpopulations at 22%, and the change in their rate of return in the baseline data shows the most rapid growth at an increase of 9 percentage points between 2018 and 2020. Given incomplete data for 2021, Contra Costa Health - H3 seeks to maintain this goal despite a 12% six month return rate noted in current HDIS baseline data for 2021.

In HHAP-3 Contra Costa Health - H3 also identified households with at least one adult and one child as a subpopulation to focus on related to this outcome goal . However, due to trends observed in other metrics for households with at least one adult and one child, Contra Costa Health - H3 seeks to identify a different subpopulation showing disproportionate rates of returns to homelessness. Adults who are experiencing significant mental illness (SMI) experience high rates of return to homelessness compared to the overall rates of return. In 2020, Adults who are experiencing SMI had a 20% return to homelessness compared to 15% in the overall baseline rate for 2020. Again, since 2021 data is incomplete, we expect this data to trend towards 2020 baseline numbers and will use those figures in establishing goals.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Decrease the rate of return for people who are Asian by 45% (to a 12% rate of return) and for adults who are experiencing SMI by 25% (to a 15% rate of return).

## **6. Increasing successful placements from street outreach.**

## **6. Increasing successful placements from street outreach.**

### **Goal Statement**

By the end of the performance period, HDIS data for the Contra Costa County CoC will show 1,438 total people served in street outreach projects exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations annually, representing 652 more people and a 84% increase from the baseline.

### **Goal Narrative**

With the expansion of resources such as HHAP and CalAim, Contra Costa Health - H3 anticipates an expansion of street outreach services that will result in more people served annually. Coupled with increases in interim housing, rapid rehousing, and strengthened data systems identified in the strategies noted in table 5, the expansion of street outreach should yield increases in placements and create more flow through the homelessness response system.

<b>Baseline Data</b>	<b>Change in # of</b>	<b>Change as % of</b>	<b>Target Annual # of people served in</b>
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786	<b>People</b> 652	<b>Baseline</b> 84%	<b>street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.</b> 1,438
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**Decrease/Increase in # of People**  
Increase

**Optional Comments**  
Amended to reflect 1,435 people. math error was corrected.

## **Describe Your Related Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

The numbers of Veterans and Unaccompanied youth (ages 18-24) exiting Street Outreach to positive destinations decreased between 2018 and 2021. Placements among veterans decreased by 74% and Unaccompanied youth by 82%. Meanwhile their representation among those accessing services and within the PIT count has remained unchanged.

**Describe the trackable data goal(s) related to this Outcome Goal:**

Increase exits from Street Outreach to positive destinations for Veterans by 217% (or 50 people) and Unaccompanied youth by 289% (or 52 people).

## **Table 5: Strategies to Achieve Outcome Goals**

### **Strategy 1**

**Type of Strategy**

Improving data quality, data systems, and/or data analyses to better inform decision-making

**Description**

Increase and refine Point-In-Time Count data collection practices, strengthen and expand HMIS Infrastructure, and continue to build partnerships for integrated data sharing.

**Timeframe**

January 1, 2023 - June 30, 2025

**Entities with Lead Responsibilities**

Contra Costa Health - H3

**Measurable Targets**

- Increase PIT survey sample to 500 surveys in 2023 Point-In-Time Count
- Conduct Youth specific needs assessment
- Integrate Managed Care Plan partners at Contra Costa Health Plan and Anthem Blue Cross Managed Care Plan to HMIS system.
- Implement bidirectional data sharing between HMIS and Epic medical record data system

**Performance Measure(s) to Be Impacted (Check all that apply)**

3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
6. Increasing successful placements from street outreach
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 2

### Type of Strategy

Increasing investments into, or otherwise scaling up, specific interventions or program types

### Description

Increase investment to households with at least one adult and one child to expand permanent housing resources through funding from California Department of Social Services' CalWorks Housing Support Program and Bringing Families Home Program.

### Timeframe

July 1, 2023 - June 30, 2025

### Entities with Lead Responsibilities

Contra Costa Health - H3

### Measurable Targets

Annually, 50 additional households with at least one adult and one child diverted from the homeless response system through new prevention resources and 50 through rapid rehousing

### Performance Measure(s) to Be Impacted (Check all that apply)

1. Reducing the number of persons experiencing homelessness.
2. Reducing the number of persons who become homeless for the first time.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
6. Increasing successful placements from street outreach
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## Strategy 3

### Type of Strategy

Building the capacity of homelessness response system to utilize resources, implement best practices, and/or achieve outcomes

### Description

Increase capacity of Coordinated Entry Access Points including CARE Centers, CORE Street Outreach, and 2-1-1 to expand access to housing resources, reduce referral processing time, and improve client experience.

### Timeframe

July 1, 2022 - June 30, 2025

### **Entities with Lead Responsibilities**

Contra Costa Health - H3

### **Measurable Targets**

Increase number of CORE Street Outreach teams and increase service response time in accordance with Contra Costa County's Anyone Anywhere Anytime (A3 initiative)

Provide ongoing (at least annually and as needed) training to CoC providers on topics like housing focused case management, referral processes, and fair housing.

Implement standardized client satisfaction measures across program models to incorporate direct feedback from people accessing services.

### **Performance Measure(s) to Be Impacted (Check all that apply)**

1. Reducing the number of persons experiencing homelessness.
2. Reducing the number of persons who become homeless for the first time.
3. Increasing the number of people exiting homelessness into permanent housing.
4. Reducing the length of time persons remain homeless.
6. Increasing successful placements from street outreach
7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

## **Strategy 4**

### **Type of Strategy**

Increasing investments into, or otherwise scaling up, specific interventions or program types

### **Description**

Expand supply of interim housing units by utilizing Project Homekey funding.

### **Timeframe**

November 1, 2022 - June 30, 2024

### **Entities with Lead Responsibilities**

Contra Costa Health - H3

### **Measurable Targets**

30 new interim housing units

### **Performance Measure(s) to Be Impacted (Check all that apply)**

1. Reducing the number of persons experiencing homelessness.
6. Increasing successful placements from street outreach

## **Strategy 5**

### **Type of Strategy**

Strategic uses of other sources of funding

### **Description**

Expand supply of permanent housing by utilizing Project Homekey, CoC, and other diverse funding leveraged through partnerships.

### **Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

Contra Costa Health - H3

**Measurable Targets**

25 new PSH units through Hacienda Heights Project

26 new RRH units if awarded through HUD Special NOFO

14 newly acquired units with homeless preference developed through private partnership of CoC participating agencies

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 6. Increasing successful placements from street outreach

**Strategy 6**

**Type of Strategy**

Strengthening systemic efforts and processes, such as coordinated entry and assessment processes, landlord engagement efforts, housing navigation strategies, and other systemic improvements

**Description**

Continued implementation of problem solving throughout the system, with focus on preventing homelessness and rapid exit from homelessness.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

Contra Costa Health - H3

**Measurable Targets**

Annually 240 households diverted from HRS through prevention and problem solving and 80 households served through rapid exit

Adoption of an equitable prevention prioritization tool

**Performance Measure(s) to Be Impacted (Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.
- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 7. Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

*Click + Add Strategy above to add additional strategies as needed.*

## Part III. Narrative Responses

Copy and paste your responses to Part III. Narrative Responses from the [HHAP-4 Local Homelessness Action Plan & Application Template](#) into the form below.

### Question 1

**[50220.8(b)(3)(D)]** My jurisdiction (e.g., City, County, CoC) collaborated with other overlapping jurisdictions to develop the strategies and goals related to HHAP-4

**Q1**

Yes

### Question 2

**[50220.8(b)(3)(D)]** My jurisdiction (e.g., City, County, CoC) consulted with each of the following entities to determine how HHAP-4 funds would be used:

**Public agencies (governmental entities)**

Yes

**Private sector partners (philanthropy, local businesses, CBOs, etc.)**

Yes

**Service providers (direct service providers, outreach, shelter providers, etc.)**

Yes

**Local governing boards**

Yes

**People with lived experience**

Yes

**Other**

Yes

**Other response**

Contra Costa Health Plan and Anthem Blue Cross Managed Care Plan

**a. Please describe your most notable coordination and collaborative processes with these entities.**

Contra Costa Health - Health, Housing and Homelessness Services Division (CCH-H3) coordinates housing and homeless services across County government and in the community. CCH-H3 serves as the administrative entity for the Contra Costa County Continuum of Care, CA-505, and both the County and CoC's allocation of HHAP funding. The County and CoC have overlapping geographical borders and each allocation has been re-directed to allow for effective and efficient use of the funding. CCH-H3 actively collaborates with all cities located within the County/CoC's geographic area. Additionally, CCH-H3 coordinates with all neighboring jurisdictions to support a regional approach to addressing the homelessness crisis. The most notable coordination and collaborative process has occurred through CCH-H3's concurrent stakeholder input process related to Contra Costa County's Measure X funding



dedicated to homeless crisis response services. Building on feedback received during extensive community outreach for the HHAP-3 funding in Spring 2022, CCH-H3 has worked with Contra Costa County's Department of Conservation and Development (DCD) and a technical assistance provider, Focus Strategies, to understand priorities for future funding opportunities. This collaboration has included weekly meetings, presentations to the Board of Supervisors, presentations to the Council on homelessness, six focus groups, survey collection, and dozens of one-on-one interviews with people experiencing homelessness, homeless service providers, Cities, Managed Care Plan partners, and community members. During this engagement, CCH-H3 has utilized feedback to design HHAP funding plans and create alignment among stakeholders.

### Question 3

**[50220.8(b)(3)(B) and 50220.8(b)(3)(E)]** My jurisdiction (e.g., City, County, CoC) is partnering or plans to use any round of HHAP funding to increase partnership with:

**People with lived experience**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

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**Social services (CalFresh, Medi-cal, CalWORKs, SSI, VA Benefits, etc.)**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Justice entities**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Workforce system**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Services for older adults**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Services for people with disabilities**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Child welfare system**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Education system**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

No

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**Local Homeless Coordinated Entry System**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

**Other (please specify)**

Yes

**Is this partnership formal or informal?**

Formal partnering

**Is this partnership current or planned?**

Current

**Do HHAP Funds Support This Partnership?**

Yes

**Other response**

Affordable Housing providers (PHA, non-profit, property managers, landlords, etc.)

City governments – Street Outreach capacity building

Private funders and technical assistance providers

**a. Please describe your most notable partnership with these groups (e.g. MOUs, shared funding, data sharing agreements, service coordination, etc.)**

CCH-H3 administers much of the local, state, and federal funding resources to address homelessness in the county. CCH-H3 supports the coordination of resources for homeless services between multiple County departments and key partners, such as the Employment and Human Services Department, the Housing Authority, school districts, housing providers, law enforcement, and cities. Through this collaboration, innovative and community specific policies and strategies are developed that address the needs of people experiencing homelessness and/or housing insecurity as a key determinant of health. Key partnerships include:

- Housing Authority of Contra Costa County and CCH-H3 letter of support to pursue Stability Vouchers and the Supplemental NOFO to Address Unsheltered Homelessness offered by HUD in 2022.
- Contra Costa Health Plan, Anthem Blue Cross Managed Care Plan, and CCH-H3 partnership to develop the Housing and Homelessness Incentive Program Investment Plan that creates strategic funding investments from Managed Care Plans to the homelessness response system, creates data sharing, and aligns performance outcomes.

- Employment and Human Services Department and CCH-H3 partner to award funding from CalWORKs Housing Support, Home Safe, Bringing Families Home, and Housing and Disability Advocacy Program
- Contra Costa Public Defender and CCH-H3 partner to deliver Holistic Intervention Program (HIP) services to people experiencing or at-risk of homelessness with criminal legal system involvement. In 2022, Contra Costa County received additional funding to expand HIP to improve outcomes and reduce criminal legal involvement for 900 indigent Contra Costa residents with mental illness and/or substance dependence who have been arrested for misdemeanors
- Contra Costa Public Health and CCH-H3 partner to deliver housing through Mental Health Services Act supportive housing, coordination of health services to people experiencing homelessness via Healthcare for the Homeless, and engage in data sharing.
- CCH-H3 is serving as an Anchor Organization in Tipping Point Community's regional Youth Homelessness Initiative, a three-year funding effort targeting youth and young adults, ages 16-24, who are currently experiencing homelessness or at risk of homelessness. As an Anchor Organization, CCH-H3 will serve on the Tipping Point Youth Homelessness Steering Committee and support the direction and implementation of activities related to housing youth who are literally homeless, preventing homelessness for youth, strengthening local systems that serve homeless youth, and system/policy change to better serve youth.
- CCH-H3 partners with All Home, a statewide organization working to advance regional solutions that disrupt the cycles of poverty and homelessness, redress racial disparities, and create more economic mobility opportunities for people with extremely low incomes. Through this partnership, All Home has provided technical assistance, resource gap analysis, and a Regional Action Plan to end unsheltered homelessness that Contra Costa County's Board of Supervisors adopted in 2021.
- CCH-H3 partners with Community Solutions, a nonprofit that leads Built for Zero, a movement of more than 100 cities and counties proving that it is possible to make homelessness rare and brief. Currently, CCH-H3 is participating in a nine month national Housing Stabilization Cohort facilitated by Community Solutions to strengthen Contra Costa's homelessness prevention efforts, including assessment and prioritization.

## Question 4

**[50220.8(b)(3)(B) and 50220.8(b)(3)(E)]** My jurisdiction (e.g., City, County, CoC) is strengthening its **partnership, strategies, and resources** across:

### **Managed care plans and resources (such as the Housing and Homelessness Incentive Program [HHIP])**

Yes

Data Sharing Agreement Established

### **Physical and behavioral health care systems and resources**

Yes

Data Sharing Agreement Established

### **Public health system and resources**

Yes

Data Sharing Agreement Established

### **a. Please describe your most notable coordination, planning, and/or sharing of data/information that is occurring within these partnerships.**

Contra Costa Health Plan aims to implement CalAIM to reduce and prevent homelessness, increase their capacity, and increase partnership with the homeless services system to improve connectivity to housing for members of the Health Plan. As a part of this work, CCH-H3 and Contra Costa Health Plan have

executed an MOU to collaborate on the coordination of services and supports provided to people experiencing homelessness through the new Housing and Homelessness Incentive Program (HHIP) offered through California's Department of Health Care Services DHCS). This partnership has resulted in coordination to ensure data sharing, investments in HMIS, and increased participation in CalAim and CoC planning. The CoC also annually trains all providers on helping clients enroll in health insurance, including how to collaborate with healthcare partners (Employment and Human Services Department, MediCal) and legal services to assist with barriers, sometimes through onsite visits. Within the last couple of years, the CoC increased the case management resources available to assist with insurance enrollment.

## Question 5

**[50220.8(b)(3)(F)]** Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:

**[50220.8(b)(3)(F)] Please select what actions your jurisdiction will take to ensure racial/ethnic/gender groups that are overrepresented among residents experiencing homelessness have equitable access to housing and services:**

Disaggregating administrative data for use in decision making processes

Modifying procurement processes

Ensuring those with lived experience have a role in program design, strategy development, and oversight

Developing workgroups and hosting training related to advancing equity

**a. Please describe the most notable specific actions the jurisdiction will take regarding equity for racial/ethnic/gender groups.**

CCH-H3 and the Council on Homelessness (CoH) will work to improve the Coordinated Entry (CE) operations to increase racial and gender equity in the CE system. Improvements will be informed by recommendations from recent reports provided to CCH-H3 and the CoC. Focus Strategies, technical assistance provider to CCH-H3, completed an evaluation of CE and recommended the CoC to consider developing a refined triage tool, adopting a different assessment tool, creating new CE trainings for partners, producing more accessible informational material, and developing a CE data dashboard to monitor performance.

Additionally, CCH-H3 intends to improve the equity of the overall homelessness response system based on recommendations delivered by C4 Innovations, a organization that advances equitable access to recovery, wellness, and housing stability for people who are systematically marginalized. Beginning in 2020, CCH-H3 began working with C4 Innovations to conduct racial equity trainings, conduct a system analysis of the CoC, build capacity to identify and address racial disparities in the homeless response system, and develop a guide to support engagement of people with lived experience of homelessness. The culmination of this partnership was the delivery of the Racial Equity Report to the Council on Homelessness in early 2022. Utilizing that report as a guide, CCH-H3 began the next phase of equity work by convening a Racial Equity workgroup to review recommendations presented in the C4 Innovations report. In July – August 2022, CCH-H3 solicited public input to inform a workplan for the upcoming year. The Equity Work Group synthesized findings and have developed a draft workplan to guide the newly formalized Equity Committee (approved by the CoH in September 2022). The Equity Committee's current CoH membership is comprised of a majority BIPOC councilmembers and 100% of members have lived experience of homelessness. In July 2022, CCH-H3 implemented standardized program models with contracted providers. Each contractor has equity measures embedded in new performance standards so that CCH-H3 can monitor and evaluate inequities within the homeless response system. To support providers, CCH-H3 plans to increase the prevalence of trauma-informed, client-centered approaches to service delivery, maintain ongoing conversations and education about race and racism with the CoH, board members, and staff of the CoC, continuously evaluate inequity within system data, and use data to inform action planning.

## Question 6

**[50220.8(b)(3)(G)]** My jurisdiction (e.g., City, County, CoC) has specific strategies to prevent exits to homelessness from **institutional settings** in partnership with the following mainstream systems:

### **Physical and behavioral health care systems and managed care plan organizations**

Yes, formal partnering  
Yes, leveraging funding

### **Public health system**

Yes, formal partnering  
Yes, leveraging funding

### **Criminal legal system and system for supporting re-entry from incarceration**

Yes, formal partnering  
Yes, leveraging funding

### **Child welfare system**

Yes, formal partnering  
Yes, leveraging funding

### **Affordable housing funders and providers**

Yes, formal partnering  
Yes, leveraging funding

### **Income support programs**

Yes, formal partnering

### **Education system**

Yes, informal partnering

### **Workforce and employment systems**

Yes, formal partnering

### **Other (please specify)**

Yes, formal partnering

### **Other response**

Veteran's Administration

### **a. Please describe the most notable specific actions the jurisdiction will take to prevent exits to homelessness from institutional settings**

CCH-H3 works with the health care systems and managed care plans to leverage CalAim and take referrals to the respite center from people exiting institutions like hospitals or skilled nursing facilities. Additionally, through partnership with Contra Costa County's Behavioral Health Services, people experiencing homelessness exiting psychiatric emergency services are able to connect directly with shelter through direct referral via County mental health providers. Additionally, as previously mentioned, expanded funding from the California Board of State and

Community Corrections (BSCC) to Contra Costa County will allow greater partnership between CCH-H3 and Contra Costa County Office of the Public Defender to safely divert individuals out of local jails on misdemeanor cases and ensure that they have the support needed to achieve stability in the community. Almost half of the grant's budget is dedicated to housing staffing and resources, and provides direct dollars for housing, both permanent and short-term, for those impacted by the local criminal legal system

## Question 7

**[50220.8(b)(3)(H)]** Specific and quantifiable **systems improvements** that the applicant will take to improve the delivery of housing and services to people experiencing homelessness or at risk of homelessness, including, but not limited to, the following:

**(I) Capacity building and workforce development for service providers within the jurisdiction, including removing barriers to contracting with culturally specific service providers and building the capacity of providers to administer culturally specific services.**

CCH-H3 provides trainings throughout the year on topics including but not limited to Housing First, working with undocumented participants, and connecting to mainstream benefits to build provider capacity and ensure compliance with funding requirements. CCH-H3 is actively working to lower barriers through the CoC competition so that smaller and culturally specific providers have access to HUD resources and supports needed to succeed with complex funding opportunities. These efforts include building a scoring tool that prioritizes providers with deep community ties and increasing outreach to new providers to join CoC and CoH meetings throughout the year. CCH-H3 has also worked to implement standardized program models to build equity across providers and include equity measures that capture demographics of provider staff to help in understanding how representative agency demographics are of the communities they serve. The implementation of these program models included training providers on a self-assessment tool to understand opportunities and barriers to implementation and model specific dashboards in HMIS so providers can monitor their progress. In the Fall of 2022, CCH-H3 contracted with a technical assistance provider, Focus Strategies, to coordinate a community driven contracting process for Contra Costa County's Measure X funding. This process has included six focus groups, three exclusively for people with lived experience of homelessness, dozens of one-on-one interviews, and a survey for community members, people with lived experience, and providers to understand funding priorities and process improvements the County can make to reduce barriers to contracting and delivering services. This feedback will be utilized beyond Measure X contracting and help inform future funding opportunities, including HHAP contracting. CCH-H3's CORE teams operate on a peer-based model and help match people to resources most appropriate to their needs. CCH-H3 works to collaborate on opportunities to increase support for providers through additional funding and flexible programs, such as the Pet Assistance and Support (PAS) Program, which will lead to kennels and pet friendly improvements to interim-housing owned by Contra Costa County and operated by a local nonprofit, Bay Area Community Services (BACS).

**(II) Strengthening the data quality of the recipient's Homeless Management Information System.**

CCH-H3 has contracted with technical assistance provider Focus Strategies to complete an HMIS Evaluation and is currently reviewing initial findings with stakeholder groups, like the HMIS Policy Committee of the Council on Homelessness. This evaluation will provide information to ensure that HMIS workflows, data and reporting support providers with CCH-H3's newly implemented program models and performance-based contracting. This evaluation also includes interviews and surveys collected from people currently accessing services such as street outreach or permanent supportive housing to better understand the data collection experience of clients in the homeless system of care. The final report will provide CCH-H3 with recommendations to address gaps in HMIS workflows, data, and reporting, and will identify capacity building opportunities to support operationalization of program models. In September 2022, the Council on Homelessness approved an updated Data Quality Management Plan (DQMP) that establishes HMIS data quality policies, agreements, and monitoring and reporting practices. CCH-H3, as the HMIS Lead Agency, will utilize this plan to strengthen data quality and build capacity for homeless



service providers. In addition, CCH-H3 has an ongoing data workgroup to support the HMIS team in providing updated and accurate information to the CoC and partners as needed throughout the year.

**(III) Increasing capacity for pooling and aligning housing and services funding from existing, mainstream, and new funding.**

CCH-H3 is working to increase capacity to better coordinate and align housing and services funding from existing, mainstream, and new funding. This includes partnering with other County departments like Contra Costa Health Plan and Employment and Human Services to establish interdepartmental agreements that appropriately staff CCH-H3 to bid, contract, and administer new and increased funding. Additionally, as a key stakeholder in administering Contra Costa's Measure X funding, CCH-H3 will increase internal capacity through utilizing sustainable administrative dollars embedded in Measure X to monitor and support providers awarded for services. Through partnerships, CCH-H3 seeks to leverage funding to bring more resources to Contra Costa. One example of this is partnering with Cities to utilize American Rescue Plan Act (ARPA) and CCHP to utilize HHIP funds as match to a Homekey acquisition project that will become interim housing supported through HHAP. CCH-H3 is also strengthening relationships with Housing Authority of Contra Costa County by partnering to request Stability Vouchers from HUD that will align with new projects funded through the annual Continuum of Care competition.

CCH-H3's partnership with All Home (see response to question 3a) further supports increased capacity by providing a detailed gaps analysis and Regional Action Plan that drives data informed decisionmaking when new resources enter the community. As a countywide adopted strategy, the Regional Action Plan provides a framework for increased collaboration with County partners like the Department of Conservation and Development. The CoC has further built capacity to monitor the Regional Action Plan by creating the Plan for Accelerating Transformative Housing Innovations (PATH) Committee of the Council on Homelessness. The PATH Innovations Committee is comprised of a diverse group of community stakeholders, including people with lived experience of homelessness, and CoC partners who commit to leading, monitoring, implementing, and assigning priorities to reduce unsheltered homelessness committee. By providing oversight, though partnership, and lived experience perspective, the PATH committee supports CCH-H3 capacity to align funding and achieve ambitious, countywide goals.

**(IV) Improving homeless point-in-time counts.**

Building on the limitations and concerns raised during past PIT counts, in 2020, CCH-H3 implemented a new methodology that improved data quality and confidence. In future iterations of the PIT count, CCH-H3 would like to resume pairing peer volunteers with partners, provide compensation for supporting the count, and increase partner outreach. CCH-H3 also has a goal of completing a TAY specific count in 2023. CCH-H3 will continuously work internally and with partners like Contra Costa Health Plan to fine-tune and improve the methodology of the count to provide the best count possible.

**(V) Improving coordinated entry systems to strengthen coordinated entry systems to eliminate racial bias, to create a youth-specific coordinated entry system or youth-specific coordinated entry access points, or to improve the coordinated entry assessment tool to ensure that it contemplates the specific needs of youth experiencing homelessness.**

The Coordinated Entry System (CES) reaches people least likely to apply for assistance through specialized street outreach teams (TAY, Family, etc.) staffed by people with lived experience and outreach collaboration with partners that encounter harder to reach populations, such as faith communities, law enforcement, behavioral health providers, and transit operators. All CES access points are equipped with language line for translation needs and services to communicate with people who have hearing and speech disabilities to ensure that effective communication is not a barrier to services. The CES also works with schools to identify children and families at-risk or experiencing homelessness. The Youth Action Council assists with engaging TAY/young people experiencing homelessness who may not otherwise seek help.

Additionally, CCH-H3's participation in Tipping Point Community's regional Youth Homelessness Initiative will allow Contra Costa to target resources to end youth homelessness, collaborate with regional partners, and prepare for application to HUD's Youth Homelessness Demonstration Project in 2023. A key

component of this initiative will be a community of practice (CoP) that includes representation from each community funded by TPC where members will benefit from continuous opportunities to share with their peers, identify, develop, and receive funding for potential joint projects, and contribute to new regional research efforts.

## Question 8

**\*Responses to these questions are for informational purposes only.**

What **information, guidance, technical assistance, training, and/or alignment of resources and programs** should Cal ICH and other State Agencies prioritize to support jurisdictions in progressing towards their Outcome Goals, Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness, and/or would otherwise help strengthen local partnerships, coordination, planning, and progress toward preventing and ending homelessness?

### **Information, Guidance, and Technical Assistance**

Facilitation of planning processes and collaborative approaches among cross-agency and community-level partners

Technical assistance related to goal setting (generally)

Technical assistance related to goal setting in underserved/disproportionately impacted populations

Technical assistance related to achieving outcome goals

Technical assistance on implementing performance-based contracting

Trainings on topics of equity

### **Alignment of Resources and Programs**

In the space below, please describe what Cal ICH and other State Agencies should prioritize related to alignment of resources and programs, strengthening partnerships and collaborations, or any other ways that State can support communities' progress:

#### **Untitled**

Cal ICH and other State Agencies should prioritize the facilitation of planning process and collaborative approaches among cross-agency and community level partners, specifically in the areas of data systems and effectively utilizing multiple federal, state, local, and private funding sources. Working with multiple partners allows communities to create strong system level responses to homelessness, but creates a heavy administrative burden that often impacts contracted providers and households at-risk of or currently experiencing homelessness. A focus on streamlining contracting processes, reporting, and shared goals across funding partners would enable local communities to devote more resources to programs working to end homelessness.

Similarly, a focus on strengthening data system alignment would support ongoing collaboration between State and local partners. Homeless Data Integration System (HDIS) presents a great opportunity to understand HMIS data across the state, but often HDIS outputs don't align with local reporting. This requires communities to dedicate substantial time to understanding how HDIS reporting is configured and implementing HMIS customizations to ensure consistent data monitoring. Timely data feedback loops and system flexibility would greatly support local partner's in tracking goals and planning.

# Part IV. Funding Plan Strategic Intent Narrative

## Question 1

### Eligible Use 1

#### Eligible Use Category Intended to be Supported with HHAP-4

1. Rapid rehousing

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

34.00%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

5.00%

#### Activities to be Supported with HHAP-4

- Landlord incentives
- Short term rental subsidy
- Housing Navigation and Location

#### How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

Currently allocated rapid rehousing resources are segmented to address specific populations which leads to a gap in service for single adults, families not connected to CalWORKS! Or child welfare systems, and households with criminal legal system involvement. Additionally, stakeholder input has clearly identified landlord engagement as a need within Contra Costa's homelessness response systems and these funds will allow us to bring sustainability to pilot projects.

#### How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

These resource will support continuity of services as ESG-CV funding winds down (expiring 2023) and fill the gaps of HUD, CDSS, and other population specific rapid rehousing funding.

### Eligible Use 2

#### Eligible Use Category Intended to be Supported with HHAP-4

5. Systems support

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

10.00%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

2.00%

#### Activities to be Supported with HHAP-4

- Access Points expansion
- Increased community outreach
- Compensation for Lived Experience Advisors
- Ongoing match for YHDP projects

#### How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

Funding allocated to system support will increase awareness and accessibility of available housing resources. Through stakeholder feedback, CCH-H3 has repeatedly heard that people experiencing homelessness aren't aware that there are programs to support them in exiting homelessness. Adding capacity to Access Points, coupled with increased community outreach will help CCH-H3 reach more households. Compensation for Lived Experience Advisors helps CCH-H3 increase equity within the homelessness response system and design systems with the needs of people experiencing homelessness at the forefront. Ongoing match for YHDP, funding CCH-H3 intends to apply for in 2023, will lower barriers for service providers to participate in YHDP and enable Contra Costa CoC to streamline administrative burden by offering cash match resources

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

HHAP-4 funding will help bridge the gap between CoC Planning funds and the need to support the homelessness response system. As programs like Rapid Rehousing and Prevention/Diversion are scaled up, system support needs to increase proportionally.

**Eligible Use 3**

**Eligible Use Category Intended to be Supported with HHAP-4**

7. Prevention and diversion

**Approximate % of TOTAL HHAP-4 ALLOCATION to be sed on this Eligible Use(%)**

20.00%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

3.00%

**Activities to be Supported with HHAP-4**

- Direct Financial Assistance for expenses like security deposits, utility bills, and other supports that will prevent or divert a household from entering the homeless response system

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

Flexible dollars for direct financial assistance is a highly utilized resource in Contra Costa County. Prevention/Diversion programming is a strategic use of funds because it effectively diverts households from entering the homeless system of care and is less resource intensive than other services like Rapid Rehousing or Permanent Supportive Housing.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

HHAP-4 funding will ensure continuity of services as resources like CDBG-CV wind down. Flexible dollars also help expand services to populations that are not eligible for most CoC funding, like undocumented households.

**Eligible Use 4**

**Eligible Use Category Intended to be Supported with HHAP-4**

8. Interim sheltering (new and existing)

**Approximate % of TOTAL HHAP-4 ALLOCATION to be sed on this Eligible Use(%)**

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the**

29.00%

**Youth Set Aside? (%)**

0.00%

**Activities to be Supported with HHAP-4**

- Acquire and operate 30 units of interim housing through leveraged Homekey projects

**How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?**

To support reducing unsheltered homelessness, Contra Costa County needs additional interim housing options. Acquisition through opportunities like Project Homekey provide faster turnaround than new construction.

**How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?**

Homekey funds provide critical resources to acquire new units of housing or interim housing, but do not provide support for ongoing operation of sites. HHAP-4 funds will provide initial funds to operate interim housing while CCH-H3 pursues funding through programs like the CoC.

**Table 7. Demonstrated Need**

**# of available shelter beds**

780

**# of people experiencing unsheltered homelessness in the homeless point-in-time count**

2,329

**Shelter vacancy rate (%) in the summer months**

7.00%

**Shelter vacancy rate (%) in the winter months**

14.00%

**% of exits from emergency shelters to permanent housing solutions**

16.00%

**Describe plan to connect residents to permanent housing.**

Emergency shelters and interim housing funded through the CoC or Contra Costa County adopt required elements of the emergency shelter program model adopted in June 2022. This model requires staff to provide Housing Focused Case Management that helps participants to develop and pursue a housing

plan; provide information and referrals; housing problem-solving; obtain the documents needed for ESG or CoC PH program enrollment, such as verification of homelessness, and if applicable, chronic homelessness and/or disability, as well as the documents that are likely to be required by a landlord (i.e., government issued photo ID and proof of income); and connect to public benefits and income. Additionally, emergency shelter and interim housing programs serve as point of contact for Rapid Exit, Rapid Rehousing, and Permanent Supportive housing providers during enrollment and housing search to ensure clients are supported throughout the housing process. Housing Problem Solving begins at intake and continues throughout a stay. The model is Trauma-Informed and Housing First. It has no sobriety requirement, treatment compliance, criminal justice history exclusions or minimum income requirements for enrollment or continued stay. Vacancy data reflects most complete data by County operated shelters. Additionally, the number of available shelter beds currently available includes time limited shelter/interim housing funded through temporary funding like Project Roomkey. In 2022, CCH-H3 worked to demobilize hotels opened during the height of the Covid-19 pandemic and the available number of shelter beds will reflect lower numbers in future housing inventory counts. This decrease really emphasizes the need for interim housing in Contra Costa County.

## Eligible Use 5

### Eligible Use Category Intended to be Supported with HHAP-4

10. Administrative (up to 7%)

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used on this Eligible Use(%)**

7.00%

**Approximate % of TOTAL HHAP-4 ALLOCATION to be used under this Eligible Use as part of the Youth Set Aside? (%)**

1.00%

### Activities to be Supported with HHAP-4

- Staff and operating Support to administer HHAP-4 funding

### How is this a strategic use of HHAP-4 resources that will address needs and gaps within the homelessness response system?

Administrative dollars will increase capacity of Contra Costa County to contract, monitor, and effectively spend down HHAP-4 funding.

### How were these decisions to invest HHAP-4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis in Part I)?

Similar to System Support funding, as funding is scaled up, administrative support needs to increase proportionally to effectively utilize grant funds.

## Question 2

Please describe how the planned investments of HHAP-4 resources and implementation of the activities to be supported will:

### Help drive progress toward achievement of the Outcome Goals and Goals for Underserved Populations and Populations Disproportionately Impacted by Homelessness (as identified in Part II above):

HHAP-4 investments will support ongoing efforts to reach underserved populations and populations disproportionately impacted by homelessness by increasing resources available to all households in Contra Costa County, creating ongoing monitoring of specific subpopulation goals, and building capacity for increased participation and engagement of underserved populations. By ensuring each outcome goal

has a specific subpopulation focus, HHAP-4 investments ensure CCH-H3 is regularly tracking disparities through disaggregated data and is able to focus on populations with the most acute disparities in key indicators such as exits to permanent housing. Furthermore, HHAP-4 funds will be subcontracted through a transparent, low-barrier process based on the robust stakeholder feedback CCH-H3 has received through focus groups, interviews, and surveys developed for Measure X funding. This subcontracting process will have a focus on supporting small and BIPOC led organizations and increasing the capacity of organizations to provide culturally responsive and equitable services.

**Help address racial inequities and other inequities in the jurisdiction's homelessness response system:**

Planned investments of HHAP-4 resources will help address racial and other inequities in Contra Costa's homelessness response system by investing in critical system support activities and expanding flexible housing resources. System support activities, such as increased community outreach and compensation for Lived Experience Advisors, will help Contra Costa reach previously underserved communities by expanding capacity and collaborating with people experiencing homelessness to design system improvements tailored to their needs. CCH-H3 will work closely with the Equity Committee of the Council on Homelessness to identify new avenues for community outreach and develop relationships with community leaders who can amplify information about the homelessness system of care to underserved or unengaged communities. Flexible housing resources, like low barrier rapid rehousing or Transition Aged Youth (TAY) specific prevention and diversion, create equity because it enables the homelessness response system to truly lower barriers and center household needs in the housing problem solving conversation.

**Be aligned with health and behavioral health care strategies and resources, including resources of local Medi-Cal managed care plans:**

Contra Costa County's decision to centralize homelessness and housing coordination within the Health Services Department allows for full integration of housing and homeless services across the health system, including and especially behavioral health services. This structure enables seamless linkages between homelessness and behavioral health systems for those in need of such services, including shelter placements through Coordinated Entry and partnership with the No Place Like Home program for housing. The CoC holds a seat on the Council on Homelessness, allowing for ongoing behavioral health representation in the CoC.

Contra Costa Health Plan aims to implement CalAIM to reduce and prevent homelessness, increase their capacity, and increase partnership with the homeless services system to improve connectivity to housing for members of the Health Plan. As a part of this work, CCH-H3 and Contra Costa Health Plan have executed an MOU to collaborate on the coordination of services and supports provided to people experiencing homelessness through the new Housing and Homelessness Incentive Program (HHIP) offered through California's Department of Health Care Services (DHCS). The CoC also annually trains all providers on helping clients enroll in health insurance, including how to collaborate with healthcare partners (Employment and Human Services Department, MediCal) and legal services to assist with barriers, sometimes through onsite visits. Within the last couple of years, the CoC increased the case management resources available to assist with insurance enrollment.

**Support increased exits to permanent housing among people experiencing homelessness:**

By building on strategies listed in previous HHAP applications, CCH-H3's ongoing investments in resources like prevention, rapid rehousing, and street outreach will support increased exits to permanent housing among people experiencing homelessness. These strategies include leveraging funding and partnering with stakeholders like Contra Costa Health Plan and Contra Costa County Department of Conservation and Development to ensure a wide spectrum of services are available to support housing stabilization and retention for people at-risk of homelessness and interim housing, housing navigation, and ongoing case management for people experiencing homelessness. Additionally, through opportunities like Homekey and Measure X, HHAP-4 investments will support acquisition and development of new housing

units, a critical need in Contra Costa County. Without increased housing inventory, increased exits to permanent housing is an incredibly difficult challenge. HHAP-4 funding alone does not solve this challenge, but it plays a crucial part in developing a diverse mix of funding that enables Contra Costa County to create more housing.



## **Certification**

**I certify that all information included in this Application is true and accurate to the best of my knowledge.**

Yes

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**Table 1. Landscape Analysis of Needs and Demographics**

	People Experiencing Homelessness	Source and Date Timeframe of Data
<b>Population and Living Situations</b>		
<b>TOTAL # OF PEOPLE EXPERIENCING HOMELESSNESS</b>	3,093	PIT Count - February 2022
# of People Who are <b>Sheltered</b> (ES, TH, SH)	764	PIT Count - February 2022
# of People Who are <b>Unsheltered</b>	2329	PIT Count - February 2022
<b>Household Composition</b>		
# of Households <b>without Children</b>	74	PIT Count - February 2022
# of Households with <b>At Least 1 Adult &amp; 1 Child</b>	2668	PIT Count - February 2022
# of Households with <b>Only Children</b>	3	PIT Count - February 2022
<b>Sub Populations and Other Characteristics</b>		
# of Adults Who are Experiencing <b>Chronic Homelessness</b>	1567	PIT Count - February 2022
# of Adults Who are Experiencing <b>Significant Mental Illness</b>	1287	PIT Count - February 2022
# of Adults Who are Experiencing <b>Substance Abuse</b> Disorders	1107	PIT Count - February 2022
# of Adults Who are <b>Veterans</b>	130	PIT Count - February 2022
# of Adults with <b>HIV/AIDS</b>	230	PIT Count - February 2022
# of Adults Who are <b>Survivors of Domestic Violence</b>	218	PIT Count - February 2022
# of <b>Unaccompanied Youth (under 25)</b>	209	PIT Count - February 2022
# of <b>Parenting Youth (under 25)</b>	2	PIT Count - February 2022
# of People Who are <b>Children of Parenting Youth</b>	3	PIT Count - February 2022
<b>Gender Demographics</b>		

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# of <b>Women/Girls</b>	1268	PIT Count - February 2022
# of <b>Men/Boys</b>	1693	PIT Count - February 2022
# of People Who are <b>Transgender</b>	5	PIT Count - February 2022
# of People Who are <b>Gender Non-Conforming</b>	26	PIT Count - February 2022
<b>Ethnicity and Race Demographics</b>		
# of People Who are <b>Hispanic/Latino</b>	740	PIT Count - February 2022
# of People Who are <b>Non-Hispanic/Non-Latino</b>	2352	PIT Count - February 2022
# of People Who are <b>Black or African American</b>	986	PIT Count - February 2022
# of People Who are <b>Asian</b>	29	PIT Count - February 2022
# of People Who are <b>American Indian or Alaska Native</b>	289	PIT Count - February 2022
# of People Who are <b>Native Hawaiian or Other Pacific Islander</b>	79	PIT Count - February 2022
# of People Who are <b>White</b>	1588	PIT Count - February 2022
# of People Who are <b>Multiple Races</b>	122	PIT Count - February 2022

*\*If data is not available, please input N/A in the cell and explain why the data is not available below:*

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Table 2. Landscape Analysis of People Being Served

	Permanent Supportive Housing (PSH)	Rapid Rehousing (RRH)	Transitional Housing (TH)	Interim Housing or Emergency Shelter (IH / ES)	Diversion Services and Assistance (DIV)	Homelessness Prevention Services & Assistance (HP)	Outreach and Engagement Services (O/R)	Other: [Identify]	Source(s) and Timeframe of Data
<b>Household Composition</b>									
# of Households <b>without Children</b>	796	592	86	1,036	43	496	2,762		CY 2021 HUD Annual Performance Review Report
# of Households with <b>At Least 1 Adult &amp; 1 Child</b>	137	166	0	127	0	228	409		CY 2021 HUD Annual Performance Review Report
# of Households with <b>Only Children</b>	0	0	0	9	0	25	2		CY 2021 HUD Annual Performance Review Report
<b>Sub-Populations and Other Characteristics</b>									
# of Adults Who are Experiencing <b>Chronic Homelessness</b>	667	279	12	801	11	3	2,069		CY 2021 HUD Annual Performance Review Report
# of Adults Who are Experiencing <b>Significant Mental Illness</b>	447	295	42	628	14	81	1,844		CY 2021 HUD Annual Performance Review Report
# of Adults Who are Experiencing <b>Substance Abuse Disorders</b>	265	148	41	392	6	46	1,288		CY 2021 HUD Annual Performance Review Report
# of Adults Who are <b>Veterans</b>	406	209	17	56	1	65	118		CY 2021 HUD Annual Performance Review Report
# of Adults with <b>HIV/AIDS</b>	52	11	1	32	0	5	67		CY 2021 HUD Annual Performance Review Report
# of Adults Who are <b>Survivors of Domestic Violence</b>	191	149	13	200	0	15	609		CY 2021 HUD Annual Performance Review Report
# of <b>Unaccompanied Youth (under 25)</b>	6	98	37	70	0	68	317		CY 2021 HUD Annual Performance Review Report
# of <b>Parenting Youth (under 25)</b>	5	44	0	12	0	12	85		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Children of Parenting Youth</b>	11	48	0	13	0	11	89		CY 2021 HUD Annual Performance Review Report
<b>Gender Demographics</b>									
# of <b>Women/Girls</b>	574	470	12	581	27	780	1,851		CY 2021 HUD Annual Performance Review Report
# of <b>Men/Boys</b>	703	675	69	706	15	618	2,515		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Transgender</b>	4	1	2	3	0	3	6		HUD Annual Performance Review Report, Calendar Year 2021
# of People Who are <b>Gender Non-Conforming</b>	4	2	3	1	0	2	4		CY 2021 HUD Annual Performance Review Report
<b>Ethnicity and Race Demographics</b>									
# of People Who are <b>Hispanic/Latino</b>	216	241	19	306	6	417	862		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Non-Hispanic/Non-Latino</b>	1024	899	66	1200	36	960	3,090		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Black or African American</b>	492	545	27	546	13	554	1,509		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Asian</b>	26	25	1	26	0	111	37		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>American Indian or Alaska Native</b>	63	63	9	129	1	68	407		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Native Hawaiian or Other Pacific Islander</b>	22	20	2	26	0	23	61		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>White</b>	543	408	39	674	25	531	1,666		CY 2021 HUD Annual Performance Review Report
# of People Who are <b>Multiple Races</b>	92	72	7	100	3	55	268		CY 2021 HUD Annual Performance Review Report

*\*If data is not available, please input N/A in the cell and explain why the data is not available below:*

Table 3. Landscape Analysis of State, Federal and Local Funding											
Funding Program <i>(choose from drop down options)</i>	Fiscal Year <i>(select if that apply)</i>	Total Amount Invested into Homelessness Interventions	# of Vouchers <i>(if applicable)</i>	Funding Source*	Interventions on Types Supported with Funding <i>(select all that apply)</i>	Brief Description of Program and Services Provided	Populations Served <i>(please select the appropriate population[s])</i>				
Other (enter funding source under dotted line)	FY 2021-2022	\$20,000.00	n/a	Private Funder(s)	Outreach and Engagement	Funds support 0.25 FTE of an Outreach and Housing Navigation position.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$20,000.00	n/a		People Exp Chronic Homelessness				Veterans	Parenting Youth	
		\$-			People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
Local business grant		\$-						People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
Emergency Solutions Grants - CV (ESG-CV) - via HCD	FY 2021-2022	\$2,848,112.00		State Agency	Interim Housing/Congregate/Non-Congregate Shelter	Extension of PRK hotel program and HMIS	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$2,999,588.00			People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Administrative Activities				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
Emergency Solutions Grants - CV (ESG-CV) - via HUD	FY 2021-2022	\$4,988,660.00		Federal Agency	Interim Housing/Congregate/Non-Congregate Shelter	Extension of PRK hotel program, Rapid Rehousing and HMIS	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$4,988,661.00			People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Rental Assistance/Rapid Rehousing				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
				Administrative Activities							
Emergency Solutions Grants (ESG) - via HUD	FY 2022-2023	\$368,077.00		Federal Agency	Interim Housing/Congregate/Non-Congregate Shelter	ESG funds provide emergency shelter services, street outreach, and prevention services to divert households from entering homelessness	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
					People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Outreach and Engagement				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
				Diversion and Homelessness Prevention							
Bringing Families Home (BFH) - via CDSS	FY 2021-2022	\$1,079,500.00		State Agency	Rental Assistance/Rapid Rehousing	The BFH program provides housing supports to families receiving child welfare services who are experiencing or at risk of homelessness, thereby increasing family reunification and preventing foster care placement.		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$1,079,500.00			People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Diversion and Homelessness Prevention				People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (Families receiving child welfare services)	
Community Development Block Grant (CDBG) - via HUD	FY 2022-2023	\$849,500.00		Federal Agency	Outreach and Engagement	CDBG funding supports HOPWA housing services, affordable housing development and rehabilitation, and tenant landlord services	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
					People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Diversion and Homelessness Prevention				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
Homeless Housing, Assistance and Prevention Program (HHAP) - via Cal ICH	FY 2021-2022	\$5,208,141.76		State Agency	Interim Housing/Congregate/Non-Congregate Shelter	HHAP funding has supported youth specific street outreach, operation of interim housing, and rapid rehousing subsidies.		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$2,424,178.00			People Exp Chronic Homelessness				Veterans	Parenting Youth	
	FY 2023-2024	\$6,640,820.29			People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Outreach and Engagement				People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (Transition Aged Youth)	
				Administrative Activities							
Project Roomkey and Rehousing - via CDSS	FY 2022-2023	\$4,970,123.00		State Agency	Interim Housing/Congregate/Non-Congregate Shelter	Operation of 174-room motel (previously Roomkey motel purchased with HomeKey 1 funds) in Pittsburg, CA with Flexible Fund for Rapid Housing/ Titration and Street Outreach	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
					People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Outreach and Engagement				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
CalWORKs Housing Support Program (HSP) - via CDSS	FY 2021-2022	\$2,657,291.00		State Agency	Rental Assistance/Rapid Rehousing	Provides short to medium term rental assistance and case management services to CalWORKs eligibles		ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)		
	FY 2022-2023	\$5,543,453.00			People Exp Chronic Homelessness				Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/AIDS	Children of Parenting Youth	
				Outreach and Engagement				People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (Families with minor children receiving CalWORKS)	
				Administrative Activities							
Housing and Disability Advocacy	FY 2021-2022	\$1,257,433.00			Diversion and Homelessness Prevention	The goal of HDAP is to house homeless disabled individuals through housing assistance			TARGETED POPULATIONS (please "x" all that apply)		

Program (HDAP) - via CDSS	FY 2022-2023	\$1,257,433.00		State Agency	Outreach and Engagement	services including housing location, system navigation, application and housing case management, and housing placement in interim and permanent supportive housing	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness	Veterans	Parenting Youth	
	FY 2023-2024	\$1,257,433.00			Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
					Rental Assistance/Rapid Rehousing				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
Home Safe - via CDSS	FY 2022-2023	\$921,454.00		State Agency	Diversion and Homelessness Prevention	Provide older adults enrolled in APS with short-term, time-limited housing case management, and financial assistance to prevent homelessness and referrals to Coordinated Entry for longer term housing assistance	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
	FY 2023-2024	\$921,454.00			Rental Assistance/Rapid Rehousing				People Exp Chronic Homelessness	Veterans	Parenting Youth	
	FY 2024-2025	\$921,454.00			Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Continuum of Care Program (CoC) - via HUD	FY 2022-2023	\$16,848,402.00		Federal Agency	Permanent Supportive and Service-Enriched Housing	Assist sheltered and unsheltered homeless people by funding permanent supportive housing, rapid rehousing, tenant based rental assistance, the coordinated entry system, and the homeless management information system.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
					Diversion and Homelessness Prevention				People Exp Chronic Homelessness	Veterans	Parenting Youth	
					Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Encampment Resolution Funding - via Cal ICH	FY 2022-2023	\$4,881,272.00		State Agency	Outreach and Engagement	The purpose of ERG is to provide outreach, case management, and housing resolutions to residents of an encampment in Richmond.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
					Rental Assistance/Rapid Rehousing				People Exp Chronic Homelessness	Veterans	Parenting Youth	
					Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Community Development Block Grant - CV (CDBG-CV) - via HUD	FY 2021-2022	\$6,433,872.00		Federal Agency	Diversion and Homelessness Prevention	Provide emergency rental assistance and tenant/landlord counseling and legal services. In addition to those services, a portion will be used for general program administration	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
									People Exp Chronic Homelessness	Veterans	Parenting Youth	
									People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Supportive Services for Veteran Families Program (SSVF) - via VA	FY 2021-2022	\$1,573,749.00		Federal Agency	Rental Assistance/Rapid Rehousing	The SSVF program provides eligible veteran families with financial assistance, case management, and assistance in obtaining VA and other benefits.	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
					Outreach and Engagement				People Exp Chronic Homelessness	X	Veterans	Parenting Youth
									People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Emergency Housing Vouchers (EHVs) via HUD	FY 2021-2022	\$811,120.00	201	Federal Agency	Rental Assistance/Rapid Rehousing	Provide housing choice vouchers to support rent and utility subsidies	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
	FY 2022-2023	\$811,120.00			Administrative Activities				People Exp Chronic Homelessness	Veterans	Parenting Youth	
									People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Housing Choice Vouchers (HCVs) - via HUD	FY 2021-2022	\$142,701,402.00	100	Federal Agency	Rental Assistance/Rapid Rehousing	Provide vouchers to support rent and utility subsidies	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
									People Exp Chronic Homelessness	Veterans	Parenting Youth	
									People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
HUD-VA Supportive Housing Program Vouchers (HUD-VASH) - via HUD	FY 2022-2023	\$3,728,092.00	45	Federal Agency	Permanent Supportive and Service-Enriched Housing	Provide vouchers to support rent and utility subsidies	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
									People Exp Chronic Homelessness	X	Veterans	Parenting Youth
									People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
Other (enter funding source under dotted line)	FY 2021-2022	\$855,496.00		State Agency	Diversion and Homelessness Prevention	California Emergency Solutions and Housing (CESH) Program	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
	FY 2022-2023	\$519,402.00			Interim Housing/Congregate/Non-Congregate Shelter				People Exp Chronic Homelessness	Veterans	Parenting Youth	
					Administrative Activities				People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth	
California Emergency Solutions and Housing (CESH) Program					Rental Assistance/Rapid Rehousing				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
	FY 2021-2022	\$1,432,000.00		Local Agency	Administrative Activities	Provide emergency shelter services	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "x" all that apply)			
	FY 2022-2023	\$1,432,000.00			Interim Housing/Congregate/Non-Congregate Shelter				People Exp Chronic Homelessness	Veterans	Parenting Youth	
					People Exp Severe Mental Illness				People Exp HIV/ AIDS	Children of Parenting Youth		
	FY 2021-2022	\$116,980.00			Diversion and Homelessness Prevention				People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)	
									TARGETED POPULATIONS (please "x" all that apply)			

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Other (enter funding source under dotted line)	FY 2022-2023	\$116,980.00		State Agency			California Housing and Community Development Housing Navigators Program	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	People Exp Chronic Homelessness	Veterans	Parenting Youth
California Housing and Community Development Housing Navigators Program										People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
										People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Other (enter funding source under dotted line)	FY 2021-2022	\$1,925,000.00		Local Agency	Interim Housing/Congregate/Non-Congregate Shelter		Probation funding, including AB109; Mental Health Services Act (MHSA); General Assistance funding	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$1,925,000.00			Diversion and Homelessness Prevention					People Exp Chronic Homelessness	Veterans	Parenting Youth
					Administrative Activities					People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Probation Funding; AB109; Mental Health Services Act (MHSA); General Assistance Funding										People Exp Substance Abuse Disorders	Unaccompanied Youth	X Other (legal/justice system involved households)
Other (enter funding source under dotted line)	FY 2021-2022	\$125,000.00		Private Funder(s)	Interim Housing/Congregate/Non-Congregate Shelter		John Muir and Sutter Health	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$150,000.00			Outreach and Engagement					People Exp Chronic Homelessness	Veterans	Parenting Youth
										People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
John Muir and Sutter Health										People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)
Other (enter funding source under dotted line)	FY 2021-2022	\$501,848.00		Local Agency	Outreach and Engagement		Local cities and jurisdictions, including Bay Area Rapid Transit and Public Works	X	ALL PEOPLE EXPERIENCING HOMELESSNESS	TARGETED POPULATIONS (please "X" all that apply)		
	FY 2022-2023	\$948,987.00								People Exp Chronic Homelessness	Veterans	Parenting Youth
										People Exp Severe Mental Illness	People Exp HIV/ AIDS	Children of Parenting Youth
Local Cities and Jurisdictions; Bay Area Rapid Transit (BART) and Public Works										People Exp Substance Abuse Disorders	Unaccompanied Youth	Other (please enter here)



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**Table 4. Outcome Goals**

**Outcome Goal #1a: Reducing the number of persons experiencing homelessness.**

**Goal Statement:**

By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **6,005** total people accessing services who are experiencing homelessness annually, representing **292 more** people and a **5% increase** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, and only update the fields in [brackets].*

**Goal Narrative:**

Contra Costa Health - H3 is projecting that there will be an 5% increase (to 6,005) from the 2021 baseline data. This projection is based on the knowledge that Contra Costa County experienced an 11% increase between 2018 and 2020. In 2022, Contra Costa County reported a 35% increase in unsheltered and sheltered homelessness. While the goal does not reflect a reduction in people experiencing homelessness from the baseline goal, the updated information from the 2022 PIT provides Contra Costa Health - H3 reason to believe that this is a realistic and positive goal for the county. Additionally, increased funding since the COVID-19 pandemic have expanded access to services, including Street Outreach, and the increase from the baseline reflects high utilization of services available.

Baseline Data: Annual estimate of number of people accessing services who are experiencing homelessness	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people accessing services who are experiencing homelessness
5713	292	5%	6,005

**Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

People who are Hispanic/Latino comprised only 19% (or 1,217 people) of the population accessing services in 2021. However, this subpopulation comprised 24% (or 740 people) of the 2022 PIT count. People who are Hispanic/Latino are making up less of the population accessing services than are experiencing homelessness.

**Describe the trackable data goal(s) related to this Outcome Goal:**

*Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*

Increase the number of Hispanic/Latino people accessing services by 17% (or 211 people).

**Outcome Goal #1b: Reducing the number of persons experiencing homelessness on a daily basis.**

**Goal Statement:**

By the end of the performance period, data for the **Contra Costa County CoC** will show **1,900** total people experiencing unsheltered homelessness daily, representing **429 fewer** people and a **18% reduction** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

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**Goal Narrative:**

Contra Costa Health - H3 is projecting that there will be an 18% decrease (to 1,900) from the 2021 baseline data. This projection is based on the knowledge that Contra Costa County's 2022 PIT count reflected a total of 2,329 people experiencing unsheltered homelessness. Contra Costa Health - H3 is actively working to reduce unsheltered homelessness through many strategies, some of which are identified on table 5. This goal reflects an ambitious reduction in unsheltered homelessness from the baseline goal while Contra Costa Health - H3 works to refine PIT methodology to ensure increasingly thorough, accurate counts.

Baseline Data: Daily Estimate of # of people experiencing unsheltered homelessness	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Daily Estimate of # of people experiencing unsheltered homelessness
2,329	429	18	1900
Underserved Populations and Populations Disproportionately Impacted by Homelessness			
<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>	<b>Describe the trackable data goal(s) related to this Outcome Goal:</b>		
In the 2022 PIT there were 713 people who were Black or African American in the unsheltered count, comprising 31% of the unsheltered population. According to the US Census Bureau data, people who are Black or African American comprise only 9.5% of the population in Contra Costa County.	<i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>  Decrease the proportion of Black or African American individuals experiencing unsheltered homelessness by 28% (or 198 people) from 2022 PIT .		

**Outcome Goal #2. Reducing the number of persons who become newly homeless.**

**Goal Statement:**

By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **2,175** total people become newly homeless each year, representing **556 fewer** people and a **20% reduction** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

**Goal Narrative:**

Contra Costa Health - H3 projects that the temporary, one-time increase of cash support to prevent evictions that were provided early in the pandemic and the instated eviction moratorium led to fewer people becoming homeless for the first time. Contra Costa County - H3 is increasing prevention resources over the next couple of years to support balancing out the impact of the eviction moratorium being lifted and the changes that have occurred within the job and housing markets. These investments, some of which will be referenced in strategies outlined in table 5, include diverse funding sources such as HHAP, CalAIM, Measure X, and private investments.

Baseline Data: Annual Estimate of # of people who become newly homeless each year	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people who become newly homeless each year
2731	556	20	2175

# DRAFT - 11/3/2022

Underserved Populations and Populations Disproportionately Impacted by Homelessness	
<p><b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b></p> <p>The number of Hispanic/Latino individuals experiencing first time homelessness showed decreases between 2018 - 2020, but an increase in 2021 HDIS data (393 in 2020 to 645 in 2021). This brings the proportiona of Hispanic/Latino individuals experiencing first time homelessness up 2% (22% in 2020 and 24% in 2021).</p>	<p><b>Describe the trackable data goal(s) related to this Outcome Goal:</b></p> <p><i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i></p> <p>Through increased prevention efforts and targeted outreach efforts, H3 will reduce the number of Hispanic/Latino individuals experiencing homelessness for the first time by 9% (or 55 people).</p>

**Goal Statement:**  
 By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **1050** total people people exiting homelessness into permanent housing annually, representing **86 more** people and a **9% increase** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

**Goal Narrative:** HDIS data reflects that exits to Permanent Housing have been on the decline since CY 2018. However, CY2021 data shows a slight increase in permanent housing placements that are likely to reflect one-time resources like Emergency Housing Vouchers. The community is working to increase permanent housing availability and therefore projects an increase in the number of people exiting homelessness to permanent housing through strategies outlined in Table 5.

Baseline Data:	Outcome Goals July 1, 2022 - June 30, 2025		
Annual Estimate of # of people exiting homelessness into permanent housing	Change in # of People	Change as % of Baseline	Target Annual Estimate of # of people exiting homelessness into permanent housing
964	86	9%	1050

Underserved Populations and Populations Disproportionately Impacted by Homelessness	
<p><b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b></p> <p>According to the HDIS data, Unaccompanied Youth between the age of 18 and 24 are exiting homelessness at a disproportionately lower rate (107 in 2018 to 34 in 2021 -- a 68% decrease relative to a 42% decrease among all persons).</p>	<p><b>Describe the trackable data goal(s) related to this Outcome Goal:</b></p> <p><i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i></p> <p>Increase the number of unaccompanied youth, ages 18-24, to permanent housing destinations by 76% from 2021 baseline, or to 60 people. This reflects an 11% increase from HHAP-3 goal setting.</p>

**Outcome Goal #4. Reducing the length of time persons remain homeless.**

# DRAFT - 11/3/2022

**Goal Statement:**

By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **130** days as the average length of time that persons are enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs annually, representing **6 fewer** days and a **4% reduction** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

**Goal Narrative:**

Contra Costa Health - H3 expects that the implementation of new program models across all programs in the County will increase the efficiency of services and support to move people out of programs and into housing more swiftly going forward. However, in an effort to lower barriers to shelter, CCH-H3 funded shelters have eliminated length of stay requirements that may result in an initial increase of length of time homeless for households enrolled in emergency shelter programs.

<b>Baseline Data:</b> <b>Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs</b>	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in # of People	Change as % of Baseline	Target Average length of time (in # of days) persons enrolled in street outreach, emergency shelter, transitional housing, safehaven projects and time prior to move-in for persons enrolled in rapid rehousing and permanent housing programs
136	6	4%	130

**Underserved Populations and Populations Disproportionately Impacted by Homelessness**

**Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:**

**Describe the trackable data goal(s) related to this Outcome Goal:**  
*Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.*

People who are Multiple Races are experiencing homelessness for a disproportionately long time, 151 days, relative to the average in Contra Costa in 202, of 136. This subpopulation reflects a shift from HHAP-3 goalsetting where Contra Costa Health - H3 identified Households with at least one adult and one child (HH with children) as the disproportionately impacted population. In 2021, HDIS data showed HH with children's length of time homeless decreased from 176 days in 2020 to 140 days. This indicated a one-time increase from historical downward trends for HH with children and led Contra Costa Health to examine other subpopulations.

Decrease the length of time by 15 days, or 10%, to decrease the disproportionality for People who are Multiple Races.

**Outcome Goal #5. Reducing the number of persons who return to homelessness within two years after exiting homelessness to permanent housing.**

**Goal Statement:**

By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **12%** of people return to homelessness within 2 years after having exited homelessness to permanent housing, representing **2% more** people and a **20% increase** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

# DRAFT - 11/3/2022

**Goal Narrative:**

Without HDIS data to provide historical information on two year returns to homelessness, Contra Costa Health - H3 is utilizing six month return data and will seek to adjust goals if two year return data suggest significantly different trends. The baseline data represents incomplete 2021 exit data and Contra Costa Health - H3 expects data to reflect outcomes similar to CY2020 (15% return to homelessness). Contra Costa Health - H3 targets a similar reduction rate as proposed in HHAP-3 which translates a 20% reduction from baseline. By leveraging strategies listed in table 5, including utilizing tenancy sustaining services offered through CalAim and implementing encampment resolution funding, Contra Costa Health - H3 expects to see a decrease in returns to homelessness.

Baseline Data: % of people who return to homelessness within 2 years after having exited homelessness to permanent housing	Outcome Goals July 1, 2022 - June 30, 2025		
	Change in % of People	Change as % of Baseline	Target % of people who return to homelessness within 2 years after having exited homelessness to permanent housing
10%	2%	20%	12%

**Underserved Populations and Populations Disproportionately Impacted by Homelessness**

Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:	Describe the trackable data goal(s) related to this Outcome Goal: <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>
<p>People who are Asian have the highest rate of return to homelessness among all race/ethnic subpopulations at 22%, and the change in their rate of return in the baseline data shows the most rapid growth at an increase of 9 percentage points between 2018 and 2020. Given incomplete data for 2021, Contra Costa Health - H3 seeks to maintain this goal despite a 12% six month return rate noted in current HDIS baseline data for 2021.</p> <p>In HHAP-3 Contra Costa Health - H3 also identified households with at least one adult and one child as a subpopulation to focus on related to this outcome goal. However, due to trends observed in other metrics for households with at least one adult and one child, Contra Costa Health - H3 seeks to identify a different subpopulation showing disproportionate rates of returns to homelessness. Adults who are experiencing significant mental illness (SMI) experience high rates of return to homelessness compared to the overall rates of return. In 2020, Adults who are experiencing SMI had a 20% return to homelessness compared to 15% in the overall baseline rate for 2020. Again, since 2021 data is incomplete, we expect this data to trend towards 2020 baseline numbers and will use those figures in establishing goals.</p>	<p>Decrease the rate of return for people who are Asian by 45% (to a 12% rate of return) and for adults who are experiencing SMI by 25% (to a 15% rate of return).</p>

**Outcome Goal #6. Increasing successful placements from street outreach.**

**Goal Statement:**

By the end of the performance period, HDIS data for the **Contra Costa County CoC** will show **1,438** total people served in street outreach projects exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations annually, representing **652 more** people and a **84% increase** from the baseline.

*\*Please be sure to copy and paste the goal statement from this application template to Cognito, only updating the fields in [brackets].*

## DRAFT - 11/3/2022

<b>Goal Narrative:</b> With the expansion of resources such as HHAP and CalAim, Contra Costa Health - H3 anticipates an expansion of street outreach services that will result in more people served annually. Coupled with increases in interim housing, rapid rehousing, and strengthened data systems identified in the strategies noted in table 5, the expansion of street outreach should yield increases in placements and create more flow through the homelessness response system.			
<b>Baseline Data:</b> Annual # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.	<b>Outcome Goals July 1, 2022 - June 30, 2025</b>		
	<b>Change in # of People</b>	<b>Change as % of Baseline</b>	<b>Target Annual Estimate of # of people served in street outreach projects who exit to emergency shelter, safe haven, transitional housing, or permanent housing destinations.</b>
786	652	84%	1438
<b>Underserved Populations and Populations Disproportionately Impacted by Homelessness</b>			
<b>Describe any underserved and/ or disproportionately impacted population(s) that your community will especially focus on related to this Outcome Goal and how this focus has been informed by data in your landscape assessment:</b>		<b>Describe the trackable data goal(s) related to this Outcome Goal:</b> <i>Note: Meeting the trackable data goals for the underserved populations is not required for eligibility for Bonus Funds.</i>	
The numbers of Veterans and Unaccompanied youth (ages 18-24) exiting Street Outreach to positive destinations decreased between 2018 and 2021. Placements among veterans decreased by 74% and Unaccompanied youth by 82%. Meanwhile their representation among those accessing services and within the PIT count has remained unchanged.		Increase exits from Street Outreach to positive destinations for Veterans by 217% (or 50 people) and Unaccompanied youth by 289% (or 52 people).	

**Table 5. Strategies to Achieve Outcome Goals**

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>Improving data quality, data systems, and/or data analyses to better inform decision-making</b>	<input type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.  <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.  <input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.  <input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless.  <input checked="" type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.  <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach.  <input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
<b>Description</b>	
Increase and refine Point-In-Time Count data collection practices, strengthen and expand HMIS Infrastructure, and continue to build partnerships for integrated data sharing.	
<b>Timeframe</b>	
January 1, 2023 - June 30, 2025	
<b>Entities with Lead Responsibilities</b>	
Contra Costa Health - H3	
<b>Measurable Targets</b>	
Increase PIT survey sample to 500 surveys in 2023 Point-In-Time Count Conduct Youth specific needs assessment Integrate Managed Care Plan partners at Contra Costa Health Plan and Anthem Blue Cross Managed Care Plan to HMIS system. Implement bidirectional data sharing between HMIS and Epic medical record data system	

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>Increasing investments into, or otherwise scaling up, specific interventions or program types</b>	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness
<b>Description</b>	

Increase investment to households with at least one adult and one child to expand permanent housing resources through funding from California Department of Social Services' CalWorks Housing Support Program and Bringing Families Home Program.

**Timeframe**

July 1, 2023 - June 30, 2025

**Entities with Lead Responsibilities**

Contra Costa Health - H3

**Measurable Targets**

Annually, 50 additional households with at least one adult and one child diverted from the homeless response system through new prevention resources and 50 through rapid rehousing

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 4. Reducing the length of time persons remain homeless.
- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 6. Increasing successful placements from street outreach.
- Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

**Strategy**

**Building the capacity of homelessness response system to utilize resources, implement best practices, and/or achieve outcomes**

**Description**

Increase capacity of Coordinated Entry Access Points including CARE Centers, CORE Street Outreach, and 2-1-1 to expand access to housing resources, reduce referral processing time, and improve client experience.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

**Performance Measure to Be Impacted  
(Check all that apply)**

- 1. Reducing the number of persons experiencing homelessness.
- 2. Reducing the number of persons who become homeless for the first time.
- 3. Increasing the number of people exiting homelessness into permanent housing.



Contra Costa Health - H3
<b>Measurable Targets</b>
Increase number of CORE Street Outreach teams and increase service response time in accordance with Contra Costa County's Anyone Anywhere Anytime (A3 initiative) Provide ongoing (at least annually and as needed) training to CoC providers on topics like housing focused case management, referral processes, and fair housing. Implement standardized client satisfaction measures across program models to incorporate direct feedback from people accessing services.

<input checked="" type="checkbox"/> 4. Reducing the length of time persons remain homeless.  <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.  <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach.  <input checked="" type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.
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<b>Strategy</b>
Increasing investments into, or otherwise scaling up, specific interventions or program types
<b>Description</b>
Expand supply of interim housing units by utilizing Project Homekey funding.
<b>Timeframe</b>
November 1, 2022 - June 30, 2024
<b>Entities with Lead Responsibilities</b>
Contra Costa Health - H3
<b>Measurable Targets</b>

<b>Performance Measure to Be Impacted (Check all that apply)</b>
<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.  <input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.  <input type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.  <input type="checkbox"/> 4. Reducing the length of time persons remain homeless.  <input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.  <input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach.

30 new interim housing units

- Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>Strategic uses of other sources of funding</b>	
<b>Description</b>	
Expand supply of permanent housing by utilizing Project Homekey, CoC, and other diverse funding leveraged through partnerships.	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.
<b>Timeframe</b>	<input type="checkbox"/> 2. Reducing the number of persons who become homeless for the first time.
July 1, 2022 - June 30, 2025	<input checked="" type="checkbox"/> 3. Increasing the number of people exiting homelessness into permanent housing.
<b>Entities with Lead Responsibilities</b>	<input type="checkbox"/> 4. Reducing the length of time persons remain homeless.
Contra Costa Health - H3	<input type="checkbox"/> 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
<b>Measurable Targets</b>	<input checked="" type="checkbox"/> 6. Increasing successful placements from street outreach.
25 new PSH units through Hacienda Heights Project 26 new RRH units if awarded through HUD Special NOFO 14 newly acquired units with homeless preference developed through private partnership of CoC participating agencies	<input type="checkbox"/> Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Strategy	Performance Measure to Be Impacted (Check all that apply)
<b>Description</b>	
Strengthening systemic errors and processes, such as coordinated entry and assessment processes, landlord engagement efforts, housing navigation strategies, and other systemic improvements	<input checked="" type="checkbox"/> 1. Reducing the number of persons experiencing homelessness.

Continued implementation of problem solving throughout the system, with focus on preventing homelessness and rapid exit from homelessness.

**Timeframe**

July 1, 2022 - June 30, 2025

**Entities with Lead Responsibilities**

Contra Costa Health - H3

**Measurable Targets**

Annually 240 households diverted from HRS through prevention and problem solving and 80 households served through rapid exit  
Adoption of an equitable prevention prioritization tool

- 2. Reducing the number of persons who become homeless for the first time.
- 3. Increasing the number of people exiting homelessness into permanent housing.
- 4. Reducing the length of time persons remain homeless.
- 5. Reducing the number of persons who return to homelessness after exiting homelessness to permanent housing.
- 6. Increasing successful placements from street outreach.
- Focused on equity goals related to underserved populations and populations disproportionately impacted by homelessness.

Table 6. Funding Plan on Strategic Intent

E g b e Use Category n ended to be Supported w th HHAP 4	Approximate % of TOTAL HHAP 4 ALLOCATION to be used on h s E g b e Use (%)	Approximate % of TOTAL HHAP 4 ALLOCATION to be used under h s E g b e Use as part of the Youth Set Aside? (%)	Activities to be Supported w th HHAP 4	How s h s a strategic use of HHAP 4 resources that w address needs and gaps w th n the homelessness response system?	How were these decisions to invest HHAP 4 into these activities informed by the planned uses of other state, local, and/or federal funding sources (as documented in the Landscape Analysis Narrative)?
1. Rapid rehousing	34%	5%	<ul style="list-style-type: none"> <li>- Landlord incentives</li> <li>- Short term rental subsidy</li> <li>- Housing Navigation and Location</li> </ul>	<p>Currently allocated rapid rehousing resources are segmented to address specific populations which leads to a gap in service for single adults, families not connected to CalWORKS/Or child welfare systems, and households with criminal legal system involvement. Additionally, stakeholder input has clearly identified landlord engagement as a need within Contra Costa's homelessness response systems and these funds will allow us to bring sustainability to pilot projects.</p>	<p>These resource will support continuity of services as ESG-CV funding winds down (expiring 2022) and fill the gaps of HUD, CDBG, and other population specific rapid rehousing funding.</p>
5. Systems support	10%	2%	<ul style="list-style-type: none"> <li>- Access Points expansion</li> <li>- Increased community outreach</li> <li>- Compensation for Lived Experience Advisors</li> <li>- Ongoing match for YHDP projects</li> </ul>	<p>Funding allocated to system support will increase awareness and accessibility of available housing resources. Through stakeholder feedback, CCHH3 has repeatedly heard that people experiencing homelessness aren't aware that there are programs to support them in exiting homelessness. Adding capacity to Access Points, coupled with increased community outreach will help CCHH3 reach more households. Compensation for Lived Experience Advisors helps CCHH3 increase equity within the homelessness response system and design systems with the needs of people experiencing homelessness at the forefront. Ongoing match for YHDP funding CCHH3 intends to apply for in 2023, will lower barriers for service providers to participate in YHDP and enable Contra Costa CoC to streamline administrative burden by offering cash match resources</p>	<p>HHAP-4 funding will help bridge the gap between CoC Planning funds and the need to support the homelessness response system. As programs like Rapid Rehousing and Prevention/Diversion are scaled up, system support needs to increase proportionally.</p>
7. Prevention and diversion	20%	3%	<ul style="list-style-type: none"> <li>- Direct Financial Assistance for expenses like security deposits, utility bills, and other supports that will prevent or divert a household from entering the homeless response system</li> </ul>	<p>Flexible dollars for direct financial assistance is a highly utilized resource in Contra Costa County. Prevention/Diversion programming is a strategic use of funds because it effectively diverts households from entering the homeless system of care and is less resource intensive than other services like Rapid Rehousing or Permanent Supportive Housing.</p>	<p>HHAP-4 funding will ensure continuity of services as resources like CDBG-CV wind down. Flexible dollars also help expand services to populations that are not eligible for most CoC funding, like undocumented households.</p>
8. Interim sheltering (new and existing)	29%	0%	<ul style="list-style-type: none"> <li>- Acquire and operate 30 units of interim housing through leveraged Homekey projects</li> </ul>	<p>To support reducing unsheltered homelessness, Contra Costa County needs additional interim housing options. Acquisition through opportunities like Project Homekey provide faster turnaround than new construction.</p>	<p>Homekey funds provide critical resources to acquire new units of housing or interim housing, but do not provide support for ongoing operation of sites. HHAP-4 funds will provide initial funds to operate interim housing while CCHH3 pursues funding through programs like the CoC.</p>
10. Administrative (up to 7%)	7%	1%	<ul style="list-style-type: none"> <li>- Staff and operating Support to administer HHAP-4 funding</li> </ul>	<p>Administrative dollars will increase capacity of Contra Costa County to contract, monitor, and effectively spend down HHAP-4 funding.</p>	<p>Similar to System Support funding, as funding is scaled up, administrative support needs to increase proportionally to effectively utilize grant funds.</p>
<b>Total:</b>	<b>100%</b>	<b>11%</b>			

**Table 7. Demonstrated Need**

**Complete ONLY if you selected Interim Housing/Congregate/Non-Congregate Shelter as an activity on the Funding Plans tab.**

<b>Demonstrated Need</b>	
<b># of available shelter beds</b>	780
<b># of people experiencing unsheltered homelessness in the homeless point-in-time count</b>	2329
<b>Shelter vacancy rate (%) in the summer months</b>	93%
<b>Shelter vacancy rate (%) in the winter months</b>	86%
<b>% of exits from emergency shelters to permanent housing solutions</b>	16%
<b>Describe plan to connect residents to permanent housing.</b>	
<p>Emergency shelters and interim housing funded through the CoC or Contra Costa County adopt required elements of the emergency shelter program model adopted in June 2022. This model requires staff to provide Housing Focused Case Management that helps participants to develop and pursue a housing plan; provide information and referrals; housing problem-solving; obtain the documents needed for ESG or CoC PH program enrollment, such as verification of homelessness, and if applicable, chronic homelessness and/or disability, as well as the documents that are likely to be required by a landlord (i.e., government issued photo ID and proof of income); and connect to public benefits and income. Additionally, emergency shelter and interim housing programs serve as point of contact for Rapid Exit, Rapid Rehousing, and Permanent Supportive housing providers during enrollment and housing search to ensure clients are supported throughout the housing process. Housing Problem Solving begins at intake and continues throughout a stay. The model is Trauma-Informed and Housing First. It has no sobriety requirement, treatment compliance, criminal justice history exclusions or minimum income requirements for enrollment or continued stay. Occupancy data reflects most complete data by County operated shelters.</p>	