Application Narrative Template

This section of the toolkit is to assist jurisdictions in thoroughly completing their application narrative document. Below you will find the questions that HHAP program staff will be ensuring are answered in each jurisdiction's narrative document. Applications will not be deemed complete if all the below questions are not addressed in a jurisdiction's narrative attachment. More information on these areas can be found in the HHAP program guidance.

1. **SUMMARY OF HOMELESSNESS IN THE COC, LARGE CITY, OR COUNTY**

    To successfully complete this section, applicants must:
    A. **Submit their CoC's complete HUD Longitudinal System Assessment (LSA) from June 2018 – June 2019.**

Please see attached LSA data file as requested.

    B. **Use the LSA data to provide (as defined by HUD):**
        1. Total number of households served in: (1) Emergency Shelter, Safe Haven and Transitional Housing, (2) Rapid Rehousing, and (3) Permanent Supportive Housing.
        2. Total number of disabled households served across all interventions.
        3. Total number of households experiencing chronic homelessness served across all interventions.
        4. Total number of 55+ households served across all interventions.
        5. Total number of unaccompanied youth served across all interventions.
        6. Total number of veteran households served across all interventions.
        7. Number of individuals served across all interventions who were: (1) Female, (2) Male, (3) Transgender, or (4) Gender Non-Conforming.
        8. Total number individuals served across all interventions who were: (1) White, Non-Hispanic/Non-Latino (only), (2) White, Hispanic/Latino (only), (3) Black or African American (only), (4) Asian (only), (5) American Indian or Alaska Native (only), (5) Native Hawaiian/Other Pacific Islander (only) or (6) Multiple races

Please note:
- Per HHAP program guidance, CoCs are expected to share the LSA with their regional co-applicants (i.e. applicable large cities and counties that overlap the CoC's jurisdiction). Each entity will submit a copy of the LSA for their CoC.

- Acknowledging that there may be differences in demographics and characteristics within a region, large city and county, applicants may also include additional information and data that is specific to the geography they represent.

Please see attached LSA data file as requested.

2. DEMONSTRATION OF REGIONAL COORDINATION

To successfully complete this section, applicants must provide:

A. Coordinated Entry System (CES) Information

For CoC applicants:

Note: CoC funding redirected to County, please see answers under section for County specific applicants.

1. Describe how your CES functions, including:
    a. What entity is responsible for operating your CES?
    b. What is the process for assessment and identification of housing needs for individuals and families that are experiencing or at risk of experiencing homelessness in your community?
    c. How are people referred to available housing through CES?
2. How do you promote the utilization of your CES? Specifically:
    a. What outreach do you conduct to ensure all individuals experiencing homelessness, including those with multiple barriers, are aware of the CES assessment and referral process?
    b. What is the grievance or appeal process for customers?
    c. How do you provide culturally responsive services to people experiencing homelessness?
3. What, if any, are the current challenges preventing successful CES operation in your jurisdiction, and how do you plan to address these challenges?

For Large City and County applicants:
1. How do you coordinate with your CoC's CES?

The County Health, Housing, and Homeless Services Division (H3) is the Administrative Entity the CoC and the Lead Agency for the CoC's HMIS. H3 is the recipient of CoC Program funding that supports the CES, and employs the Coordinated Entry System Manager, a role which is responsible for the implementation and on-going administration, development, and continuous improvement of Contra Costa's CES. The Coordinated Entry System Manager with support of the CoC Manager is responsible for the implementation and on-going administration, development, and continuous improvement of Contra Costa's Coordinated Entry system.

The Contra Costa County Council on Homelessness is the governing body of the Contra Costa Continuum of Care, and members are appointed by the Contra Costa County Board of Supervisors. The Council on Homelessness provides advice and input on the operations of homeless services, program operations, and program development efforts in Contra Costa County, including the Contra Costa Coordinated Entry system. The H3 CES Manager regularly reports out on the functioning of the CES at Council on Homelessness meetings, and H3 conducts an annual evaluation of the CES to review outcomes and compliance with stated policy.

The Coordinated Entry Oversight Committee is a subcommittee of the Council on Homelessness and includes a diverse array of stakeholders. The Oversight Committee serves as the connection between the various Coordinated Entry committees and workgroups, as well as providing recommendations to the Council on Homelessness based on feedback from committees and workgroups. The Oversight Committee provides funding oversight and reviews grievances for the Coordinated Entry system.

2. What, if any, are your jurisdiction's current challenges related to CES, and how do you plan to address these challenges?

Completing our Coordinated Entry System rollout while simultaneously growing and enhancing our system has been our biggest challenge. Despite this heavy lift, we have been successful in operating CES in Contra Costa. CES in Contra Costa has rolled out through a series of implementation phases, with H3 evaluating performance along the way to continuously improve the quality of service provision to our most vulnerable clients while expanding access and connections to housing resources. In 2019, we completed our Phase II rollout of rapid resolution (diversion / problem solving) through system-wide trainings and scaling, and launched Phase III by leveraging state technical assistance to develop a plan for rapid rehousing integration and a dynamic prioritization approach, while also strengthening the integration of DV service providers into CES and training providers on VAWA compliance.

Annual priority planning, informed by evaluation of system gaps and performance outcomes, has been a successful approach to manage the competing priorities that challenge us to continue the successful operation of our coordinated entry system. As we move forward, we will continue to leverage our sophisticated data analytics, including our 2019 system mapping, and using our community-approved strategic plan and annual priorities, to focus our efforts and make system

improvements using the variety of resources that have recently become available to us, including state-funded technical assistance. Phases III and IV of CES will include enhancing our prioritization strategies (completing our rapid rehousing integration; evaluating our assessment and engagement tools); adding shelter capacity (providing additional housing search and readiness supports; expanding access to temporary shelter); increasing permanent supportive housing (investing in PSH; identifying and targeting subpopulations); and scaling rapid resolution services (investing in promising prevention practices).

3. How do you promote the utilization of your CES?
   a. Specifically, what outreach do you conduct to ensure all individuals experiencing homelessness in your jurisdiction, including those with multiple barriers, are aware of the CES assessment and referral process?

Outreach Process

One of the primary goals of Contra Costa's CES is to ensure that client access be easy, fast, and offers immediate engagement. Therefore, our CES offers multiple points of access for people experiencing or at imminent risk of homelessness. Contra Costa's (CC) CES has three primary access points: 1. a centralized phone, text and online referral option (via 211), 2. mobile street outreach through the Coordinated Outreach Referral and Engagement (CORE) program, 3. Coordinated Assessment and Resource (CARE) centers. Due to the expansive geography of Contra Costa, the CES was designed to remove barriers and ensure the most vulnerable and at-risk can easily access housing programs without having to navigate public transportation and other means to connect to services.

Phone-based services through 211 start with an open-ended problem-solving conversation to identify if the caller can be diverted from homeless services. Each call received by 211 is screened to identify if diversion is an option, and if so, a warm handoff is made to Rapid Resolution (RR). If the caller is not eligible for RR, 211 ensures consumers enter the CES either by making a warm handoff CORE outreach, or by providing referrals to CARE centers, shelters, and other programs that meet the callers needs. 211 also provides a critical outreach, engagement and information sharing function by maintaining a publicly available database of information related to housing and services, including how and where to access CES.

One of CC's most utilized access points is the CORE program that serves individuals who are living outside and who traditionally do not utilize homeless services. CORE is accessed through 211 where a warm handoff is made to CORE dispatch who performs a brief phone screening to triage the call. Dispatch utilizes a mobile outreach platform through ArcGIS to ensure calls are monitored and tracked accordingly. CORE provides survival supplies, transportation to services, direct access to county operated shelters and warming centers, and facilitates VI-SPDATs in the field.

CC operates three brick and mortar CARE centers that offers drop-in services across county. All CARE centers perform HMIS intakes/VI-SPDATs and connections to wrap-around supports, including benefits access, and housing navigation. Each CARE Center has one Housing

Navigator (HN) that supports individuals with actualizing their housing stabilization plan and can assist with deposits, move in costs, and short-term rental assistance. Two of the CARE centers operates as warming centers (night-by-night shelters) 7 days a week and are a critical access point for those households who are not able to access day time services. Through the array of centralized and decentralized access points, CC is committed to making homelessness rare, brief and nonrecurring through our robust CES that continues to develop new and innovative services that can best meet the needs of the most vulnerable and at-risk in the community.

By offering multiple entry points into the system, including phone and outreach options, clients throughout Contra Costa County's large, diverse geography are able to easily access culturally competent and relevant information on homelessness assistance. Information about our system is shared widely, both electronically (CoC website) and via flyers, with the CoC, homeless and housing service providers, and other mainstream partners—including hospitals, clinics, the VA, and faith-based providers—to ensure that all homeless clients are aware of and able to access housing and services. Outreach teams and multi-service centers are staffed by diverse teams with local knowledge and that mirror the diversity of the community. In addition, providers have advanced language capability and access to translation services.

H3 as the Administrative Entity, Lead Agency and CoC and CES administrator also ensures that consumers and community members are aware of the services offered throughout the system, including how to access CES, though multiple monthly and quarterly public forums. The Council on Homelessness and the system's homeless services providers also serve to direct persons seeking services through CES to the access points by using our printed materials, 211 services, and directly connecting persons to CORE outreach teams. These community networks and linkages continually serve to ensure that the County's homeless services system is coordinated, accessible and transparent.

Assessment and Referral Process

Consumers are matched to available housing resources based on their chronicity and acuity. The most vulnerable individuals and families with the highest vulnerability and greatest length of time homeless are prioritized for PSH and RRH. CC has developed a Community Queue (housing placement list) where multiple factors are considered in identifying the most vulnerable. This list is ranked by those with the highest VI score and length of time homeless. In addition to these factors, we incorporate health data from our community's data warehouse that integrates HMIS and health services data. Through the additional data sets, our versatile housing placement list flags those individuals who are considered "high utilizers" as well as contact information for their health/behavioral providers. With this added layer of information, our community can more effectively match the needs of the household with the housing opportunities that become available. More details on the assessment criteria are provided in the answer to question 3b.

When PSH/RRH units are available, the CE Manager runs a housing placement list from HMIS that ranks individuals, families and TAY with the highest VI-SPDAT scores and greatest length of time homeless. The CE Manager reviews the list to identify those who meet the basic

eligibility requirements and will organize a Housing Placement meeting that serves as a case conference to verify those on the list meet basic eligibility, as well as to ensure that we are matching households with the most appropriate housing opportunity. By using our provider's collective knowledge, we can make informed housing decisions and ensure those who are most vulnerable and at-risk are connected to housing first. These meetings also assist with care coordination, which ensures every provider knows their respective role, thereby decreasing the length of time it takes to support the lease up process. During the housing placement meetings, preliminary approvals are made with all participating organizations and the CE Manager gathers and uploads all necessary documentation into HMIS and formally makes a referral to the PSH/RRH program. In order to ensure continuity of care, the CE Manager makes a warm handoff between the consumer's provider and the new PSH/RRH provider, which serves to identify everyone's role in the lease up process and next steps. In 2020, the CE Manager will begin to use HMIS to track all PSH/RRH referrals.

Culturally responsive services including diversity, equity and inclusion efforts

Throughout Contra Costa County's large, diverse geography are able to easily access culturally competent and relevant information on homelessness assistance, regardless of where or how they enter the system. Information about our system is shared broadly to ensure that all homeless clients are aware of and able to access housing and services. Outreach teams and multi-service centers are staffed by diverse teams with local knowledge and that mirror the diversity of the community. All Coordinated Entry system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.

The CoC provides annual nondiscrimination and anti-bias trainings to all providers, including and require that all staff administering assessments must use culturally and linguistically competent practices and tools that reduce barriers to housing and services for special populations. Access points take reasonable steps to offer materials in multiple languages to meet the needs on minority, ethnic, and groups with Limited English Proficiency. Materials are available in English and Spanish, and translations services include the use of bilingual staff, the County translation line and/or provider resources. Appropriate auxiliary aids and services necessary to ensure effective community are also available for individuals with disabilities.

We are also embarking on an equity initiative to further ensure that having culturally responsive services are just one step of many to ensure equitable access, service provision and utilization, and outcomes. The broad equity initiative is designed to build a foundation of comprehensive and integrated diversity, equity and inclusion strategies. This initiative has several objectives designed to integrate equitable tools, processes and decision-making in a coordinated and comprehensive way. We have begun by conducting a review and assessment of our impact on persons of different races, ethnicities, and cultural backgrounds. We are using this baseline assessment to understand existing inequities and disparities present in our system of care and creating technical assistance to ensure all tools and processes that serve every consumer integrate diversity, equity and inclusion. We believe these efforts will result in an improved ability for system stakeholders and partners to promote and include diversity, equity and inclusion into their

service provision and decision making, going beyond training or focus on cultural competency, nondiscrimination, diversity, and implicit bias.

Grievance and Appeals Process

The CES has in place a process for handling both grievances and complaints made by clients, participating provider agencies, or other parties expressing dissatisfaction with the Coordinated Entry system. This process was co-designed by the Council on Homelessness, homeless services providers, and H3 Administrative and Lead Agency. The process is codified in the CoC's CES Policies & Procedures and Written Standards documents and is publicly available at each service provider site in multiple languages, along with publicly posted notifications of client rights.

A grievance is any formally expressed dissatisfaction, legal violation, or instance of gross misconduct or negligence within the Coordinated Entry system, which includes the agencies participating in the system such as service providers, and/or the potential violation of the written Coordinated Entry Policies and Procedures. A general complaint differs from a grievance in that a general complaint does not claim a violation of the Policies and Procedures nor does it reflect gross misconduct or describe a legal violation. Grievances and general complaints will be handled as outlined below.

A. Grievances

Filing Grievances: Client grievances, including those regarding discrimination, the match and referral process, or misconduct in the system will be addressed by the Coordinated Entry System Manager and the H3 Director. The grievance may be anonymous but must be received in writing. It may be written by the client or by someone on the client's behalf. The Coordinated Entry System Manager or their designee will file an internal incident report form to begin the investigation.

Investigating Grievances: The Coordinated Entry System Manager or their designee will complete an investigation of the complaint within 60 days by attempting to contact and interview a reasonable number of persons who are likely to have relevant knowledge, and by attempting to collect any documents that are likely to be relevant to the investigation. Within 30 days after completing the investigation, the Coordinated Entry System Manager will write a report of the investigation's findings, including the investigator's opinion about whether inappropriate discrimination or misconduct occurred and the action(s) recommended by the investigator to prevent violations or discrimination from occurring in the future. The findings of the investigation will be shared with the Coordinated Entry Oversight Committee.

Resolving Grievances: Depending on the nature of grievance and investigation findings, the Coordinated Entry Systems Manager, in consultation with the H3 Director, will make a decision on how best to handle the grievance. Resolutions may include recommending that the complainant be re-assessed or re-prioritized for housing or services, censuring an agency, withdrawing funding, or contacting law enforcement. H3 will keep grievance reports on file internally for two years.

As outlined in Section 4, the H3 Director may use their discretion to form an ad hoc group of non-conflicted Oversight Committee members to provide additional support in resolving a grievance. In addition, The Coordinated Entry System Manager will report the resolution of grievances and discrimination investigation findings to the Oversight Committee as relevant to inform ongoing system design and quality improvement.

B. General Complaints
General complaints not related to discrimination, gross misconduct or negligence, a legal violation, or claiming to violate the Policies and Procedures will be addressed and reviewed by the Coordinated Entry System Manager and shared with the H3 Director and staff to improve the system's overall operations. In addition to collecting feedback on an ongoing basis, the annual evaluation and monitoring process, outlined in Section 9, provides the basis for routinely compiling feedback and recommendations for improving the system.

B. Prioritization Criteria
1. What are the criteria used to prioritize assistance for people experiencing homelessness in your jurisdiction?

Contra Costa County is moving toward a dynamic system management approach to ensure that we are effectively managing inflow and are prioritizing housing options to account for changing priority order. Prior to engaging in a lengthy and often multi-phased housing assessment, we have moved to offering problem-solving conversations (rapid resolution/"RR") which takes a client-centered approach by partnering with those accessing housing services to identify alternative forms of housing that falls outside of the homeless system of care. If RR is not a viable option, CES providers move to a phased assessment where not all participants are immediately scored/prioritized. Instead, CC utilizes a progressive engagement approach where less intensive interventions are implemented, such as RR, before a formal assessment is conducted.

During the phased assessment if its determined that all other options have been exhausted, CES access points, as well as shelters utilize the VI-SPDAT as our assessment tool. Contra Costa County currently utilizes three VI-SPDAT tools: VI-SPDAT for singles, VI-SPDAT for families, and the TAY Next Step Tool (NST). The VI-SPDAT for singles is used for adults over the age of 24 and who do not report having a family or significant other in their household. The family VI-SPDAT is primarily used in our family shelters, warming centers and CORE outreach for households with children or couples. The TAY-NST is used in our youth shelter and TAY transitional living programs for youth ages 18-24.

The VI-SPDAT plays a critical role in our CES because it is one of the key factors in determining how PSH and RRH resources are matched to individuals and households who are most vulnerable and at-risk. CC has integrated both PSH and RRH into CES and all CES access points are required to perform the appropriate VI-SDPAT in order to be placed on the housing placement list. In 2020 CC is expanding RRH programs and will have a program dedicated to TAY, and one for families and both programs will be using CES to make housing placements.

2. How is CES, pursuant to 24 CFR 578.8(a)(8) used for this process?

Prioritization is managed through the CES. All CoC providers use a standardized Coordinated Entry assessment tool with a focus on length of time homeless and severity of the individual's or family's service needs to establish priority. Clients who score in the Rapid Re-housing range of the VI-SPDAT are placed in the Rapid Re-housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS. Clients who score in the Permanent Supportive Housing range of the VI-SPDAT will be placed in the Permanent Supportive Housing Community Queue in HMIS. The list dynamically changes as new client scores are added to the HMIS.

The Coordinated Entry System Manager runs updated Community Queue lists from HMIS monthly for two populations: individuals and families. Clients at the top of each list are selected for a case conference among all provider agencies participating in HMIS who have served that client. The Housing Placement Committee meets at least monthly to recommend housing placements from among the vacant units that have been reported to the Coordinated Entry System Manager that month. HMIS assists in determining program eligibility, but the Housing Placement Committee vets all housing placement decisions. The Coordinated Entry System Manager ensures that all Permanent Supportive Housing provider agencies are made aware of a placement, and follows up as needed to confirm that the placement referral has occurred.

C. Coordination of Regional Needs
1. How have you coordinated with your partnering CoC, large city (if applicable), and/or county to identify your share of the regional need to address homelessness?

The Contra Costa CoC and Contra Costa County share the same geographic boundaries, partners, stakeholders, and governing body for homeless services. In addition, the County Health, Housing and Homeless Services Division (H3) serves as the collaborative applicant and administrative entity on behalf of the entire CoC, county and the 19 cities and jurisdictions included within those boundaries. H3 ensures the homeless system of care is coordinated across and serves the entire region. The County and CoC have undergone joint planning to assess and meet the needs of consumers within the geography, and view the regional need as a shared responsibility. According to the 2018 unsheltered point-in-time county numbers, the western region of the community has approximately 21% of the County's unsheltered population, Central County has approximately 34% of the County's unsheltered population, and East County has the largest share, at about 45% of the County's unsheltered population. The regional PIT numbers helped to guide the allocation of HEAP funding. However, as HEAP was not able to fully fund all of the needs identified through the HEAP planning process, the CoC and H3 (the County) have identified the East County CARE Center and the youth mobile outreach and access point as a continued shared need to be addressed using HHAP funds.

2. What is your identified share of this need, and how will the requested funds help your jurisdiction meet it?

As the CoC and the County cover the same geographic area and are served by the same set of partners, stakeholders, and governing body for homeless services, the regional need to address homelessness is viewed by both as one shared goal, as supported by joint efforts such as the CoC's Strategic Plan, H3's annual reports to the Board of Supervisors, and the HEAP community input process (which drives this request for HHAP funding) co-sponsored by H3 and the CoC.

D. Creating Sustainable, Long Term Housing Solutions
1. How is your jurisdiction involved in the efforts to create sustainable, long-term housing solutions for people experiencing homelessness across your region?

Examples could include, but are not limited to:
a. Partnering with agencies responsible for city planning and zoning, housing developers, and financial and legal service providers.
b. Developing or strengthening data and information sharing across and within jurisdictions.
c. Coordinating with other regional jurisdictions to ensure systems are aligned and all available funding is being used efficiently and effectively.

Contra Costa has a robust system of partners that are collaborating to create sustainable, long-term housing solutions. The three main ways we do this are through: 1) Partnerships through the CoC Board, 2) Cross-jurisdiction data and information sharing, and 3) Regional funding coordination.

Partnerships Through CoC Board

Our CoC governing board, the Council on Homelessness (CoH), includes representation from a number of partners supporting the development of long-term housing solutions. For example, the board includes seats specifically for affordable housing developers, and the public housing authority. In addition, the County's Department of Conservation and Development, the entity responsible for overseeing county planning as well as affordable housing programs, is also represented on the board. The CoH includes seats specific to the following areas of representation:

- Affordable Housing Developer
- Behavioral Health Representative
- City Government Seat
- CoC/ESG Program Grantee
- Community Member Seat

- Consumer/Consumer Advocate
- Education and Vocational Services Representative
- Emergency Solutions Grants Representative
- Employment and Human Services Department (EHSD) Representative
- Faith Community Representative
- Health Care Representative
- Homeless Service Provider
- Public Housing Authority
- Public Safety Representative #1
- Public Safety Representative #2
- Reentry Services Representative
- Veterans Services Representative
- Youth Representative
- The Council on Homelessness also recently voted to add an additional seat for a Workforce Development representative.

Data and Information Sharing

Our HMIS data system has 100% coverage of permanent supportive housing and rapid rehousing providers in our jurisdiction, allowing for consistent data collection system wide. The project is steadily growing and now includes more than 24 agencies and 160 homeless service and housing programs within Contra Costa. We are also partnering with the healthcare system to expand the opportunities for data sharing throughout health, behavioral health and homeless services by expanding our shared data warehouse's capabilities, which already include HMIS data and features. Our CoC uses this information to inform planning, coordination, and tracking of outcomes, informing decision-making about the use of resources.

We began our HMIS implementation in 2004 with 5 agencies and 12 programs. The project is steadily growing and now includes more than 24 agencies and 160 homeless service and housing programs within Contra Costa. We maintain high HMIS bed coverage and have been able to participate in AHAR, PULSE, PIT counts, and other nationwide initiatives such as Built for Zero.

Regional Funding Coordination

Our community recognizes that different jurisdictions manage a wide variety of funding. We value coordination across these jurisdictions. For example, The Council on Homelessness also includes representation from the Contra Costa Consortium (which includes the County and the five largest cities - Antioch, Concord, Pittsburg, Richmond, and Walnut Creek), which works jointly to develop the Consolidated Plan for the use of CDBG, HOME, and ESG funds. The Consortium works closely with the CoC to ensure alignment of priorities and resources to address homelessness, using CoC data and strategic plan priorities. This wide-ranging involvement allows for coordination and alignment across multiple systems.

3. RESOURCES ADDRESSING HOMELESSNESS

To successfully complete this section, all applicants must answer the following questions:

A. Existing Programs and Resources
1. Provide an exhaustive list of all funds (including the program and dollar amount) that your jurisdiction currently uses to provide housing and homeless services for homeless populations.

   This list should include (where applicable), but not be limited to:
   a. Federal Funding (Examples: YHDP, ESG, CoC, CSBG, HOME-TBRA, CBDG)
   b. State Funding (Examples: HEAP, CESH, CalWORKs HSP, NPLH, VHHP, PHLA, HHC, Whole Person Care, HDAP, BFH)
   c. Local Funding

Federal Funding

- CoC: $15,857,604 in funding for permanent supportive housing, rapid rehousing (including DV), coordinated entry, HMIS, and CoC planning.
- CDBG and ESG: $356,502 in combined jurisdictional funding, supporting outreach and emergency shelter.
- ACF RHY TLP: $200,000 for TAY transitional housing.
- OVC Trafficking: $20,000 for TAY emergency shelter.
- FEMA: $60,000 for emergency shelter.
- VA: $133,940 for respite, $209,761 for emergency shelter.

State Funding

- HEAP: $7,196,771 for emergency shelter, outreach, and TAY rapid rehousing.
- CESH: $1,374,898 for outreach, emergency shelter and prevention/diversion.
- CalWORKs HSP: $2,415,719 for outreach and rapid rehousing.
- NPLH TA: $150,000 for planning.
- HDAP: $674,756 for rapid rehousing and supportive services.
- ESG: $100,000 for outreach.
- THP+: $193,392 for TAY transitional housing.
- APS Home Safe: $250,000 for rapid rehousing and supportive services.
- MHSA: $1,661,337 for emergency shelter and administration.
- AB109: $271,687 for emergency shelter.

- HMIOT: $420,000 for outreach.
- CSBG: $33,000 for TAY emergency shelter.

Local Funding

- Multiple Sources: combined $2,081,753 for CORE outreach from cities (Martinez, Pleasant Hill, Walnut Creek, Concord, San Pablo, Richmond), BART, Public Works, Kaiser, and Probation (passthrough of County/state funding).
- General Assistance: $125,498 for emergency shelter.
- Keller Canyon Mitigation Fund: $10,000 for TAY emergency shelter.
- Sutter Health: $75,000 for outreach.
- John Muir: $50,000 for respite.
- Kaiser: $300,000 for equity work.

2. How are these resources integrated or coordinated with applicants from overlapping jurisdictions (i.e. CoC, large city, and/or county)?

There are two main groups that serve to coordinate resources across overlapping jurisdictions. Both the Contra Costa Consortium and the CoC manage resources from independent funding streams, but collaborate closely to align priorities and goals.   The Contra Costa Consortium (which includes the County and the five largest cities - Antioch, Concord, Pittsburg, Richmond, and Walnut Creek), which works jointly and with H3 to develop the Consolidated Plan for the use of CDBG, HOME, and ESG funds. The Consortium works closely with the CoC to ensure alignment of priorities and resources to address homelessness, using CoC data and strategic plan priorities. This wide-ranging involvement allows for coordination and alignment across multiple systems.

The Council on Homelessness (the CoC governing board) advises H3 (the Administrative Entity and Lead Agency) and the County Board of Supervisors on the coordination of multiple state, federal, and local funding streams, homeless services policy, and local priorities for the acquisition and use of homeless resources. The CoH governing board and the Contra Costa Consortium also collaborate to ensure coordination across funding streams and standards of practice for homeless services. A representative of the Contra Costa Consortium sits on the CoH governing board.

H3 also plays a vital role in linking city efforts with the larger homeless system of care (CoC), including supporting cities in the development and implementation of innovative housing and service solutions through participation and attendance at city and cross jurisdictional events such as local task forces and City Council meetings. Furthermore, H3 participates alongside other Countywide stakeholders such as the local transportation system (Bay Area Rapid Transit System – BART), more than 10 local fire, law enforcement and Emergency Management Services to jointly learn, design, and exchange data on the needs and services impacting people experiencing homelessness across the entire geography. H3 also partners with its sister agencies

and municipalities that provide other services, such as social services, health care, and education, to system consumers or who engage with unsheltered consumers. These regular meetings, which are often also hosted by H3, allow for services across the County, including many specific to certain jurisdictions, to be enhanced with knowledge that accounts for the realities of homelessness in the region and ensures a common understanding of the needs and vulnerabilities of the population, as well as the existence and further development of resources for partners. This cross collaboration and coordination has been successful as it is designed to support partnership and quality service to people experiencing homelessness in Contra Costa.

3. What gaps currently exist in housing and homeless services for homeless populations in your jurisdiction?

Contra Costa's Health, Housing and Homeless Service's (H3) 2018 annual report found that the largest unhoused sub-population in the community is single adults with disabilities, yet this population has the poorest housing outcomes. Families were more likely to be housed than single adults with mental illness (64% of families, regardless of mental health status, and 16% of adults with mental illness). Many adult-only households have VI-SPDAT scores that fall in the Rapid Rehousing (RRH) category, but because the majority of RRH in the CoC is designated for families or Veterans, they do not qualify for RRH. Few housing options outside of PSH are available for the CoC's single adults, resulting in poorer housing outcomes.

In 2019 CC's H3 produced a system map that identifies existing gaps in our system of care, as well has the resources needed to meet the needs of our community. The information obtained in the system map was pulled from HMIS data and specifically looked at housing placements (shelter, RRH, PSH), and rate of returns to homelessness. Through the system mapping process, we also found that that single individuals who are chronically homeless was the largest sub population where appropriate housing was not available. In 2018 we were only able to house 5% of chronically homeless individuals through PSH.

In order to support the growing numbers of chronically homeless individuals in our community, we use our Housing Placement (HP) meetings to case conference around high needs individuals where there is no PSH/RRH option available. While each HP meeting is open to our CoC and ESG providers, every meeting has representatives from our CORE outreach program to ensure that we can meet consumers where they are living to start building rapport and make linkages to health/behavioral health services, as well as linkages to shelter. CORE outreach is equipped to perform VI-SPDATs in the field to ensure that anyone who is eligible for PSH/RRH is quickly assessed. Additionally, through our strong partnerships with Public Health (PH) and Behavioral Health (BH), CORE can make referrals to housing programs that fall outside of the CoC to ensure that when housing is not available within the inventory, a substitute referral is made. Representatives from PH & BH are invited to HP meetings to identify if individuals/families who are on the list and are also being served by one of our health partners. Due to CC's robust data warehouse we can streamline referrals and coordinate care when subsidized housing is not readily available.

B. HHAP Funding Plans
   1. Explain, in detail, how your jurisdiction plans to use the full amount of HHAP funds (including the youth set-aside) and how it will complement existing funds to close the identified gaps in housing and homeless services for the homeless population in your jurisdiction.

Contra Costa is requesting funding to support two main projects, in addition to the administrative and HMIS uses. The first is for the development of a new Coordinated Assessment and Resource (CARE) Center and the youth set-aside project is to add additional youth outreach via a youth specific CORE team.

Our jurisdiction will focus HHAP funding efforts on development of an East County Coordinated Assessment and Resource (CARE) Center.

CARE Centers in our CoC provide a walk-in option for individuals and families who need to connect to homeless services. The CARE Centers also offer on-site, night-by-night emergency shelter capacity, referred to as Warming Centers, to assist vulnerable unsheltered individuals and families identified by CORE outreach. Additional services offered include help with basic needs, light case management, housing navigation services and substance use disorder treatment and support. They also provide prevention and diversion screening, HMIS intake for crisis services, VI-SPDAT for housing placement, and flexible space for other co-located services.

Demonstrated need

The additional night-by-night emergency shelter capacity, combined with robust on-site services is greatly needed. In Contra Costa there are currently 573 available shelter beds. However, there is still great unmet need year-round. There is a zero percent vacancy rate throughout the year, including in winter and summer. East County has 45% of the county's unsheltered population, but no CARE Center or other emergency shelter. An extensive community process completed in 2018 identified the creation of a CARE Center as the number one priority for services in East County. However, achieving full geographic coverage of Contra Costa County is a challenge, especially as the demand for services and rate of homelessness has increased in the eastern part of the County. Currently, East County is without a physical multi-service center, which is one of the three main access point types for our CES as well as a source of emergency shelter.

While outreach teams and 211 phone-based access points are currently serving this region, we identified through the HEAP community input process that having a physical location in this region is critical to improve access. The current CARE Centers have proven to be effective and well-utilized. In 2019 24% of persons who exited all our emergency shelters went to a permanent housing destination, and we expect similar success by replicating this model. We have an established plan for supporting those exits to permanent housing. CARE Centers are an integral part of Contra Costa's coordinated entry system, which supports all clients with the goal of permanent housing, as well as meeting immediate and temporary shelter needs. CARE Centers offer housing-focused case management services and access to co-located housing navigators.

All clients accessing CARE Centers receive an intake assessment to prioritize and match them for available housing resources, including permanent supportive housing and rapid rehousing. Rapid resolution services are also available on-site to assist clients with problem solving support to quickly re-house clients who only need limited supports.

Based on the number of outreach contacts in the East Contra Costa County area and the average daily use rates experienced at other CARE center sites across the County, we expect to serve an average of 200-250 unique clients per month. This is in addition to the site capacity to shelter approximately 75 households (individuals and families).

Planning and Development of CARE Center

Construction and operation of the center is a collaborative effort of multiple partners, including the CoC and its homeless services providers, the City of Antioch, and HomeAid Northern California. The planning process for creating this CARE center is underway. In late 2018 we issued an RFP for community providers to begin pre-development activities including both the capital build out and program development. Capital build out activities will include any necessary property restoration or adaption, design and coordination of the physical location, and acquisition and installation of equipment and fixed assets. Program development activities include analysis of other CARE centers to identify lessons learned to inform program design and planning for co-location of additional programs.

The conveyance of the land parcel from the city of Antioch to the County is in its final stages and will be completed by the end of the first quarter of 2020. HomeAid Northern California is the project lead that will work with an identified community partner to oversee construction and service delivery upon completion.

Funding and sustainability

The County is leveraging multiple funding streams to construct a service site on an available piece of land that is currently available. HEAP funds have been allocated to support securing and improving a physical site for the East County CARE Center, but additional funding is needed, which will be achieved through HHAP. Thus far, the County has been successful in securing nearly 50% of the construction costs through other sources; HHAP dollars will provide the remaining funds needed to fully realize construction of the CARE Center.

HHAP funding will increase the speed with which the facility is developed and opened for use. Overall, the center has a budget of $6 million, and our community has been leveraging multiple sources of funding. Services will be sustained through existing H3 funding that is already set aside to fund an East County CARE center. It is our intention to spend down the grant funds for this use in first 2 years of HHAP period in order to get the CARE Center operational as soon as possible.

Our jurisdiction will focus the youth-set aside on increasing outreach and services to youth.

Our community is committed to radically disrupting the trajectory from housing instability to homelessness for youth and transitional age youth in our community. We seek to ensure that the occurrence of homelessness is rare, brief, and non-recurring through a continuum of youth services in a system of care that espouses the following core values: 1) Place youth voices at the center of all decision making impacting young people; 2) Seamlessly connect agencies and provider organizations to ensure no homeless youth slips through the cracks; 3) Provide services that span the diversity and extensive geography of the county; and, 4) Use a data-driven, trauma-informed approach that is focused on building permanent connections for all youth experiencing homelessness within the CoC. We are also expanding our Council on Homelessness to include a dedicated youth/young adult representative to further this work.

To better serve this population, it is critical that Contra Costa has a nimble (mobile) street outreach team dedicated to youth and staffed by young adults due to their varying needs. The youth specific CORE team deconstructs the traditional service delivery model; instead of asking youth to come in for services, CORE brings services to the streets and into schools (high school and community college), health centers, community organizations, jails, and other programs where youth access services. These teams conduct face-to-face street outreach on a daily basis, especially targeting areas and locations known for youth homelessness such as school/college parking lots, BART stations and libraries. CORE is an integral part of Contra Costa County's Coordinated Entry System (CES), and makes direct placements into Calli House Youth Shelter, and two adult shelters, streamlining shelter access and ensuring that youth are prioritized based on need.

Through HEAP, we have successfully rolled out a youth outreach team, and have identified the need to continue this promising practice. HHAP funding will be used to extend outreach to minors and unaccompanied youth by continuing funding for the youth mobile outreach program that was developed using HEAP funding.

This grant will support ongoing work with partners to identify locations that attract street homeless youth to intensify outreach efforts. With these funds, we will build partnerships and expand operational partnerships with existing partners and our sister agencies to support this work. Additionally, we have identified the need of this special population for outreach services that meet young people where they are and serve their unique needs. To further this effort, we will further refine our process within our CoC to identify, engage, and coordinate care for TAY and unaccompanied minors. These funds will support technical assistance and training to support and enhance our process development and service delivery.

2. How will you ensure that HHAP funded projects will align and comply with the core components of Housing First as defined in Welfare and Institutions Code § 8255(b)?

The Contra Costa County Continuum of Care has adopted a Housing First approach in CoC and ESG programs. The County request for proposals for HHAP-funded projects will require funded project policies to align with housing first principles, and to operationalize policies in staff responsibilities. County, CoC leadership, and program providers will perform regular evaluation of HHAP-funded projects to monitor for Housing First compliance. Project

and system leadership and providers will engage in regular evaluation of provider- and system-level data to measure outcomes and identify areas where improvements can be made to bring the project into greater alignment with Housing First principles. All monitoring and reporting submissions for HHAP-funded projects will evaluate compliance with requirements for Housing First. Provider- and system-level data will be monitored for improved outcomes for measures, such as successful placement in permanent housing destinations from street outreach, improved housing retention, fewer returns to homelessness, and other measures of performance.

4. PARTNERS ADDRESSING HOMELESSNESS

To successfully complete this section, all applicants must answer the following questions:

A. Collaborating Partner Efforts

Please note: per Program Guidance, page 9, collaborative partners, at a minimum, should include representatives of local homeless service providers, homeless youth programs, law enforcement, behavioral health, county welfare departments, city and county public officials, educators, workforce development, community clinics, health care providers, public housing authorities, and people with lived experience. If any of these partnerships are not currently active in your jurisdiction, please address in question #3 below.

1. Describe, in detail, the collaborative partners who will be working with you on identified HHAP projects and how you will be partnering with them.

Construction and operation of the center is a collaborative effort of multiple partners, including the CoC and its homeless services providers, the City of Antioch, and HomeAid Northern California. HomeAid Northern California is the project lead that will work with an identified community partner to oversee construction and service delivery upon completion.

Similarly, our youth CORE team has number of collaborative partners who have already been working together to create this effective model. H3 will provide CORE staff. A nonprofit partner, Hope Solutions, will be involved in providing Housing Navigation services. In addition, the County Office of Education will support with consumer identification and education services. Participants also have access to a strong network of services that work to resolve individuals' issues. This network includes, but is not limited to: County Mental Health, County Health Care for the Homeless, and County Alcohol and Other Drug Services. As the youth outreach team is part of our larger CORE programing, the outreach team will also leverage our existing partnerships with our local transportation authority (BART), and multiple local law enforcement, fire department and EMS agencies.

2. Describe any barriers that you experience in partnering, and how you plan to address them.

   Examples could include: lack of key stakeholders or service providers, political bureaucracy, approval methods, lack of community input, etc.

Contra Costa prides itself on strong partnerships as evidenced above through the Continuum of Care and homeless service provider network. As we implement the proposed projects, our CoC has identified a need to integrate more perspectives about income generation into our partnership. As such, we have been working to strengthen partnerships with workforce development groups over the past year.

First, in the summer of 2019 we continued discussions with local nonprofit legal services providers aimed at identifying and closing gaps in legal service provision for persons experiencing homelessness. These discussions prompted H3 to begin planning semi-annual stakeholder meetings, where these discussions can be explored with multiple CoC partners, to leverage the power of our community resources, connections, and ideas for growth and innovation in this and other areas where gaps may be identified.

Second, in the winter of 2019 we began with multiple workforce development stakeholders and several homeless and housing services providers to develop a project to integrate a more coordinated and comprehensive workforce development and referral process into our services and programing. We look forward to planning the implementation of this project in the spring or summer of 2020. We also are currently undergoing a process to expand our governing board to include a dedicated seat for a workforce development representative in order to formalize this strengthened partnership.

Third, as we have been scaling our work to divert persons from the coordinated entry system through problem solving strategies, such as rapid resolution, we have also been exploring with partners how to better quantify the need for prevention resources and how to integrate them into the larger system of care. As part of this work, we have hired a consultant to support, among other things, developing and identifying successful intervention models that lead to sustainable housing, based on consumer characteristics, service utilization and housing outcomes. This includes analysis of consumers in HMIS who briefly enter the system and self-resolve, do not continue using services, and who do not re-enter the system. This is intended to support our efforts to stem inflow and both serve persons who have never entered or who are at risk of reentering our system. This analysis will be shared with our service provider partners, sister agencies, and community members to support enhancing case management and service provision internal and external to the homeless system of care.

3. *If no collaborative partners have not been identified at time of application,* describe the collaborative process of how you intend to include new and existing partners on HHAP projects.

Not applicable. Please see description of collaboration above.

5. SOLUTIONS TO ADDRESS HOMELESSNESS

To successfully complete this section:

<u>Applicants that Submitted a Strategic Plan for CESH must:</u>
*   Identify the measurable goals set in your CESH Strategic Plan and explain, in detail, which of these goals HHAP funding will directly impact and by how much.

    Please note: Per HSC § 50219(a)(6), all applicants' measurable goals must include the number of individuals they intend to serve, and the number of individuals they intend to successfully place in permanent housing with HHAP funding.

<u>Applicants that did not Submit a Strategic Plan for CESH must:</u>
*   Identify clear, measurable goals that HHAP will be expected to achieve in your jurisdiction.

    Examples:
    *   Decrease the percent of our jurisdiction's total homeless population that is unsheltered by 10 percentage points annually (baseline of 65% from 2018).

    *   Reduce the number of people who become homeless for the first time across our jurisdiction by 20% annually (baseline of 2,000 households from 2018)

    *   Increase the percent of successful shelter exits into permanent housing by 5 percentage points annually (baseline of 60%).

    Please note: Per HSC § 50219(a)(6) all applicants' measurable goals must include the number of individuals they intend to serve, and the number of individuals they intend to successfully place in permanent housing with HHAP funding.

With this funding, we expect to be able to make measurable and meaningful improvements to our system of care. Once the CARE Center becomes operational, our system will have a 12% increase in shelter capacity. Of those shelter residents, we expect a similar success rate of about 25% to exit to Permanent Housing.

With the increased capacity of our youth CORE teams, we expect to be able to conduct outreach & in-reach to 450 youth in our system each year, and to provide critical support services to 300 youth and young adults. Of those youth contacted via outreach, outcomes related to well-being will include: 100% of youth contacted know how to access services related to safe housing, medical (90% directly linked), anti-trafficking (50% directly linked), benefits (90% access rate), and legal assistance (25% directly linked). Through these linkages, 90% of youth engaged will report improvements in health, safety, income supports and access to legal services. In terms of housing stability and safety, 100% of youth contacted via outreach will be connected to the coordinated entry system; 95% will develop a housing action plan; 95% will exit the streets (diversion, shelter); 50% of youth contacted will exit to a safe, appropriate and stable destination; and 30% will obtain permanent housing.

HOMELESS HOUSING, ASSISTANCE AND PREVENTION PROGRAM (HHAP)
ANNUAL BUDGET TEMPLATE

APPLICANT INFORMATION

CoC / Large City / County Name:	Contra Costa County	Receiving Redirected Funds? Y/N	Yes
Administrative Entity Name:	Contra Costa Health Services	Total Redirected Funding	$ 2,703,522.04

HHAP FUNDING EXPENDITURE PLAN*

ELIGIBLE USE CATEGORY	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Rental Assistance and Rapid Rehousing	$ -	$ -	$ -	$ -	$ -	$ -
Operating Subsidies and Reserves	$ -	$ -	$ -	$ -	$ -	$ -
Landlord Incentives	$ -	$ -	$ -	$ -	$ -	$ -
Outreach and Coordination (including employment)	$ -	$ 249,171.84	$ 240,000.00	$ 240,000.00	$ -	$ 729,171.84
Systems Support to Create Regional Partnerships	$ -	$ -	$ -	$ -	$ -	$ -
Delivery of Permanent Housing	$ -	$ -	$ -	$ -	$ -	$ -
Prevention and Shelter Diversion to Permanent Housing	$ -	$ -	$ -	$ -	$ -	$ -
New Navigation Centers and Emergency Shelters	$ 1,927,000.00	$ 1,927,000.00	$ -	$ -	$ -	$ 3,854,000.00
Strategic Homelessness Planning, Infrastructure Development, CES, and HMIS (up to 5%)	$ 65,100.00	$ 65,100.00	$ 65,100.00	$ 65,100.00	$ -	$ 260,400.00
Administrative (up to 7%)	$ 142,185.00	$ 163,184.92	$ 29,600.00	$ 29,600.00	$ -	$ 364,569.92

TOTAL FUNDING ALLOCATION

$ 5,208,141.76

	FY20/21	FY21/22	FY22/23	FY23/24	FY24/25	TOTAL
Youth Set-Aside (at least 8%)	$ -	$ 249,171.84	$ 240,000.00	$ 240,000.00	$ -	$ 729,171.84

*Narrative should reflect details of HHAP funding plan

COMMENTS:

FINAL

Contra Costa Continuum of Care

February 12, 2020

Secretary Alexis Podesta
Homeless Housing, Assistance and Prevention (HHAP) Program
California Homeless Coordinating and Financing Council
State of California Business, Consumer Services and Housing Agency
915 Capitol Mall, Suite 350-A
Sacramento, CA 95814

Dear Secretary Podesta,

The Contra Costa Council on Homelessness (CoH) is pleased to submit this letter in support of the Contra Costa County Health, Housing, and Homeless Services Division's (H3) proposal on behalf of the County and Continuum of Care to the State of California's Homeless Housing, Assistance and Prevention (HHAP) program. The CoH endorses and supports H3's proposal to use HHAP funds to support the development of the East County CARE Center and continue evidence-based mobile outreach to expand access for youth experiencing homelessness in Contra Costa County to obtain services in the Contra Costa Continuum of Care.

The Contra Costa Council on Homelessness is the governing body of the Contra Costa Continuum of Care (CA-505), with members appointed by the Contra Costa County Board of Supervisors. The Contra Costa CoC shares the same geographic boundaries and are served by the same set of homeless services partners and stakeholders as Contra Costa County. The County, through H3, serves as the collaborative applicant and administrative entity on behalf of the CoC, as stated in the CoH governance charter and by-laws. H3 ensures the homeless system of care is coordinated across the entire region. The CoH provides advice and input on the coordination and operations of homeless services, program operations, and program development efforts in Contra Costa County.

The CoH and H3 have undergone joint strategic planning and systems mapping to assess needs within the geography and view the Contra Costa regional need as a shared responsibility. The funding proposal submitted here is in alignment with the homeless response and community need we identified, which was informed by our 2014 Strategic Plan, 2018 Homeless Emergency Aid Program (HEAP) community planning process, and 2019 homeless system mapping. We will participate in ongoing collaboration around project planning and evaluation through monthly CoH meetings. These meetings are attended by staff of H3, the appointed CoH members, and community stakeholders, and serve as regular opportunities for regional coordination.

We are excited for this opportunity to expand Contra Costa's capacity to address our immediate homelessness challenges, and strongly support H3's proposal for community engagement, partnership, and systems coordination under the HHAP program.

Sincerely,

Doug Leich

Chair, Contra Costa Council on Homelessness

Lavonna Martin

Director, Health, Housing and Homeless Services

Contra Costa Health Services

CONTRA COSTA
HEALTH HOUSING
& HOMELESS SERVICES
A Division of Contra Costa Health Services