

## CONTRA COSTA HOMELESS CONTINUUM OF CARE



### 2014-2015 Fiscal Year Annual Report

This report provides a summary of activities, service data, and outcomes for the Contra Costa Homeless Continuum of Care for Fiscal Year 2014-2015. The Continuum of Care is a local planning body - comprised of health and human service providers, members of the faith community, businesses, funders, education systems, and law enforcement - all working in partnership with consumers to develop, organize, and implement a housing and support services delivery system for homeless individuals across the County.

# Contra Costa Homeless Continuum of Care

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## ANNUAL REPORT SUMMARY – A LETTER FROM THE CHAIR

**VISION** and **CHANGE** are the two words that best sum up fiscal year 2014-15 for Contra Costa's Homeless Continuum of Care (the Continuum). The year began amidst a collective re-en**VISION**ing of the provision of housing and services for all of those who are homeless in Contra Costa County. An unprecedented number and scope of community members took part in this effort, including partner agencies that provide such services, faith and other community members, homeless and formerly homeless individuals, hospitals, police, and local government. An important guiding principle emerged - "**Homelessness is first a housing issue, and necessary supports and services are critical to help people remain housed.**"

The end result of the extensive community discussion and planning efforts was *Forging Ahead Toward Preventing and Ending Homelessness* - a fresh strategic plan to guide our County's efforts in addressing homelessness in the next decade. The Plan concentrates on goals to increase permanent housing opportunities and preventing homelessness, with three key strategy areas to meet these goals:

- 1) **Coordinated Entry** of homeless people into the systems of care (to streamline the process for clients, effectively address barriers, implement a Housing First approach, and better match clients with the appropriate level of housing and services);
- 2) **Performance Standards** (to systematically evaluate the impact of efforts on clients and integrate evaluation and performance measures with implementation of programs and practices); and
- 3) **Communication** (to increase access, support advocacy, and connect the community with information about homelessness and available resources).

The Continuum invested many hours to conceptualize and develop these three strategies, with guidance from a number of evidence-based and evidence-informed resources. These efforts were aligned with the Contra Costa Council on Homelessness (the Council) **Zero: 2016 campaign** to end veteran and chronic homelessness. This campaign acted as a catalyst to bring new stakeholders to the Continuum's efforts, leverage new resources, encourage greater communication, and use data to inform programming and systems change. And then began the process of actually implementing **CHANGE!** The Council was heavily involved with Zero: 2016 planning and development, roll-out of the Coordinated Entry system, and updating Performance Measures.

**This report demonstrates the impact of these efforts.** Included is a summary of Continuum-wide outcomes with a brief review of annual Performance Measures as well as process and outcome measures for the various types of programming provided by Continuum partners. As you will see, many Contra Costa residents who were homeless improved their housing and living situations in 2014-2015.

The Council is looking forward to a year of continued successes in the Continuum's ability to meet the needs of our most vulnerable community members. In the 2015-2016 Fiscal Year, the Council will focus on even broader system change to improve housing resources and services across the county.



Teri House, Chair  
Contra Costa Council on Homelessness

For more information, email [homelessprograms@hsd.cccounty.us](mailto:homelessprograms@hsd.cccounty.us).

\*A description of the Continuum of Care and the Council on Homelessness is provided on page 3

## THE CONTRA COSTA COUNCIL ON HOMELESSNESS

The Contra Costa Continuum of Care (the Continuum) is a network of providers, agencies, local governments, current and former consumer of services, and community members that coordinate the funding and provision of housing and services for homeless families and individuals. As a cohesive entity, the Continuum provides short-term financial assistance, emergency shelter, transitional housing, permanent supportive housing, substance use disorder treatment and supports, primary care and mental health services, housing navigation, and case management.

The Contra Costa Council on Homelessness (hereinafter referred to as the Council) provides the necessary leadership to ensure that the Continuum implements comprehensive, evidence-informed programming to address homelessness across the county. The Council's fourteen member Executive Board is appointed by the Contra Costa County Board of Supervisors to provide guidance and assist in the development and implementation of long range planning and policy formulation of homeless issues in Contra Costa County. It also serves as an advisory body to Contra Costa Health Services Department's Health Care for the Homeless Program, in compliance with US Department of Health Resources and Services Administration (HRSA) requirements.

The Contra Costa Council on Homelessness provides monthly forums that bring the Continuum of Care together for communication and coordination of the County's Strategic Plan to End Homelessness, education to the community on homeless issues, and advocacy on federal, state, and local policy issues affecting people who are homeless or at-risk of homelessness.

Other service partners: Berkeley Food and Housing, East Bay Community Recovery Project, Monument Crisis Center, and West Contra Costa Unified School District

## PROGRAMS AND SERVICES

The Continuum serves thousands of homeless and formerly homeless people of all ages and demographics through the many service providers delivering homeless prevention and intervention programs.

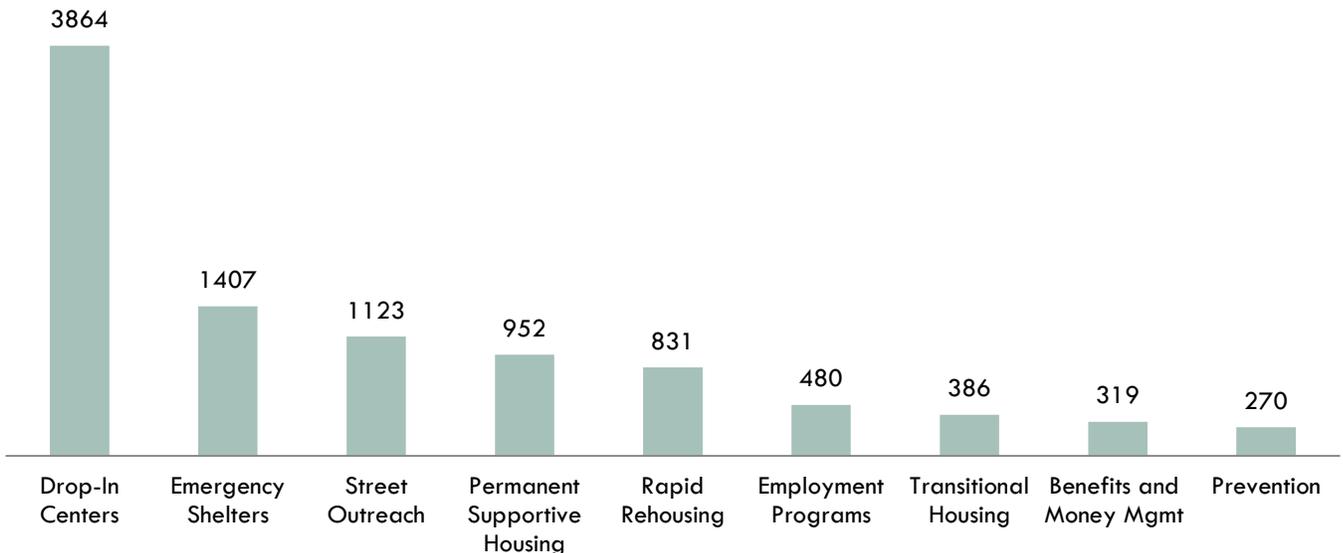
Continuum programs fall under seven different categories.

- ❑ **Emergency Shelters** provide temporary shelter for people that have no safe and healthy sleeping arrangements. Consumers generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or lost temporary housing.
- ❑ **Support Services Only** programs include a variety of services to assist homeless individuals get back on their feet and/or simply provide basic health needs. This programming includes Drop-in Centers and Employment Programs.
- ❑ **Transitional Housing** is short-term housing for underage youth and families to get them off the streets and into more stable living environments until permanent housing can be established.
- ❑ **Rapid Rehousing** programs provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.
- ❑ **Permanent Supportive Housing** links long-term, safe, affordable, community-based housing with flexible, voluntary support services designed to help the individual or family stay housed and live a more productive life in the community.
- ❑ **Street Outreach** provides basic hygiene supplies, housing and shelter referrals, food, and water.
- ❑ **Prevention Programs** provide short-term financial assistance to help families and individuals stay in their homes and avoid entering homelessness.

### 7,597 Individuals Served

- 5,883 were homeless; 952 were in Permanent Supportive Housing
- 71 households with children
- 948 minors
- 1,710 chronically homeless
- 479 homeless veterans

### Individuals Served by Program Type\*



\*Individuals utilizing multiple programs are included under each program type.

## PROGRAM OUTCOMES

The Council reviews a variety of metrics to determine program performance across the Continuum. One key metric are the Performance Measures, or outcome measurements required by the US Department of Housing and Urban Development (HUD) to track outcomes in HUD-funded Continuum of Care programming. Performance Measures are critical in understanding areas of improvement and to determine how many consumers are achieving positive outcomes within various types of programming.

### 2014-2015 System-wide Performance Measures

The Contra Costa County Homeless Continuum of Care established Performance Measures for all types of programming (Emergency Shelter, Transitional Housing, Rapid Rehousing, Support Services and Outreach, and Permanent Supportive Housing). Three of the key Performance Measures are provided below.

27% of consumers in **Emergency Shelters** exited straight into Permanent Housing

81% of consumers in **Rapid Rehousing** exited to Permanent Housing opportunities; only 9% returned back into homelessness after being placed into Permanent Housing

97% of individuals placed into **Permanent Supportive Housing** remain in their housing for at least a year; 70% retained for at least 3 years.

### Sub-population Outcomes

Additional measurements collected by the Continuum provide a deeper understanding of how consumers move through the system as well as how different populations achieve housing. Movement through the system from no or temporary housing to permanent housing is the best indicator of success. In the 2014-2015 Fiscal Year, we see that consumers, regardless of service type utilized, improve their housing and living situations.

Population	Prior Living Situation	% Exiting to Permanent Housing
<b>Veterans</b>	55% came from encampments; 45% came from emergency shelters or temporary living situations	36%
<b>Chronically Homeless</b>	55% came from encampments; 43% came from emergency shelters or temporary living situations	22%
<b>Minors (under 18 yrs)</b>	Prior sleeping arrangement is not collected for minors	55%

## PROGRAM PARTNER HIGHLIGHT

### Contra Costa Interfaith Housing Scattered Site Housing



In 2015, Contra Costa Interfaith Housing (CCIH) launched its new scattered-site permanent housing program to provide housing for 48 chronically homeless adults struggling with mental health and other complex issues. In addition to obtaining affordable permanent housing, residents in this program receive intensive support from a mobile service team of case managers and mental health clinicians who visit them in their homes. Case managers partner with residents to set goals specific to their unique needs including from mental health, sobriety, employment, and access to essentials such as food and primary health care. This supportive housing model is cost-effective and successful in preventing high cost emergency room visits, hospitalizations, and incarceration while offering dignity and support to chronically homeless adults.

This is a new housing model for CCIH which already provides permanent housing and/or supportive services at four affordable housing sites which serve more than 1,000 formerly homeless and very low-income Contra Costa residents.

*"I enjoy being part of CCIH's program because they helped me acquire housing and assisted me with my educational goals to become an EMT (Emergency Medical Technician). I was paired with a good roommate. Without CCIH I don't know where I'd be."*

*-Cory*

For more information about Contra Costa Interfaith Housing, please visit [www.ccinterfaithhousing.org](http://www.ccinterfaithhousing.org).

## CONTRA COSTA ZERO: 2016 CAMPAIGN

In January, 2015, Contra Costa joined 70 other communities across the U.S. working to quickly and efficiently reduce the number of veterans and chronically homeless people in need of permanent housing through the national Zero: 2016 campaign organized by [Community Solutions](#). The campaign aims to house all homeless veterans by the end of 2015, and all people who are chronically homeless by 2016.

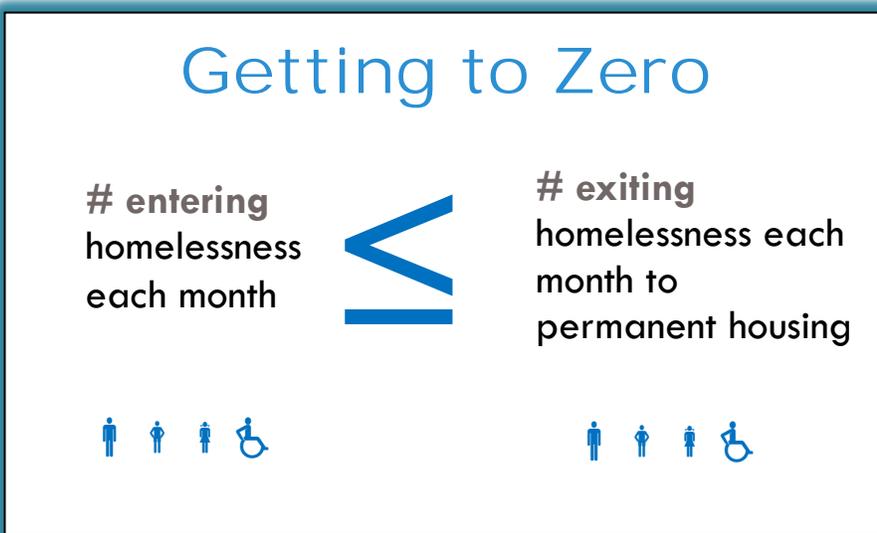
Guided by the Contra Costa Zero: 2016 Leadership Committee, a sub-committee of the Council on Homelessness, local Zero: 2016 efforts are focused on meeting housing placement goals for homeless veterans, individuals who are chronically homeless, families, and unaccompanied youth through cross-sector collaboration, systems development, and the use of data to drive change and achieve success.

Using a formula offered by Community Solutions, Contra Costa's housing placement goals for veterans and chronically homeless were derived by combining 2015 Point in Time data (see page 11) with a multiplier designed to estimate the number of newly homeless people entering the system each month. Housing

placement goals established for Contra Costa's Zero campaign are to house

- 237 veterans; and
- 763 chronically homeless.

Each month, targets are revised based on the total placements remaining and length of time left to meet the final placement goals. "Zero" will be achieved when the number of homeless individuals and families who are permanently housed each month is equal to or greater than the number of individuals who are entering homelessness.



In 2015-2016, Contra Costa's Zero: 2016 campaign efforts will focus on landlord engagement to address the shortage of housing opportunities for veterans and chronically homeless. Data will also be incorporated into program efforts to better understand the breadth of housing needs and assets in the county. Additionally, the Continuum of Care will establish "by-name" lists that identify each and every veteran and chronically homeless person in the system of care that needs housing.



*Contra Costa Zero: 2016 Leadership Committee partner agencies*

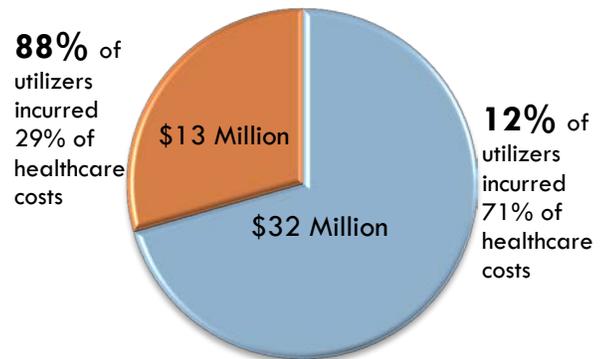
## COST OF HOMELESSNESS ON THE HEALTH CARE SYSTEM

Cities and counties across the United States bear extraordinary financial and social costs related to homelessness and lack of related resources such as health care and prevention. Contra Costa County continues to analyze data from across multiple county programs to determine the cost of homelessness at the local level. Health costs include Primary Health Care (emergency, inpatient, and outpatient), Mental Health Care (emergency, inpatient, and outpatient), and Alcohol and Other Drug Services (outpatient and residential).

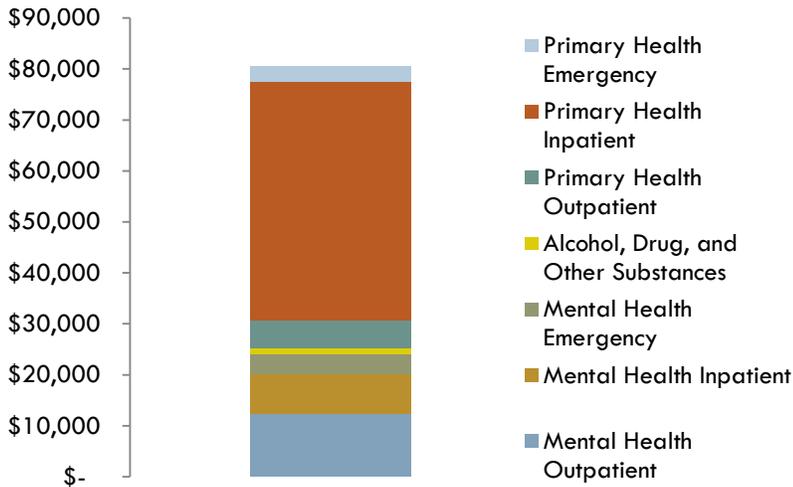
Using 2013-2014 Fiscal Year data, 6,601 unique individuals were identified as homeless in the Continuum's system of care. Just under half of those individuals (3,170) also utilized mental health, primary health, or alcohol and drug treatment offered through the Contra Costa Health Services Department for a total of \$45,412,145.

While many consumers incurred few and nominal healthcare expenses, a small minority, twelve percent, of the homeless population that accessed the county health services amassed almost three-quarters of the total county healthcare costs. These 12% are referred to as the high-cost consumers in this report and is consistent with other cost studies on homelessness that identifies the top 10-15% of consumers as high-cost users. For this evaluation, high-cost consumers are individuals incurring over \$25,000 in total costs across the three county health services. This cut-off was established after identifying that the majority of the 3,170 consumers (60%) costs less than \$5,000 in medical and behavioral health care costs and a small minority (12%) incurred over \$25,000.

### \$45 Million in Health Care Costs



### Average Health Care Costs by Service Type among High-Cost Users



Among high-cost users, primary health inpatient and mental health outpatient were the greatest expenses; with \$46,729 and \$7,763 in average annual costs respectively.

During 2015-2016, the County will continue to analyze data to incorporate additional costs, including clean-up of encampments along the water canals and emergency services transportation. Analyses will also review service expenses for

consumers that go into Permanent Supportive Housing to understand savings in healthcare and local government once homeless individuals become housed and receive support services. For the full report, click here: [Cost of Homelessness Study](#).

## FIRST STEPS TO COORDINATED ENTRY

The Continuum continues to design and implement a coordinated entry system that streamlines access to services for homeless consumers in need of housing. The Council established a Coordinated Entry sub-committee to research best and promising practices around coordinated entry, identify a universal screening tool, and develop a Continuum-wide implementation strategy.

The VI-SPDAT (Vulnerability Index-Screening Prioritization Decision Assistance Tool) was adopted by the Council as the evidence-informed tool to identify the appropriate housing type and level of services for homeless individuals based upon their physical and behavioral health needs. The VI-SPDAT is a simple-to-administer that can be completed in the field, over the phone, or in person. The Continuum’s efforts with Coordinated Entry included pilot testing the VI-SPDAT and case conferencing for housing placement based on VI-SPDAT scores. Over the past fiscal year, the CoC:

- **Launched a CoC-wide pilot of the VI-SPDAT assessment tool**
- **Designed our coordinated entry process**
- **Began pilot of Housing Placement Committee to test the referral process**
- **Identified the need for housing navigators and housing locators to ensure successful placements**

During the 15-16 Fiscal Year, Continuum service providers will be encouraged to enter VI-SPDAT scores into the Homeless Management Information System, allowing facilitation of Housing Placement Committee meetings using the assessment scores to identify appropriate housing placements.

### **What is the VI-SPDAT?**

The VI-SPDAT is a “supertool” that combines the strengths of two widely used existing assessments:

1. The Vulnerability Index (VI), developed by Community Solutions, is an outreach tool currently utilized in more than 100 communities. Rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals.
2. The Service Prioritization Decision Assistance Tool (SPDAT), developed by OrgCode Consulting, is an intake and case management tool utilized in more than 70 communities. Based on a wide body of social science research and extensive field testing, the tool helps service providers allocate resources in a logical, targeted way.

The VI-SPDAT helps identify the best type of support and housing intervention for an individual by relying on three categories of recommendation:

Permanent Supportive Housing, Rapid Re-Housing, or Affordable Housing.

## 2015 POINT IN TIME COUNT

The 2015 Point in Time (PIT) count was a great example of collaboration and innovation among Continuum partners and community agencies. In past years, the PIT Count was conducted over a one day/night period and PIT surveys were conducted on a sample of individuals. This year’s methodology was changed to reflect

### 3,715 individuals:

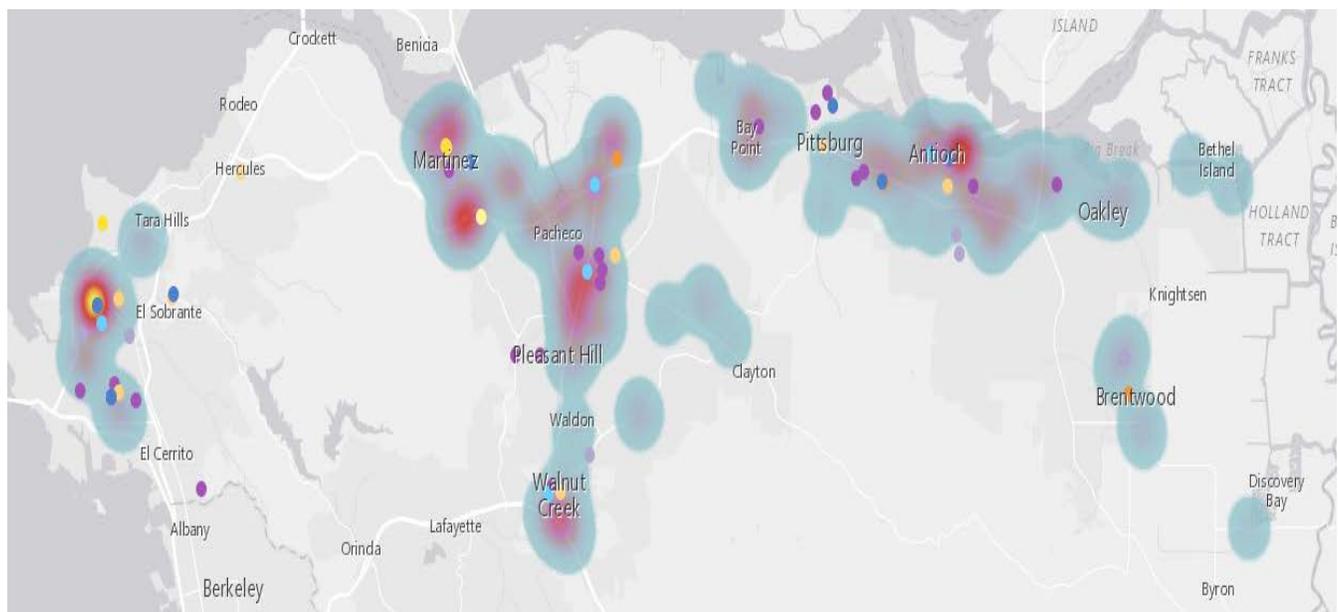
- 1,326 unsheltered
- 704 sheltered
- 1,685 other

“Other” homeless category includes other temporary living arrangements eligible for HUD funded services and would be homeless if not for temporary accommodation they had the night of the count.

recommendations made by Housing and Urban Development to extend the number of days volunteers and street outreach teams were in the community, administering a survey to community members at service and community sites, and conducting a full census instead of sampling across the community. These efforts required partnerships with service sites, community organizations, local governments, and about 100 volunteers from the community and partner agencies.

The Point in Time count data is used to both track homelessness trends across the county and to understand funding and programmatic needs to ensure housing and other resources for the community. The PIT numbers also informed goals for the Zero:2016 initiative and helped to set priorities and strategies for ending veteran and chronic homelessness.

Outreach teams documented locations of encampments at the time of the PIT Count. These encampments are identified in the GIS map below.



#### Service Locations

- Shelter
- Multi Service Center
- Health
- Food distribution
- Education/employment
- Library
- Veterans Affairs
- Jail

#### Homeless Encampments



The [full report](#) and a one-page [info-graphic](#) are available on the Council website.

## RESOURCES AND LINKS

### Links provided in this report:

Performance measures Report: <http://cchealth.org/homeless/council/pdf/2015-PIT-report.pdf>

Zero: 2016 Community Solutions: <http://cmtysolutions.org/zero2016>

Cost of Homelessness Report: <http://cchealth.org/homeless/council/pdf/cost-of-homelessness-in-contra-costa-county.pdf>

2015 Point in Time Report: <http://cchealth.org/homeless/council/pdf/2015-PIT-report.pdf>

2015 Point in Time Infographic: <http://cchealth.org/homeless/council/pdf/2015-PIT-infographic.pdf>

Council on Homelessness Website: <http://cchealth.org/homeless/council/about.php>

Please contact the Contra Costa County Homeless Program at [homelessprograms@hsd.ccounty.us](mailto:homelessprograms@hsd.ccounty.us) for more information about this report or activities within the Contra Costa Continuum of Care.