

January 2022



CCHS- Health, Housing, and Homeless Services Race Equity Assessment
Synthesis of Findings and Recommendations

Overview



CCHS - Health, Housing, and Homeless Services partnered with C4 Innovations (C4) to conduct a racial equity system analysis of the Contra Costa Continuum of Care (CoC) and build capacity to identify and address racial and ethnic disparities across the homeless response system.

As part of the racial equity system analysis, C4 conducted the following activities:

- Examination of data processes (i.e., data collection, reporting, analysis, and utilization)
- Review of existing quantitative data reports
- Listening sessions, structured interviews, and an analysis of qualitative data
- Review of policies and procedures documents with a racial equity lens
- Review of the coordinated entry system processes
- Community conversations to identify challenges and next steps in developing authentic partnerships with people with lived experience

The report is organized into sections that reflect each of these assessment activities and highlight identified strengths, areas for improvement, and recommendations in each area. Considerations for next steps and sustainability in the community's efforts to advance racial equity are also included.

There are limitations to the qualitative data analysis due to the number of participants in the listening sessions with people with lived experience (which only had two representatives from the community). Readers of this report should consider how the limitations of minimal representation may influence the content of listening sessions and should not overrepresent these findings in interpretation. This document can be used as a guide for CCHS - Health, Housing, and Homeless Services, and key stakeholders as your community begins to develop actionable next steps and shared accountability in your efforts to advance a more racially equitable approach to ending homelessness.

Data Processes

Strengths	
<ul style="list-style-type: none"> • Political will and commitment is evident across the CoC to identify and address racial disparities. • The community is working to develop a public facing dashboard. • Focus Strategies has been contracted to conduct a coordinated entry evaluation and a process improvement plan. • The CoC is a part of the Built for Zero initiative and will be included in a public facing dashboard that integrates racial equity throughout. • Data leads are able to provide several constituent groups/partners with data to help them set priorities. • Data is being shared widely: CoC Governing Board, Council on Homelessness, city/county officials, elected officials, Health Dept., service providers, BFZ Community • Data is reported in user-friendly ways with infographics highlighting the main findings. • Data is reported out in real-time. 	
Areas for Improvement	Recommendations
Data that highlights inequities is not utilized as much as it could be in decision-making processes	<p>Build capacity within the CoC, so there is a group of stakeholders, empowered to make decisions and lift recommendations related to advancing racial equity.</p> <p>Ensure racial equity champions are situated in decision-making bodies/committees and processes.</p> <p>Embed utilization of disaggregated data and qualitative data in system planning. Set goals within the CoC strategic plan related to decreasing racial/ethnic disparities as they relate to access and outcomes.</p>
Capacity is limited for collection of qualitative data and bringing consumer voice to the table	<p>Define and advocate for any needed support/resources to conduct and make meaning from community listening sessions, develop, and analyze client feedback surveys, and/or develop authentic partnerships with people with lived experience.</p> <ul style="list-style-type: none"> • For example, ensure compensation when collecting qualitative data or engaging with partners with lived experience

<p>The community is uncertain how to address disparities. There is no consensus on where the impact can be.</p>	<p>Define and advocate for the ongoing support needed (e.g., capacity building, training/consultation, staff development, etc.) to develop targeted strategies and actionable next steps that can address racial inequities.</p>
<p>Small populations (Native Americans/Alaska Natives) experiencing highly disproportionate rates of homelessness, and lower exit rates to permanent housing, get little attention</p>	<p>Explore root causes/underlying factors of disparities for smaller populations. Collect qualitative data from the specific demographic group to better understand what may be causing patterns/trends and provide more context to the quantitative data.</p> <p>Once there is greater understanding, work to make community-level decisions about the root causes/underlying factors that will be prioritized when developing strategies.</p>
<p>There is no feedback loop between those pulling data reports and network providers to look at data thoughtfully to infer meaning or ensure data leads are pulling data that will be meaningful and useful to providers.</p>	<p>Build common practice across data leads and providers of how to look at and interpret data with a racial equity lens.</p> <p>Create opportunities for cross-system learning that breaks down siloes between data leads and providers.</p>

Quantitative Data (Reviewed: Contra Costa CoC Calendar Year 2020 Annual Report, Quarter 2 Board Report, 2020 CoC Data Report)

<p>Strengths:</p>
<p>There is a great deal of existing data that is already being disaggregated by race and ethnicity. Examples include:</p> <ul style="list-style-type: none"> • Proportionality data by race and ethnicity <ul style="list-style-type: none"> ✓ The majority of consumers were White (42%), followed closely by Black/African American/African (37-39%); 7% were American Indian/Alaska Native; 18-20% were Hispanic/Latin(o)(a)(x). ✓ Black/African American and Native Indian/Alaska Native were over-represented in the CoC relative to the county census data (4x among Black/African American and 2x among Native Indian/Alaska Native) ✓ Families experiencing homelessness are more likely to be Black/AA • In-flow and out-flow data <ul style="list-style-type: none"> ✓ There were no significant differences in the proportion of in-flow and out-flow by race or ethnicity.

- ✓ 16% of total consumers served were categorized as “in-flow” or “new to the system” (n=813). Black/African American/African consumers made up the largest group (41% of in-flow), followed by White (35%); 24% were Hispanic/Latin(o)(a)(x). 73% of households new to the system of care accessed a Literally Homeless program during Q2.
- Access to housing and resources
 - ✓ Asian, people of Multiple Races, and Hispanic/Latin(a)(o)(x) households had the highest proportion of families accessing services than other races and non-Hispanic/Latin(a)(o)(x) with at least 20% of households being households with children
 - ✓ Native Indian/Alaska Native were the most likely to access crisis response (88% of Native Indian/Alaska Native accessed crisis response while other races ranged from 62% to 83%); they also had the lowest housing rate of exits to permanent housing from crisis response (8% while all others ranged from 10% to 15%)
 - ✓ Table: Proportion of Households Accessing Each Intervention Level, by Head of Household’s Race/Ethnicity, 2020

Race/Ethnicity	Prevention and Diversion	Crisis Response	Permanent Supportive Housing
Black or African American (N=3,065)	13%	77%	15%
White (N=2,709)	13%	79%	12%
American Indian and Alaska Native (N=517)	4%	88%	9%
Missing Race(N=446)	25%	70%	6%
Asian (N=158)	30%	62%	10%
Native Hawaiian or Other Pacific Islander (N=115)	7%	83%	13%
Multiple Races (N=343)	10%	80%	15%
Hispanic/Latin(a)(o)(x) (N=1,405)	22%	72%	9%
Across CoC, Regardless of Race/Ethnicity	13%	78%	13%

- Return rates
 - ✓ Black/African American/African consumers returned to homelessness at a higher rate than any other racial group of consumers (43%)
- COVID testing and positivity rates among people experiencing homelessness by race and ethnicity
 - ✓ People identifying with multiple races had the highest positivity rate at 18%, followed by Native Islanders at 11%, and Other at 9%. American Indian, Asian, and Unknown had the lowest rates at 4% (Table X).

<p>✓ People experiencing homelessness who identified as Hispanic/Latin(a)(o)(x) had higher positivity rates than non- Hispanic/Latin(a)(o)(x) (14% compared to 8%; Table X). Those with missing ethnicity data had a 4% positive rate.</p>	
Areas for Improvement	Recommendations
Take a deeper look at intersectionality	Examine data that is disaggregated by race and ethnicity at the intersection of household composition, gender, age, etc. to see where the greatest inequities lie across system performance metrics
Program utilization data that was disaggregated by race and ethnicity was somewhat limited	Conduct more detailed review of distribution of Black, Indigenous and households of color in homeless response system across all program types, coordinated entry milestones (assessment, enrollment/referral, placement) or at the provider level to determine how different demographic groups are faring at the program level
Identify and address data gaps/limitations	<p>Include outreach programs/unsheltered population in system performance data</p> <p>Work to understand specific subpopulations better. For example, if Hispanic households are underrepresented in the homeless response system (i.e., they make up 18% of the population being served, but 25% of the general population in Contra Costa) are they accessing your system in the same ways that other groups are – don't take overall numbers at face value. For consideration:</p> <ul style="list-style-type: none"> • What access points do Hispanic households use to enter the system? • When you think about what you know about the needs of this population, are there ways to improve accessibility for all access points? • It may be valuable to conduct additional listening sessions with Hispanic individuals who are utilizing, or who have utilized, the homeless response system to see if they are experiencing identifiable barriers to access.

	<ul style="list-style-type: none"> • What countries, nationalities, immigration factors shape these populations in the Contra Costa region? <p>Identify system performance metrics where there were higher rates of missing data (data not collected, client refused, client does not know) and work with providers to improve data quality</p> <p>Define a standard measure for length of time homeless (i.e., come to consensus about whether to include days prior to CoC program entry or entry into the coordinated entry system in the calculation).</p> <p>Include disaggregated data for length of time homeless and number of homeless episodes in regularly reported system performance measures</p> <p>Look at longitudinal data (at least 3 years) to see trends and changes over time, to determine if conditions are worsening or improving for different demographic groups, and to measure progress on various system performance measures.</p>
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Qualitative Data (Based on two listening sessions, one with providers and one with people with lived experience, and four structured interviews with key stakeholders)

Strengths
<ul style="list-style-type: none"> • Overall, the access points to assessment and shelter throughout Contra Costa was favorable amongst providers and people with lived experience. • Contra Costa has a comprehensive Outreach Team that is instrumental in conducting the initial assessment and initiating the process for people experiencing homelessness. • Contra Costa CoC has done a great job at prioritizing race equity initiatives and training to advance race equity objectives.

<ul style="list-style-type: none"> • Contra Costa CoC has been very transparent in engaging and soliciting community input and feedback from service providers • The CoC has made some progress towards documentation readiness 	
Areas for Improvement	Recommendations
More supportive services are needed to prevent experiences of homelessness and ensure long-term housing retention.	Develop a common thread between homeless service providers and partners across other systems to allow clients seamless access to comprehensive supportive services.
People experiencing homelessness with service animals have limited access to shelter space due to availability of housing stock.	Explore ways to provide additional shelter beds for people experiencing homelessness with service animals to ensure equitable access.
Not enough quality affordable housing stock to meet the need. Landlords discriminate against program participants and those most disproportionately impacted by homelessness	<p>Increase landlord knowledge around housing programs and supportive services to increase access to quality housing stock and mitigate implicit bias.</p> <p>Create and/or strengthen landlord network and provide incentives to engage and retain landlords to increase housing availability.</p>
Address implicit bias and perception about homelessness by housing and homelessness staff	Provide culturally responsive training for housing and homeless service staff to minimize microaggressions people experiencing homelessness are exposed to while accessing housing resources.
Some housing units are not accessible by public transportation	Develop resources to support clients who are housed in areas that are removed from formal and informal supports, ensure they can build community and access opportunities to thrive when housed
Black and brown individuals experiencing homelessness are also disproportionately impacted by experiences with the criminal justice system	Partner with law enforcement to assist with decriminalizing homelessness.
Eligibility criteria creates barriers to being housed	Review eligibility criteria and explore ways to support people with obtaining documents and lowering barriers to entry

Review of Policies and Procedures (Coordinated Entry Policies and Procedures Manual, HMIS Intake Form, Governance Charter, Housing and Assistance Written Standards)

*Specific recommendations and considerations are included within each document for your reference and revisions.

Strengths	
<ul style="list-style-type: none"> Documents were well organized, readily available, and accessible/easy to understand based on their intended audiences 	
Areas for Improvement	Recommendations
Documents need updating	<p>Update HMIS Intake Form with 2022 HMIS race and ethnicity fields</p> <p>Incorporate the CoC’s priorities around replacing the VI-SPDAT with a more equitable process into the CE Policies and Procedures document</p> <p>Document new grievance procedure in the P&P manual</p>
Racial equity should be centered as a core value, reflected throughout processes, and inherent in the language of all documents	<p>Integrate RE throughout core principles</p> <p>Shift language that reflects white supremacy cultural characteristics to emphasize the importance of transformational relationships and shared power rather than transactional and/or paternalistic relationships</p> <p>Highlight the importance of disaggregated coordinated entry data</p> <p>Be explicit about racial equity as a priority in the mission (e.g., “engaging the community to address underlying causes such as structural racism”)</p>
Opportunities to embed more anti-racist and inclusive language and processes	On HMIS Intake Form, consider adding a category for returning citizens/re-entry population as a ‘Cause of Housing Crisis’ given the disparate experiences of homelessness among this population
Some language had negative connotations or were not reflective of updates in the field (e.g., “chronic inebriates” or “substance abuse” vs. substance use disorders)	Incorporate more neutral, trauma-informed, recovery-oriented, and client-centered language
CoC Governance Charter can be explicit about ensuring Board and Committee membership that is racially/ethnically representative of those most impacted by homelessness	Create strategies that include ways to recruit and diversify BIPOC representation within the CoC Board and sub committees

<p>The Coordinated Entry policies and procedures manual referenced programs that have "neighborhood covenant/good neighbor agreements" that explicitly limit enrollments to clients with a specific set of attributes or characteristics. This could be perpetuating racial inequities.</p>	<p>Conduct a mapping of all programs with good neighbor agreements or other eligibility criteria that could be screening out people who are most disproportionately impacted by homelessness.</p> <ul style="list-style-type: none"> Consider working with the local fair housing office to change the language in these types of good neighbor agreements to ensure equitable access to housing.
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Coordinated Entry Processes

Strengths	
<ul style="list-style-type: none"> There are multiple access points The CORE team providing outreach is inclusive of lived experience There is a newly approved grievance procedure (currently, working on training providers how to introduce it and when) Housing placement meetings take place when there are 5 or more vacancies to fill, allowing for community decision making process Screening tool used for EHV's may be model for how to supplement VI-SPDAT 	
Areas for Improvement	Recommendations
<p>VI-SPDAT still being used. VI score is still the most critical piece of information used to decide someone's direction through the coordinated entry system</p>	<p>Define and advocate for the supports/resources necessary to develop a more equitable assessment and prioritization process</p> <p>Collaborate with partners with lived expertise, frontline providers, and system leaders to redesign a more equitable coordinated entry process</p>
<p>Standardized script that assessors use to explain the process is from OrgCode</p>	<p>Develop a more trauma-informed standardized script/process that centers lived experience and allows for more transparency about what to expect</p>
<p>Providers get confused about the continuum of housing resources and eligibility and a lot gets lost in translation when trying to share info with clients</p>	<p>Develop consistent trainings based on the professional development needs of frontline providers</p>
<p>The prioritization for emergency shelter does not include some demographic groups with</p>	<p>Consider the needs of individuals who identify as Black and transgender as well as</p>

known risks to safety and well-being when street homeless	any other groups who are known to have more adverse experiences when unsheltered in the shelter prioritization policies
CE data can be tracked	Report coordinated entry data in system performance reports
<p>Difficulty accommodating specific service needs</p> <ul style="list-style-type: none"> aging population limited income/SSI youth and youth programs are underrepresented non-CH singles seem to fall through the cracks 	Continue to build relationships with cross-sector partners who can support clients with specific needs
Bias can still play out when network providers are in a role of advocating for clients during housing placement meetings	Staff trainings on anti-racism, mitigating implicit bias, LGBTQ+ allyship, cultural humility, etc. in addition to trauma-informed care
Not enough affordable housing	Provide more education on shared housing and how to share info with clients about this opportunity as a stepping stone
Length of time homeless can be shortened if providers work together to increase efficiencies	Providers can help to expedite the housing process by getting households document ready as soon as possible

Developing and Sustaining Authentic Partnerships with People with Lived Expertise (PWLE)

Strengths	
<ul style="list-style-type: none"> Many CoC providers prioritize hiring frontline providers with lived expertise (e.g., CORE Team) Service providers work collaboratively throughout the system and Case Managers have been an essential part to getting people housed throughout the pandemic 	
Areas for Improvement	Recommendations
Need strengthened infrastructure to authentically engage PWLE	<p>Secure funding and staffing for a local lead to support PWLE to participate in meaningful ways and address potential barriers to their involvement/leadership (e.g. access to technology, transportation to meetings, etc.)</p> <p>Create a plan to ensure PWLE are compensated equitably throughout the CoC</p>

<p>Need capacity and resources to implement the plan to engage PWLE</p>	<p>Build internal capacity and implement the plan to authentically engage PWLE</p> <p>Conduct additional listening sessions to ensure you have a full landscape on the diverse perspectives of PWLE</p>
<p>Network providers who partner with PWLE need to shift traditional ways of working, power dynamics, and decision-making structures</p>	<p>Provide trainings to prevent tokenism and sustain partnerships with PWLE</p>
<p>PWLE may need professional development opportunities and pathways to advance to leadership roles</p>	<p>Provide trainings around the CES process and screening, supportive services and housing programs, grant review process, funding allocation, CoC governance and committees, etc.</p>



Next Steps

The Contra Costa Continuum of Care has committed to advancing racial equity throughout the homeless response system. In order to sustain the current efforts and develop actionable next steps, consider the following as potential next steps:

- Strengthen the infrastructure and capacity to sustain the race equity work by developing a race equity committee or taskforce and develop a process that embodies true partnership and shared accountability.
- Continue to deepen the CoC shared understanding of racial equity concepts and principles and promote ongoing conversations about race and racism
- Strengthen trauma-informed, client-centered services
- Develop more open lines of communication to ensure clients are aware of services that are readily accessible to them and opportunities to engage in system planning.
- Finalize a plan for integrating partners with lived experience into the CoC decision-making process.
- Provide continued learning and training for Staff and Board members on becoming an anti-racist CoC (e.g., implicit bias, LGBTQ+, allyship, trauma informed care, and interrogation of white supremacy cultural characteristics).
- Engage in community-led process to develop a more equitable assessment and prioritization process.
- Utilize existing data to move from awareness to action planning with an Equitable Results Framework process.
 - Develop an equitable action planning process in which power and decision-making is shared with PWLE and frontline staff who are representative of those most disproportionately impacted by homelessness.
 - Prioritize the use of qualitative data and look at additional disaggregated quantitative data in system planning to address inequities.
 - Conduct a system mapping exercise and review of CoC program policies to identify what policies and practices may be perpetuating inequities.