Contra Costa System Map

Determining Resource Capacity, Need & Maximization Opportunities to End Homelessness



Presentation Agenda

- System Map Purpose
- Key Highlights from the System Map
- Use of the System Map: Right-Sizing the System
- Use of the System Map: Maximizing Existing Resources
- Next Steps

Introductions

Technical Assistance Collaborative (TAC)

- Nonprofit technical assistance firm; specializes in housing & human services
- California HCD technical assistance (TA) contractor: Capacity Building
- Fulfilling Contra Costa TA related to system planning efforts

Ashley Mann-McLellan, Housing Team



System Map Purpose



What Does this System Map Represent?

- Positioning of Housing Resources in Contra Costa
- Agencies Administering Housing Resources
- General Participant Flow through Contra Costa System of Care
- Capacity of Housing Resources
- Key Data Points Related to Need

How to Use This System Map

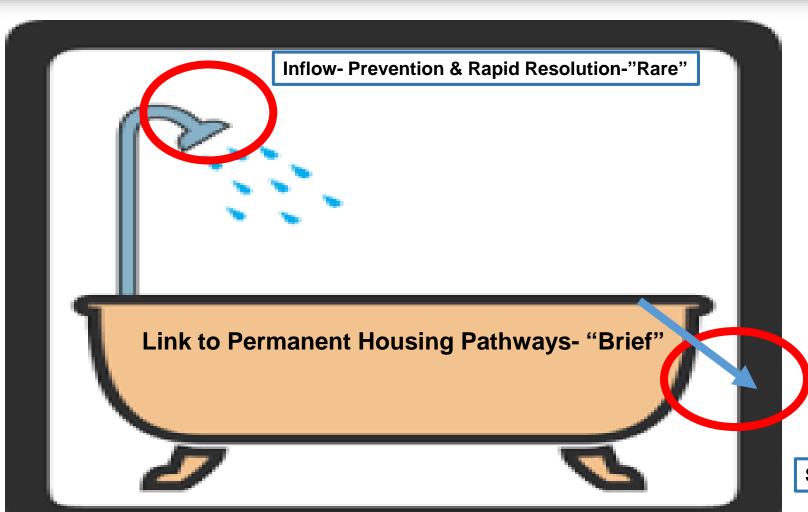
Resource Allocation (how do we fill capacity gaps)

Setting Strategic Plans or Priorities (what do we address first)

- Resource Maximization (how do we use what we have efficiently)
 - Prioritization of Participants For Limited Resources
 - Exploring Process Causes of Bottle Necks
 - Improving Performance of All System Components

North Star in System Resource Planning





Stabilization- "One-Time"

North Star in System Resource Planning



End homelessness by making it rare, brief & one-time

Federal framework

2 Part Approach to Reach the Goal

- 1. Ensure the system has the resources it needs
- 2. Ensure the system is performing well with the resources it has



System Map Walk-Through



Quick Note: The Community's Working Document

System map will be distributed at a later date

 Based on questions/thoughts you have today, it may be updated prior to use in planning efforts

CONTRA COSTA HOMELESS SERVICE SYSTEM

EMERGENCY SHELTER 579 BED S- BAS, UTBERSTON BATE Individual, Family, Youth and Veteran Beds Serve 1700 people/year Average LOS - 4 months

58% of exits --> Permanent Housing 6 0 6 6



The top reasons for homelessness for people homeless for the first time include:

- 1. Low Income
- 2. Joh loss
- 3. Asked to leave

Meeting the Need

5,800 HH

'Assumes common rate of 25% self-resolve

There are PH resources to meet about 50% of the

need/year' The average length of time homeless increased from 15 to 27 months in man the man in a year

At least 2.000

PSH CAPACITY

About 36 PSH units open/year, which houses about 5% of the chronic population on the current chronic by name list (900 HH).

Average wait time for those referred is

PERMANENT SUPPORTIVE **HOUSING - 494 BEDS**

Family Units, Youth, Individual Units Vetreans, Chronic









REGULATED AFFORDABLE HOUSING &

destination

return to homelessness

About 1/3 of people

served in all programs

including HP and RRH

transitioned to market

rate or other affordable

housing as a permanent

MARKET RATE HOUSING

within 2 years

NATURALLY OCCURRING AFFORDABLE HOUSING

3.7% rental vacancy rate

1,400 people assessed for CE; avg waltame: 11+ mos. Of those assessed on the current queue: 40%: High Vulnerability 48%: Medium Vulnerability

12%: Low/No Vulnerability

RRH CAPACITY

Meets 47% of the need of people waiting in CE (1,400 HH)

RAPID RE-HOUSING

Family Units, Individual Units DV Units Vets Projected to serve 656 HH annually Avr Financial Assistance:



TRANSITIONAL HOUSING 136 BEDS 84% utilization rate

Family Units, Youth, DV, Individual Units, Veteran

97 people exited/vr: 70% went to

permanent housing destinations

(A) (B) (C) (C) (C)







DENIED SHELTER ENTRY OR EXITED

Other non-compliance

In Contra Costa in a year 51% (2.978 HH) experience unsheltered homelessness

The top reasons for homelessness among people who have previous homeless episodes include:

About 5 800 households experience literal homelessness

- 1. Low income
- 2. Job loss
- 3. Substance Use

PREVENTION &

RAPID RESOLUTION

In 2018 90% of HH who exited

prevention went to a permanent housing destination (455 HH).

CE

COORDINATED ENT COORDINATED ENTRY

ACCESS POINTS 211 OR

PROVIDER STAFF FROM:

211 Phone CARE Centers

CORE Team

Under the influence of drugs/alcohol

ALTERNATIVE TO SHELTER OPTIONS Warming Centers Capacity: 70 cots/night

Violence

Housing Types:

Permanent © Emergency
Housing Shelter (ii) Transitional (ii) Coordinated Housing

HH: Households LOS: Length of Stay LOT: Length of Time

BRIDGE HOUSING New bridge and transitional housing-

rapid re-housing (TH/RRH) beds

coming on-line in the next year

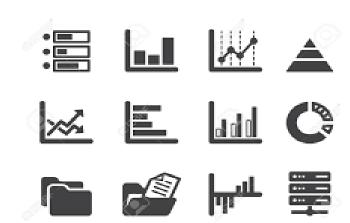
PH: Permanent housing destination

Data Sources 2019 System Performance Messure Report, 2018 Point in Time Court, and HMS reports run between 10/17-9/18 Coordinated Entry data reflected is in real-time and reflects the current state between \$2009-8/2009.

Note on vulnerability of access calls. High vulnerability = 20-20 access; medium vulnerability = 5-9 access; low-to-vulnerability = 0-4 access.

CONTRA COSTA CONTINUUM OF CARE PROVIDER AGENCIES

HOMELESSNESS PREVENTION	EMERGENCY SHELTER	TRANSITIONAL HOUSING	RAPID RE-HOUSING	PERMANENT SUPPORTIVE HOUSING
SHELTER, Inc. Berkeley Food & Housing Roads Home STAND (DV) HUME	East County Shelter Men's Emergency Shelter Women and Families Shelter Brookside Adult Interim Housing Brookside Adult Interim Housing HCHV Calli House Youth Shelter Concord Adult Interim Housing Philip Dorn Respite Center Philip Dorn Respite Center Philip Dorn Respite Center HCHV Emergency Shelter Winter Nights Shelter Mountain View House Emergency Shelter Trinity Winter Shelter	Appian House- Youth (18-24 y/o) Pomona AptsYouth (18-24 y/o) Bay Area Rescue Mission Casa Verde- Veterans STAND- Domestic Violence Uilkema House- Substance Use Recovery	Berkeley Food & Housing Project - Veterans CCIH-Housing Works- Families on CalWorks SHELTER, Inc Re-entry, Veterans families, individuals & DV STAND - DV	Contra Costa Health Services Contra Costa Interfaith Housing Resources for Community Development/Lifelong Medical SHELTER, Inc. Veterans' Affairs (HUD-VASH)



Data Crunch © 🛀 🗐 🖒









5,800 HH experience literal homelessness annually

26% leave to permanent housing (1450 HH)

There are PH resources to meet about **50%** of the need/year*

The average LOT homeless increased from 15 to 17 months (2017-2018).

28% are chronically homeless.

At least **2,900**more PH
interventions
are needed to
meet the need
in a year

^{*}Assumes nationally used number of 25% may self-resolve just for estimation purposes

Coordinated Entry Wait Times for a Housing Resource

- 1,400 Participants assessed & in the queue
- 10 months for those who were referred to a resource
- 11+ months for those waiting



Sheltering Participants

- About half of the homeless population experiences unsheltered homelessness (approx. 3,000/5,800)
- Emergency shelter meets a little over half of the unsheltered need (57%)
 - 70 cots/night through the Warming Center
- 1 bed is used by 3 participants/year



Housing Resources Dedicated to Homeless Population

- Estimate- there are about 700 housing openings/year
 - Permanent Supportive Housing (36 openings/year)
 - Rapid Re-housing (656 openings/year)
 - Add VASH (88 openings last year, total = about 788)



Providers & Participants Are Leveraging Resources Outside of CoC

• Shared housing, private market, hotels, relocations, other affordable hsg

 About 1,000 literally homeless participants accessed permanent housing outside of CoC resources last year

Using the System Map to Right-Size



Right-Sizing Requires a Community to Have Clear Vision

Throughout this section, you will see visions TAC uses from the federal framework to end homelessness as an example to create right-sized scenarios

System Map contains placeholders for:

- Rates of movement to permanent housing
- Capacity (CE wait times; housing openings/year)
- Affordable housing vacancy rate

These placeholders can be adjusted based on changes in performance & resource allocation to envision right-sized scenarios

Ex. new RRH & PSH that comes on-line will change need

Emergency Shelter Capacity Right Now

- ES Serves about 1700 HH/year
 - Meets about 57% of unsheltered need (3,000 HH)
- LOS about 4 months
- 1 bed is used by 3 HH/year

Vision: If we right-sized so every unsheltered person could have the option to come inside

Approximately 400 more shelter options (low barrier) would be needed

Transitional Housing Capacity

- Serves about 136 Participants/Year
- Stays vary between 3 months- 1+ year

Vision: If we right-sized so that TH was used as an intervention for those that choose it over an immediate permanent housing option...

Ex. Estimate 10% of total served would choose a TH option (570 HH/year)

Approximately 430 beds would be needed

Permanent Supportive Housing Capacity

- 36 openings (most upon turnover)/year
- Current chronic by name list (point in time): 800 participants
- Currently meets just 5% of current chronic by name list

Vision: If we right-sized so that we could offer every person on Chronic BNL a PSH unit...

Approximately 750 more PSH units would be added

Permanent Supportive Housing Capacity

- 36 openings (most upon turnover)/year
- Current chronic by name list (point in time): 800 participants
- Currently meets just 5% of current chronic by name list

Vision: If we right-sized so that we could offer every person on Chronic BNL AND those that enter into chronic homelessness a PSH Unit...

Estimate: 1600-1800 experience chronic homelessness in a year

1550-1750 PSH units would be needed

AND/OR: Engage PHA's in a Move On strategy to create flow in PSH inventory

Rapid Re-housing Capacity

- 656 anticipated openings this year
- Will meet about 47% of the current Coordinated Entry queue

Vision: If we right-sized so that we could offer every person a pathway out of homelessness through rapid re-housing/other affordable housing...

Estimate: 1100* RRH/other affordable housing would be needed

Estimate varying degrees of intensity using assessment data (40% at highest score levels)

^{*}Accounts for current RRH capacity, 25% self resolve rate, those that found housing outside of CoC resources, and those housed through PSH in an ideal system

Total Housing Resource Need (Estimate) Based on Sample Vision

Type of Housing Resource	# Needed to Add to Current System
Emergency Shelter	400
Transitional Housing	430
Permanent Supportive Hsg/Move On	1550-1750
Rapid Re-housing/Other Affordable	1100

Using the System Map to Maximize Current Resources



HUD System Performance Measures (SPM) Mirror Rare, Brief & One-Time Vision

HUD does not establish benchmarks; asks communities to do this locally

Instead, HUD compares communities to previous performance

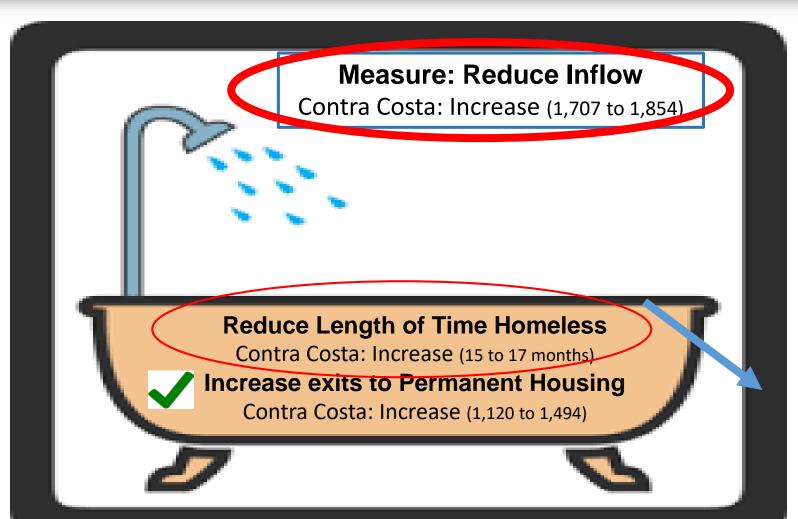
In communities' interest to continually perform well

Tied to CoC Renewal Funds NOFA more and more each year

Ex. Performing well may increase chance of obtaining bonus funds for community

North Star in System Resource Planning





Measure: Reduce Returns to Homelessness

Contra Costa: 17% return rate



Change measured from 2017 to 2018 SPM reports

Many Caveats to Compared Data

- Local conditions, even in like, nearby communities will affect comparisons
- Data quality, migrations, mergers affect quality of numbers you see
- Key- look to see "like" communities' progress over time rather than hard numbers

Contra Costa's Performance Compared to "Like" CoC's (2017)

CoC	PIT	Average LOTH (ES/TH)	Placements to PH	Inflow-Newly Homeless	Returns
Contra Costa	1695	135	1043	1707	16%
Daly/San Mateo	2154	98	849	1087	16%
Salinas/Monterey/Sa n Benito	1558	194	537	1505	13%

Prevention & Rapid Resolution

- As this scales up, consider tying staff expertise related to common reasons people become homeless- income maximization, mediation/reunification & behavioral health specializations
 - Loss of income; job loss; asked to leave; substance use
- Build upon current strengths- 1/3 of all exits are to market rate or naturally occurring affordable housing

Flow Within & Out of Emergency Shelter and Transitional Hsg

Opportunities to Explore Include

 Increasing percentage of exits to PH- what is needed?

 Reducing LOS to turnover beds more frequently → sheltering more people

- Explore utilization rates on the programlevel
 - Ranges from 50%-full utilization
- Explore barriers to maximizing all beds
 - Intake processes
 - Referral sources
 - Admissions criteria
 - Outreach/partnering
 - Discharge and termination policies

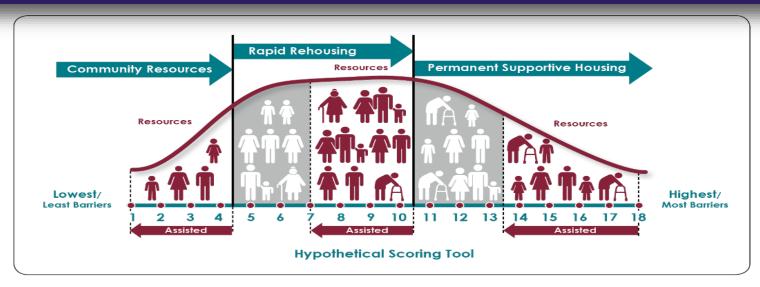
Maximize Use of PSH for Most Vulnerable

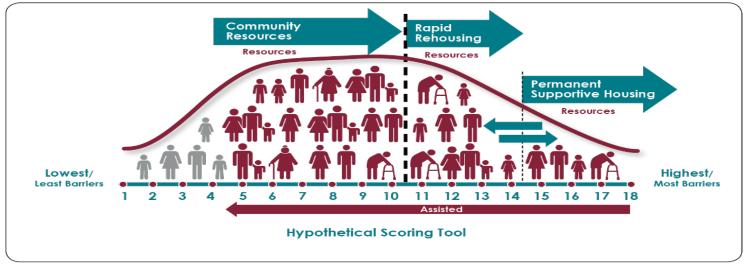
- So few openings a year (36)
- Look at vulnerability and LOTH to ensure resources is serving most vulnerable with highest service needs
 - Ex. Lower scores were housed in some projects due to project set up with higher threshold criteria
 - As system planners are bringing in new PSH, ensure the design allows for your most vulnerable (top 40% of queue) to be housed.
- Consider Move On strategy to increase flow

Use RRH Efficiently Within the System

- Consider dynamic prioritization approach so that people who scored for PSH are offered other permanent housing options to exit homelessness quickly
 - Note- wait time for those not at the top of the list is 11+ months and counting
 - Pairing upcoming vacancies of any kind with a group of people who need the resource the most
 - Case conferencing: a tool to use to match people to upcoming vacancies
- Often using a score range to prioritize causes "buckets" of people who are lowest in that range to be stuck. For example:
 - If you prioritize everyone 10+ for PSH, since openings are limited, often 10-12 is overlooked

Dynamic Prioritization: A Visual





Dynamic Prioritization may pair people with higher vulnerability scores with rapid rehousing, a short-medium term rental assistance option.

- Communities are trying this approach because of the extremely limited PSH and deeply affordable housing stocks
- So far research on RRH has not been able to give us predictors of who will do well
- Contra Costa: Average VI Score housed in RRH: 7 (low-medium vulnerability)
- Contra Costa return rate from RRH so far: 6%
 - 122/2129 served and/or currently enrolled in RRH
- National return rates- closer to 10-20%

Use RRH Efficiently Within the System

Consider adopting a system wide progress engagement approach

- Adjust RRH \$ assistance with the level of intensity a participant requires, rather than using a blanket financial package approach
- May save dollars on those who only needed a little assistance, and can use for those who need more
- May also save dollars within a program to serve more people

Questions



Thank You & Next Steps

