

2020

Contra Costa County: Annual Point in Time Count Report



Research, Evaluation, and Data (RED) Team

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

Published: August 2020

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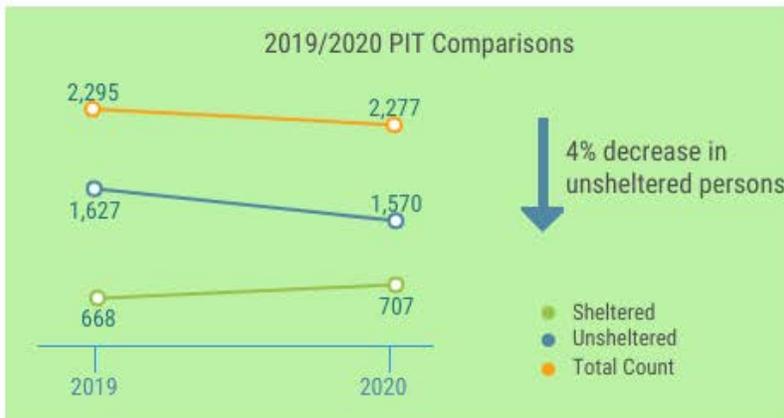
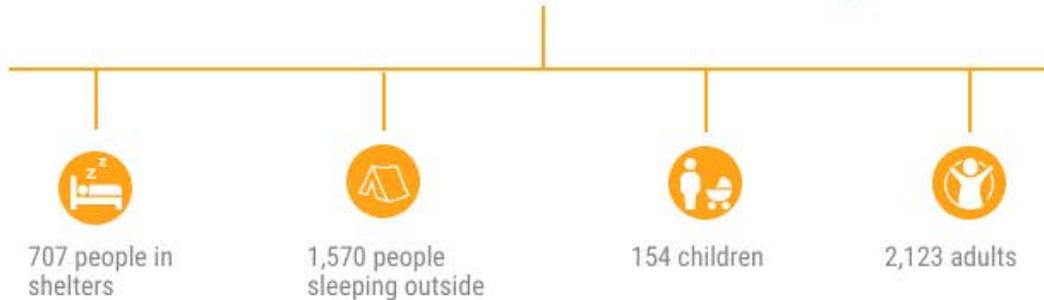
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EXECUTIVE SUMMARY

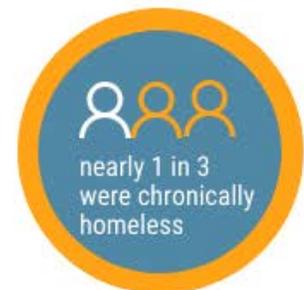
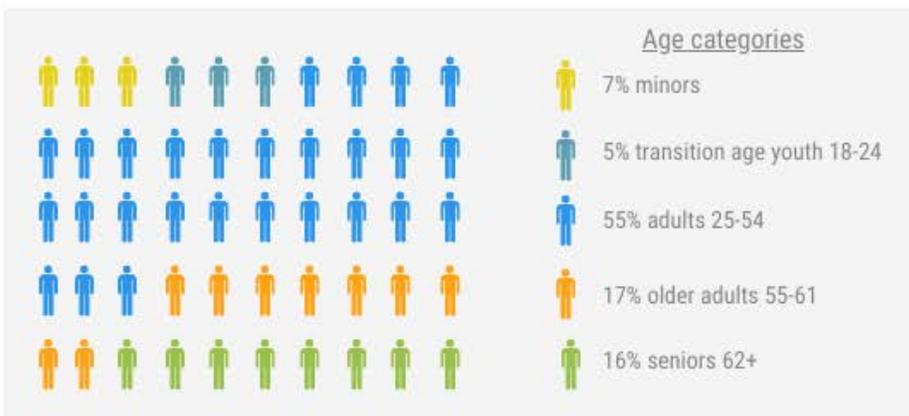
Contra Costa County 2020 Point in Time Count

Each year in January, Contra Costa's Homeless Continuum of Care (CoC), with the help of county agencies and community volunteers, conducts a comprehensive Point in Time (PIT) count of families and individuals experiencing homelessness. This count provides a one-day snapshot of homelessness and is used to highlight the housing and homeless crisis in the county. The 2020 PIT count was conducted on January 22, 2020 with the help of more than 150 volunteers and staff.

2,277 People Were Experiencing Homelessness in Contra Costa County



-  52% of adults had a mental health condition
-  50% of adults had a substance use issue
-  45% of adults had a chronic health condition
-  6% of adults were veterans

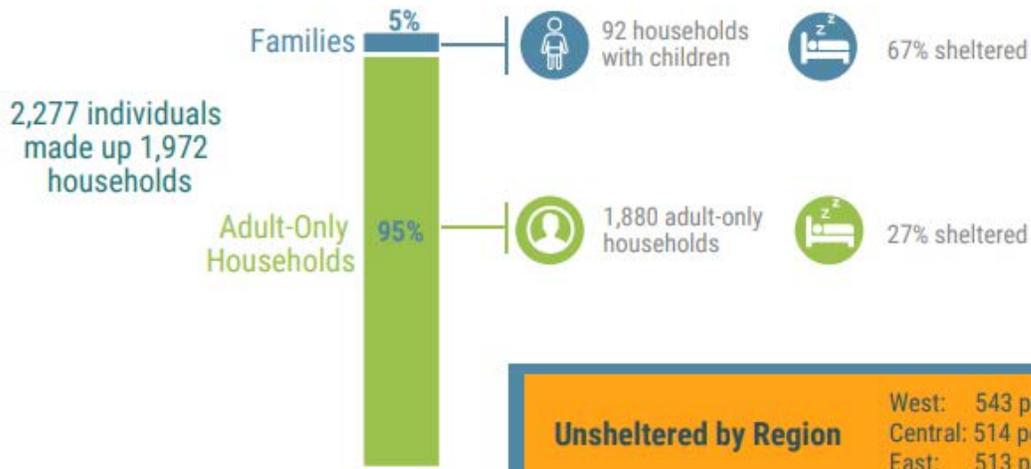


83% lost their housing in Contra Costa County

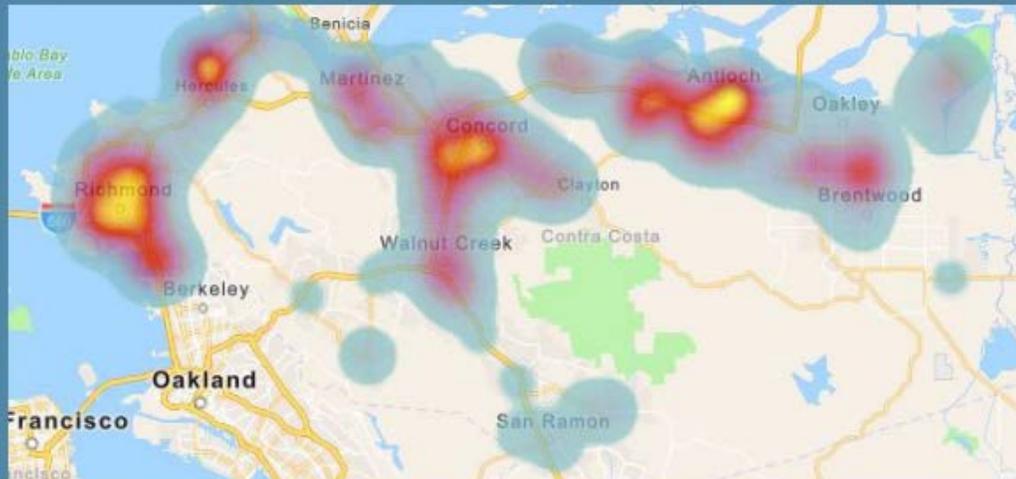


Top three reasons for losing housing:

- 25% due to cost of living/rent
- 17% due to eviction
- 14% due to their substance use



Heat Map for Unsheltered Across Contra Costa County



For more information about the PIT count, please email H3Redteam@cchealth.org

2020 Point in Time Count, page 2
7/22/20

INTRODUCTION

Every January, Contra Costa's Homeless Continuum of Care (CoC), along with hundreds of communities across the nation, conducts a comprehensive Point in Time (PIT) count of families and individuals experiencing homelessness across the County. With the help of partnering agencies and over one-hundred community volunteers, information is collected on families and individuals residing in emergency shelters, transitional housing, and places not meant for habitation, including but not limited to people sleeping in their vehicles, on the streets, tents and make-shift shelters, and abandoned buildings. The PIT count is intended to measure the prevalence of homelessness on any given night across the community and collect important information describing the history, challenges, and needs of this population. The data is then used for local, regional, and federal strategic planning, decision making, allocation of resources, and advocacy to prevent and end homelessness in Contra Costa County.

While the federal agency Housing and Urban Development (HUD) requires a biennial PIT count for all communities receiving federal funding for housing, crisis, and homeless services, Contra Costa County has been conducting annual PIT counts since 2013 to improve our understanding of homelessness at the local level and support prioritization of vulnerable populations' needs. Last year (FY2018/2019), our CoC received approximately \$15,185,985 dollars in federal funding in support of services for the homeless population. Annual PIT data is submitted to our federal partners at HUD and published publicly on our website: <https://cchealth.org/h3/coc/reports.php#PIT>.

The Health, Housing, and Homeless Services Division (H3), positioned within Contra Costa County's Health Services Department, developed and implemented the methodology for the 2020 PIT count. H3 partnered with the County Department of Information Technology to utilize innovative geo-location data collection applications to create resource efficiencies and ensure the accuracy and reliability of the PIT count data. Collaboration with the homeless outreach teams (Coordinated Outreach Referral and Engagement-CORE), was also crucial for the development of appropriate

methodological strategies to reach the unsheltered population. The 2020 PIT count methodology consisted of three primary components:

(1) the observational count, where over 150 community volunteers, homeless service providers, non-profit partners, and various county agency staff conducted an observational count of the unsheltered population on the morning of January 23rd, 2020 from 6am to 9am; (2) the sheltered count, where data on all individuals who were residing in a shelter or transitional housing on January 22nd, 2020 was pulled from the Homeless Management Information System (HMIS); and (3) survey sampling to collect demographic, social determinants of health, and homelessness data, which took place between February 10th to 18th. For a more detailed description of the 2020 PIT count methodology, please see Appendix B.

NIGHT OF COUNT

Night of the count data summarizes data from the canvass efforts which took place during the observational count, as well as the sheltered count data within HMIS. This section of the report provides information about the number of people sleeping in sheltered and unsheltered settings as well as locations in the county where unsheltered slept the night of the count.

Total Count

The 2020 PIT count identified 2,277 total individuals sleeping in shelters, outside, or in uninhabitable locations on January 20, 2020. Just under one-third were sheltered (n=707) and more than two-thirds were unsheltered (n=1,570, Figure One).

FIGURE ONE: 2020 PIT Count Sheltered and Unsheltered



Count Trends

5-year Trend Analysis

Contra Costa County has experienced modest changes in the sheltered and unsheltered population since 2015 (Table 1). Trends among the sheltered population have revealed no significant change in the number of people sheltered since 2015 (704 vs 707), and an 18% increase among the unsheltered population (1,326 vs 1,570).

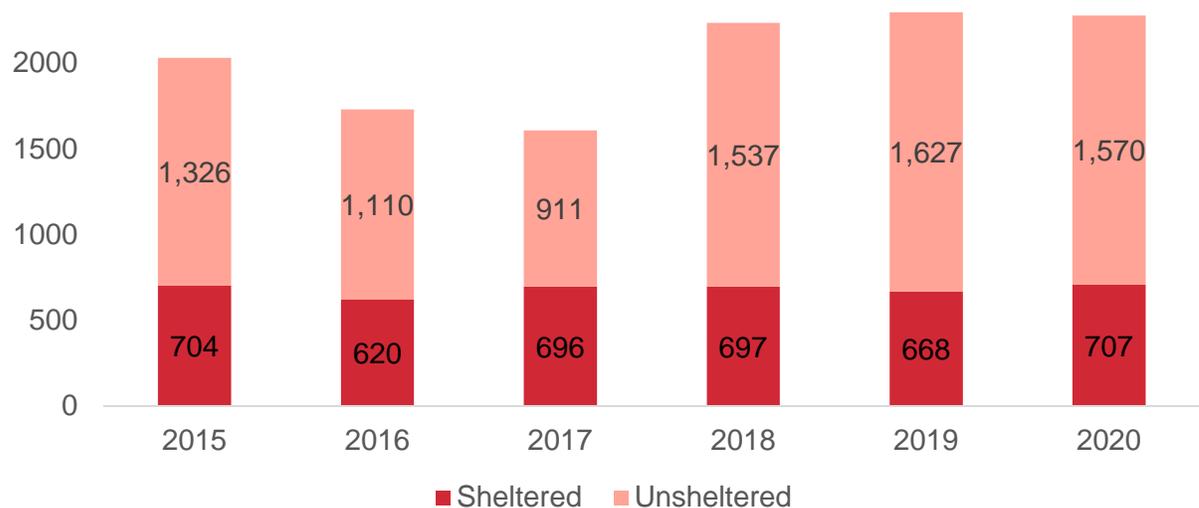
1-year Trend Analysis

In more recent years, the county has experienced more subtle changes; the 2020 PIT found a 1% decrease overall from 2019 to 2020. Among the sheltered population, there was a 4% increase from 2019 to 2020 (668 vs 707). Among the unsheltered population, there was a 1% decrease from 2019 to 2020 (Figure Two).

TABLE ONE: Sheltered, Unsheltered, and Total PIT Trends, 2015 - 2020

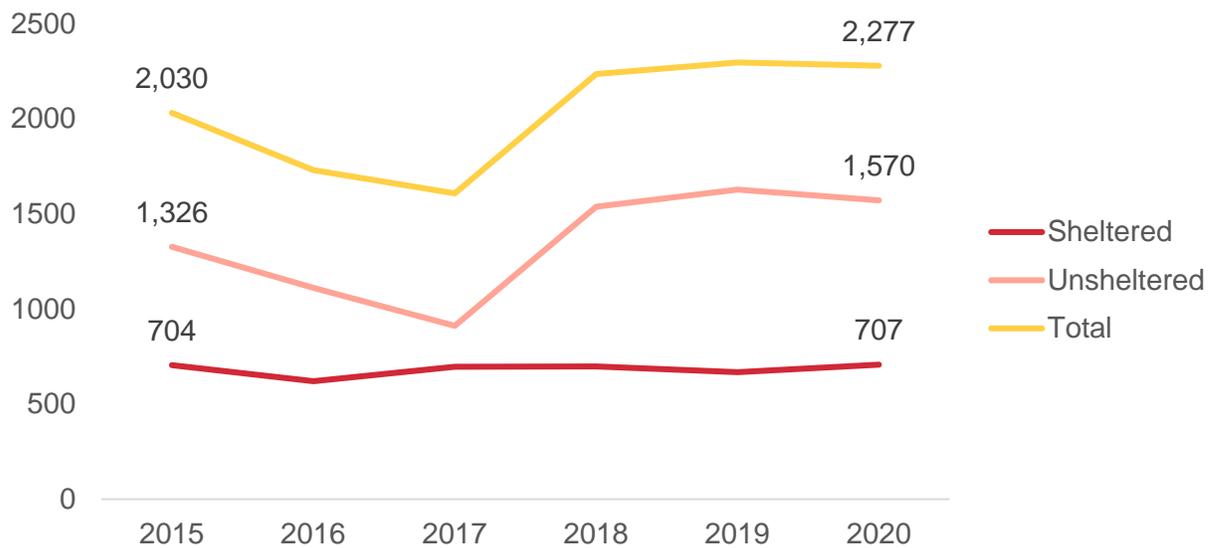
	2015	2016	2017	2018	2019	2020	5-year % change
Sheltered	704	620	696	697	668	707	<1%+
Unsheltered	1,326	1,110	911	1,537	1,627	1,570	18%+
Total	2,030	1,730	1,607	2,234	2,295	2,277	12%+

FIGURE TWO: Sheltered and Unsheltered Breakdown, 2015 – 2020



Every implementation of the PIT comes with changes (either due to weather, the partner agencies working on the PIT, or in 2020, a shift in methodology), thus making trend data often difficult to interpret without that necessary context. From 2016 to 2018 there were critical shifts in the county's outreach programming, with outreach efforts coming to a halt in 2016 and picking up again, with more robust and comprehensive county-wide outreach efforts to identify and support the unsheltered, after the 2017 PIT. This resulted in much lower numbers of unsheltered in 2016 and 2017 and a subsequent 69% one-year increase in the number of unsheltered in 2018 (Figure Three). While there were no major shifts in the number of people identified in the 2020 PIT, it is important to note a change in methodology in 2020 (please see Appendix B for a detailed breakdown of 2020 methodology).

FIGURE THREE: PIT Count 2015 - 2020, Sheltered and Unsheltered

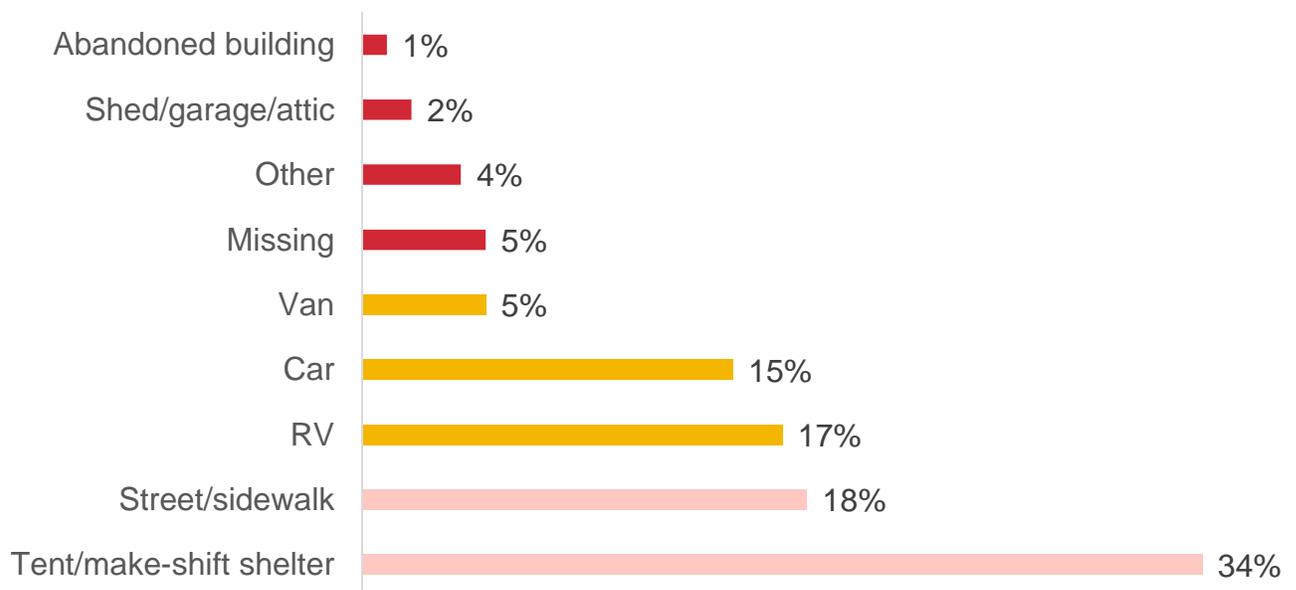


Sleep Settings

Unsheltered Population

Among the 1,570 unsheltered individuals, more than half (52%) slept in an encampment outside (34% of the unsheltered slept in a tent/make-shift shelter and another 18% slept on the street/sidewalk), followed by 48% who slept in a vehicle or structure (17% of those unsheltered slept in an RV, 15% in a car, and 5% in a van, Figure Four).

FIGURE FOUR: Percent of Unsheltered Individuals by Sleep Setting



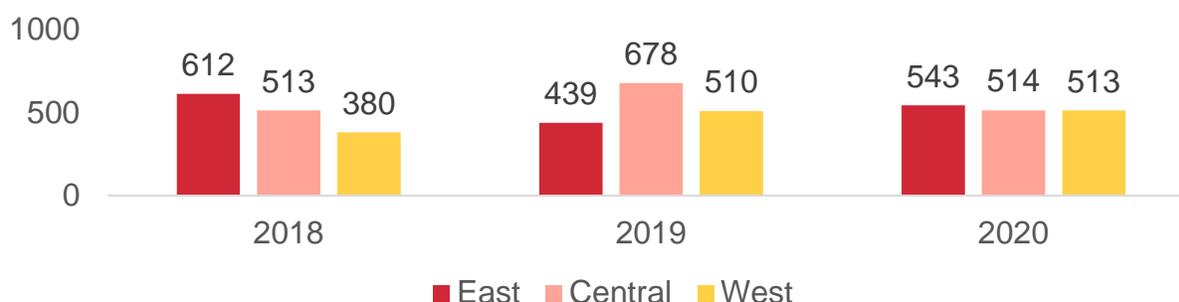
Sheltered Population

Contra Costa's County Continuum of Care (CoC) has multiple family and adult-only shelters and transitional housing across the county. There were 532 people in emergency shelter beds and 157 in transitional housing beds the night of the count. A list of shelters who were housing the sheltered population on the night of the PIT can be found in Appendix A.

County and City Data

Contra Costa County is commonly divided into West County, Central County, and East County regions. There were modest regional shifts in the number of unsheltered people sleeping in each region of the county from 2018 to 2020. In 2020, there was an almost even split across the three regions (Figure Five).

FIGURE FIVE: Unsheltered by County Region, 2018 - 2020



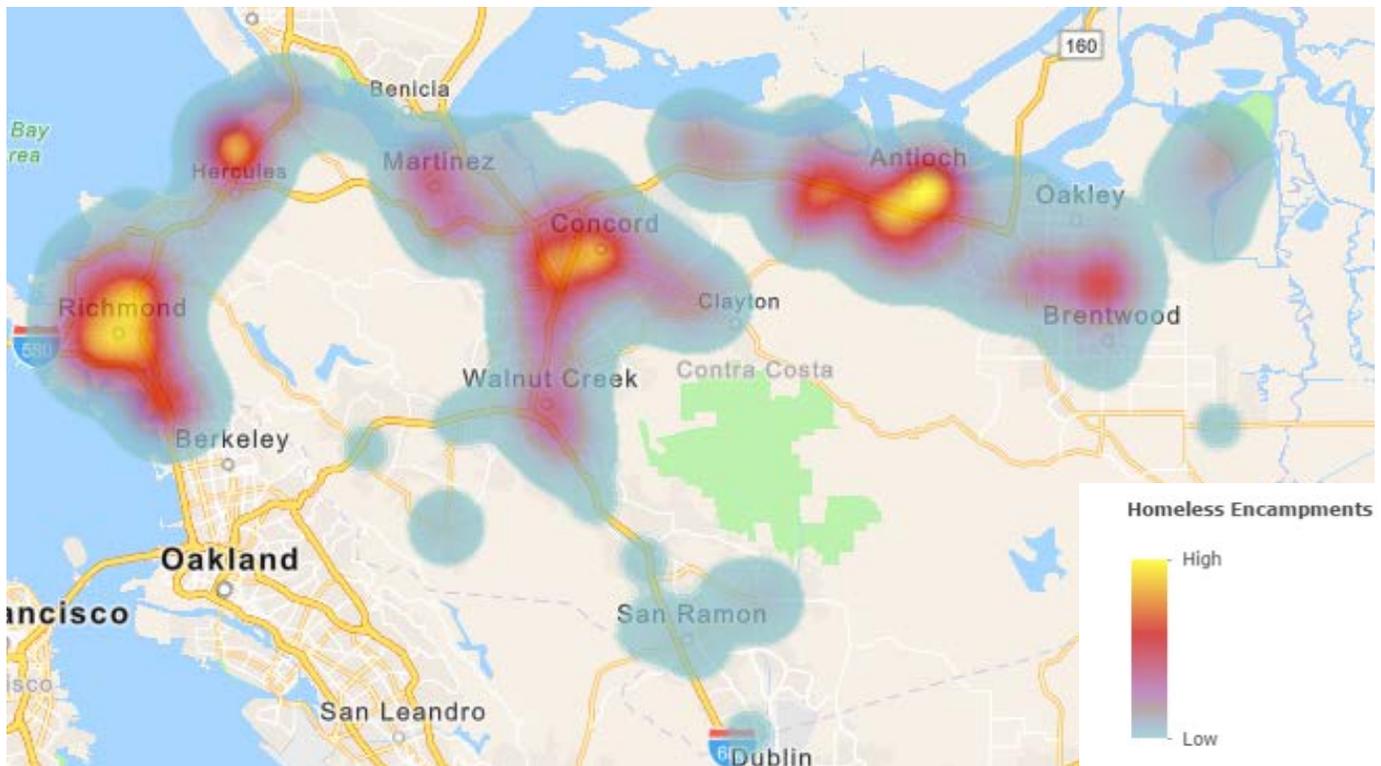
People were identified in 30 incorporated cities and unincorporated jurisdictions across the county during the PIT count. Antioch and Richmond each had 15% of the unsheltered population (n=238, n=280), Concord had 10% (n=160), Martinez had 8% (n=127), and Pittsburg had 6% (n=102, Table Two).

TABLE TWO: Number of Unsheltered Individuals by Contra Costa County Cities

West County		Central County		East County	
Location	#	Location	#	Location	#
Crockett	35	Alamo	2	Antioch	238
El Cerrito	24	Blackhawk	6	Bay Point	49
El Sobrante	9	Clayton	2	Bayview	2
Hercules	7	Concord	160	Bethel Island	2
North Richmond	22	Danville	7	Brentwood	80
Pinole	7	Lafayette	3	Discovery Bay	2
Richmond	280	Martinez	127	Oakley	50
Rodeo	62	Moraga	4	Pittsburg	102
San Pablo	67	Orinda	1		
		Pacheco	26		
		Pleasant Hill	90		
		San Ramon	6		
		Walnut Creek	80		

GPS data collected during the PIT count allowed for the generation a heat map to illustrate where encampments were in the county, as well as the density of encampments in certain areas. The heat map below highlights where there were higher concentrations of encampments, vehicles, and make-shift shelters across the county in 2020 (Figure Six). Blue highlighting indicates the presence of encampments, orange/red represents more dense encampment areas, and yellow identified areas where encampments were most dense.

FIGURE SIX: Heat Map of Unsheltered Observations Identified During the PIT Count



PIT SURVEY DATA

Survey data was collected on a sample of sheltered and unsheltered people experiencing homelessness between February 10th and 18th. The survey contained the standard HUD required data elements, including:

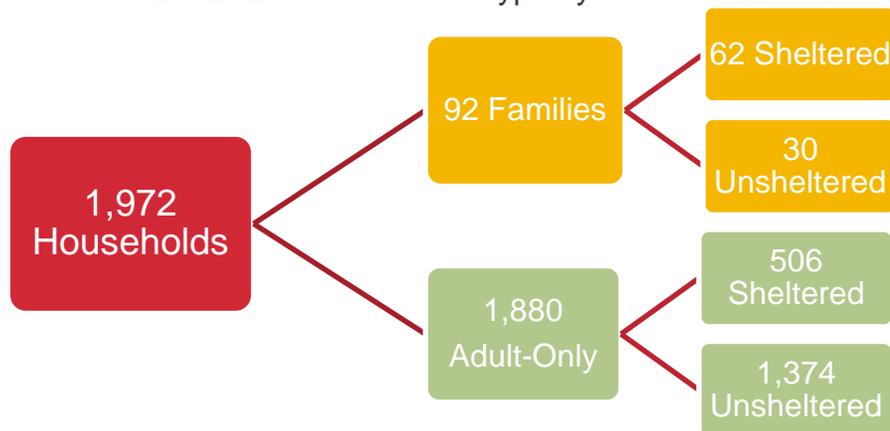
- Demographic data (age, gender, race, ethnicity)
- Household type (adult-only households, households with children)
- Veteran status
- Disability status
- Homelessness status (sheltered, unsheltered, length of time homeless)

Additional questions were included on the Contra Costa County PIT survey to improve our understanding of local circumstances and needs. These topic areas included an expanded set of demographic questions, a detailed account of homelessness experience(s), social determinants of health, and service utilization.

Household Type

The 2,277 people identified on the night of the PIT count made up 1,972 households; 92 households (5%) were families with children and 1,880 households (95%) were adult-only. Adult-only households consisted of one or more adults in the household with no minors or dependent children (Figure Seven). There were 261 people in the 92 families (averaging 2.8 persons per family) and 2,016 people in adult-only families (average 1.1 persons per household).

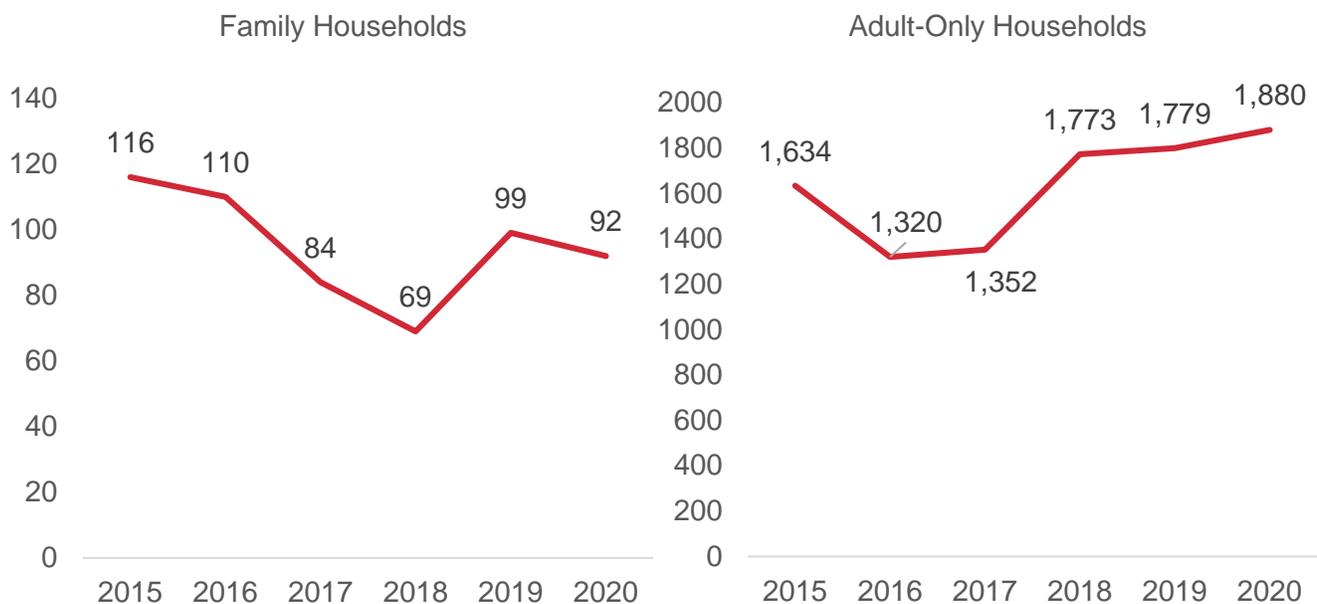
FIGURE SEVEN: Household Type by Homelessness Status



Among the family households, two-thirds were in shelters the night of the count (n=62) and 30 families were sleeping outside. However, only 27% (n=506) of adult-only households were in shelters and 73% (n=1,374) were unsheltered.

The number of family and adult-only households have shifted over time. Since 2015, the number of families identified during the PIT count have decreased 21%, from 166 to 92 families, partly due to increased housing programs in the County geared towards families. During this same timeframe, the number of adult-only households increased by 15%, from 1,634 to 1,880. While there may be many factors that contributed to this increase, the change in outreach that took place from 2016-2018 likely impacted the number of adult-only households identified during PIT because the unsheltered population consists of primarily adult-only households (there was a decrease in 2016 and 2017 and large jump in 2018, Figure Eight).

FIGURE EIGHT: Household Type Identified in PIT 2015 - 2020



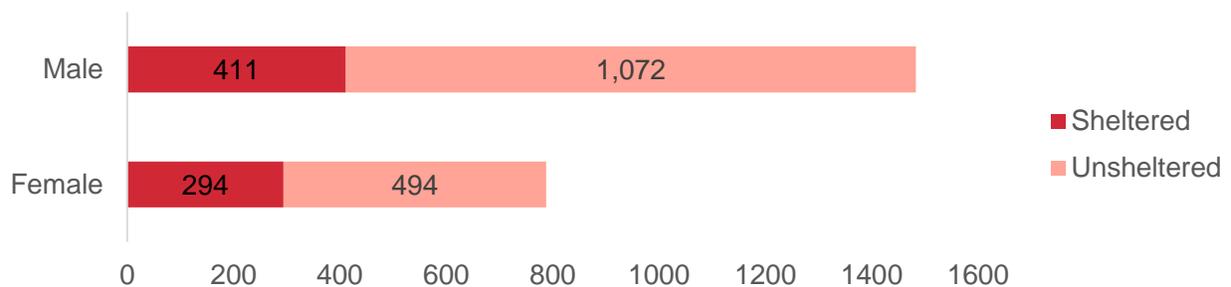
Demographics

The PIT Survey included demographic data such as gender, age, race, ethnicity, and other socio-economic information.

Gender

Men represented the majority of those identified in the PIT count (65%, n=1,483), followed by women (35%, n=788), and transgender/gender non-conforming (n=6, less than 1%). Men were more likely to be unsheltered than women; 72% of men (n=1,072) were unsheltered and 27% (n=411) of men were sheltered, and 27% (n=494) of women were unsheltered and 27% (n=294) of women were sheltered, Figure Nine). The shelter status of the transgender/gender non-conforming individuals is not shown in Figure Nine due to low counts and the need to protect those clients' anonymity.

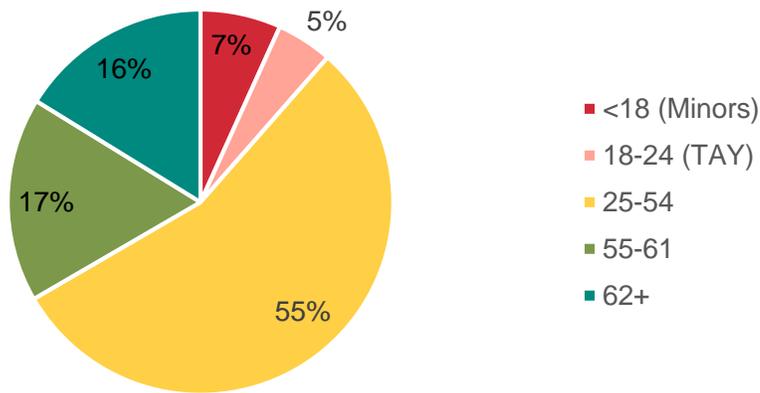
FIGURE NINE: 2020 PIT Gender Distribution and Homeless Status



Age

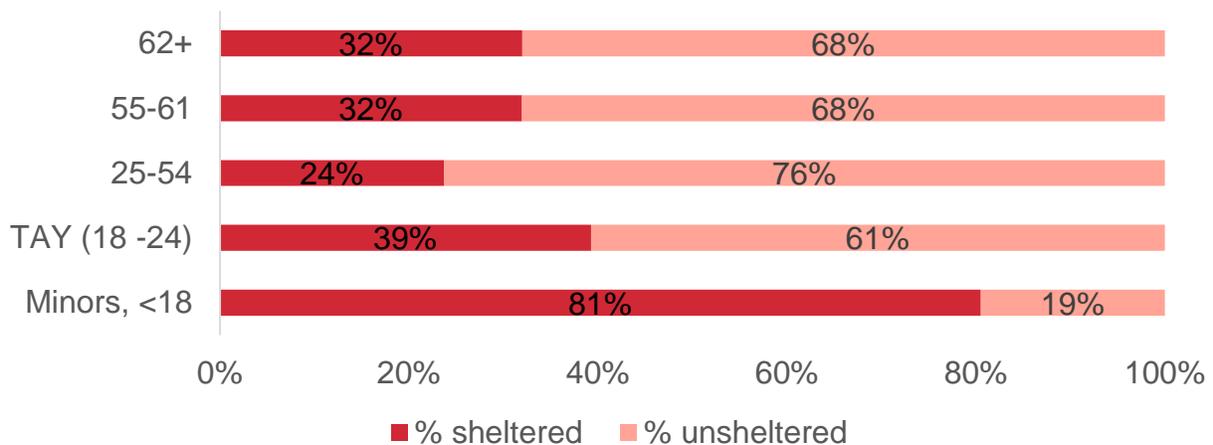
The majority of individuals (55%) identified in the PIT count were adults ages 25 to 54, followed by older adults ages 55 to 61 (17%) and seniors 62+ (16%). Transition Age Youth (TAY) ages 18 to 24 made up 5% and minors under age 18 made up 7% (Figure Ten). No unaccompanied minors were identified during the 2020 PIT.

FIGURE TEN: PIT 2020 Age Distribution



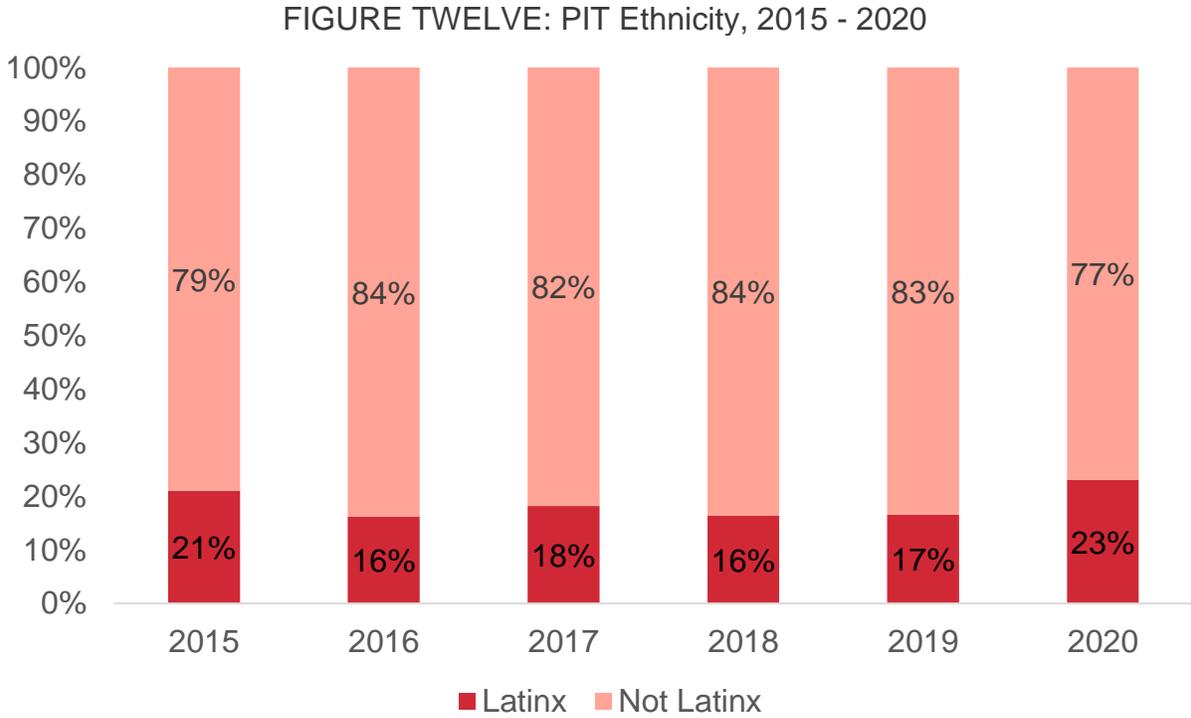
People ages 25-54 were least likely to be sheltered (24% were sheltered) compared to other age groups, with households with minors as the most likely to be sheltered (81% sheltered, Figure Eleven).

FIGURE ELEVEN: Age by Shelter Status



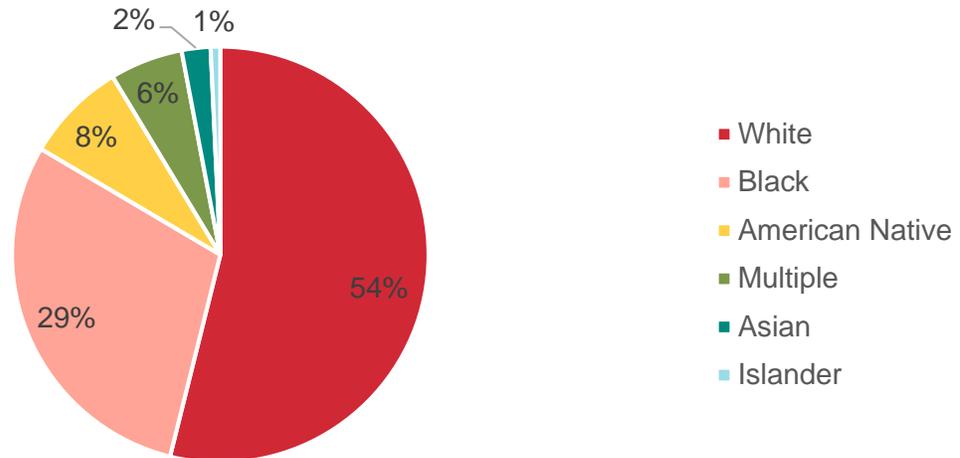
Ethnicity & Race

Almost a quarter (23%, n=525) of those counted in PIT identified as Hispanic/Latinx; 24% (n=128) of Hispanic/Latinx were in shelters the night of the count. Trends in the proportion of the population who identify at Latinx have not shifted much since 2015 (21% in 2015 and 23% in 2020, Figure Twelve).



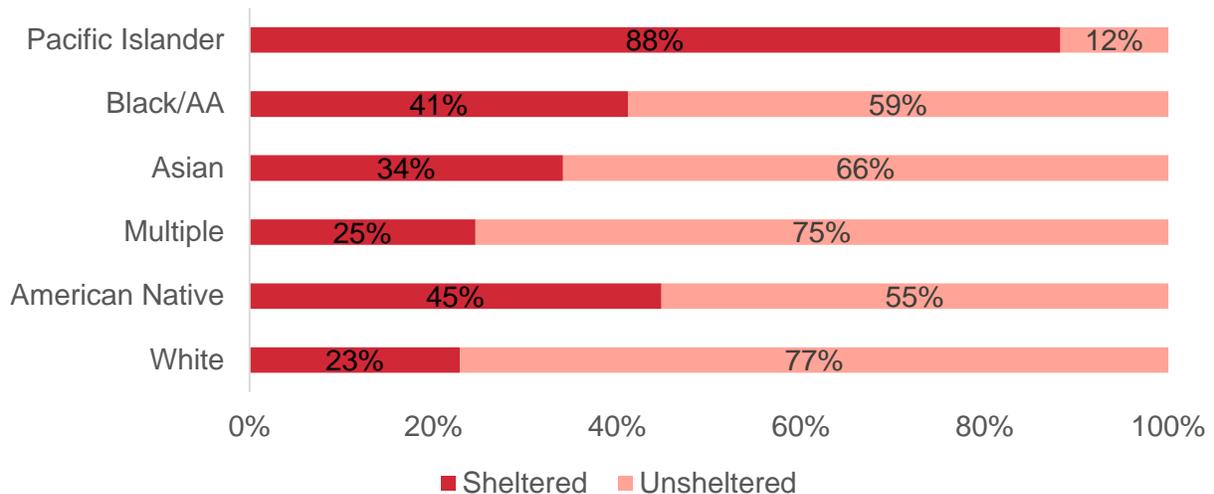
More than half the people identified in the count reported White/Caucasian race (54%, n=1,227), followed by 29% (n=674) who reported Black/African American race, and American Indian (8%, n=179, Figure Thirteen).

FIGURE THIRTEEN: PIT 2020 Race Distribution



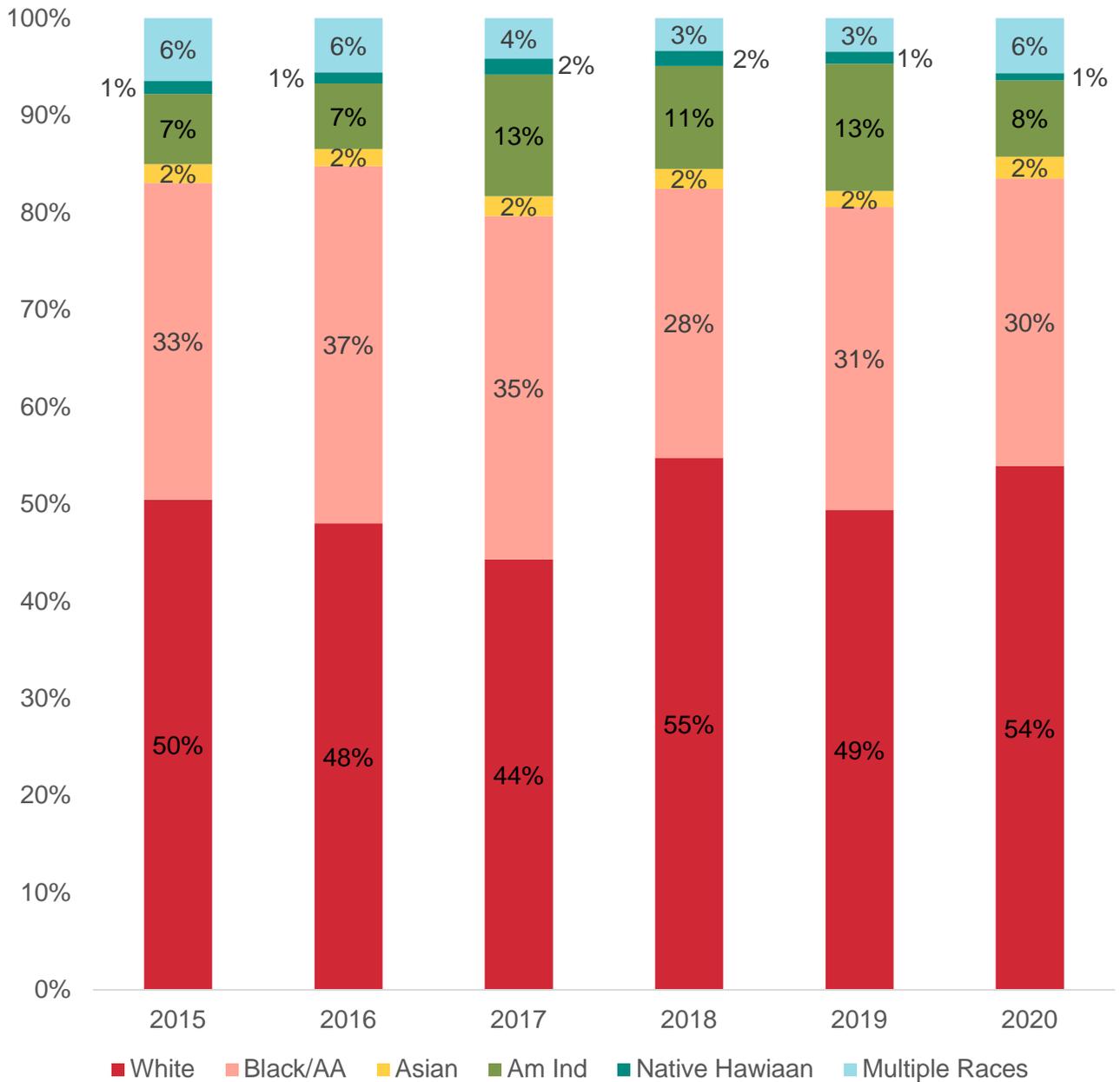
Far more White people were unsheltered (88%) relative to all other races (45% Asian and 41% Black/African American were unsheltered). Pacific Islanders and people with multiple races had higher rates of being sheltered the night of the count (77% and 75%, respectively, Figure Fourteen).

FIGURE FOURTEEN: Race Distribution by Shelter Status



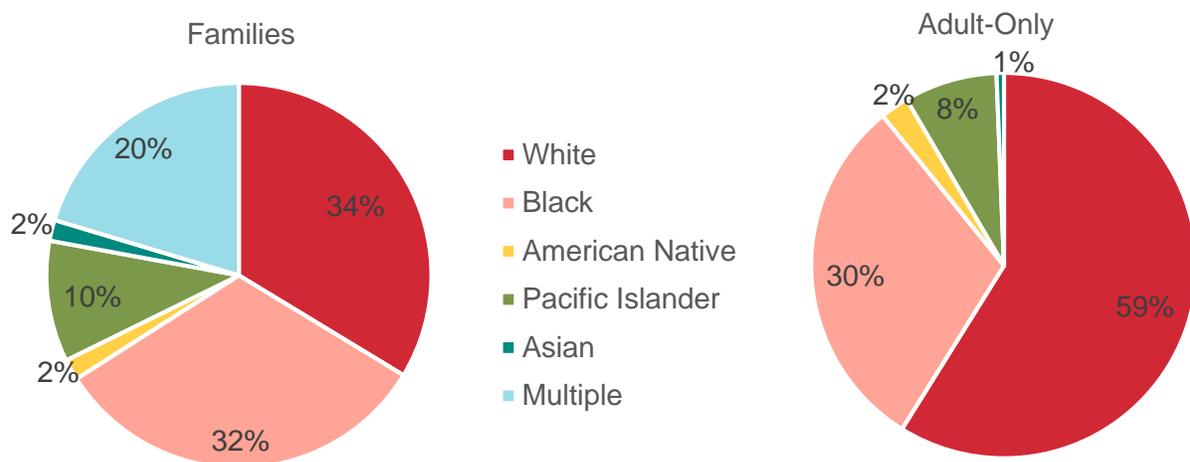
Trend data since 2015 alludes to small shifts in racial composition among people experiencing homelessness. Although the racial composition has been consistent over time, a few notable changes can be seen (Figure Fifteen). The most notable change, the proportion of White identified, was lowest in 2017 when outreach did not conduct PIT count and there were fewer unsheltered people included in the count.

FIGURE FIFTEEN: Race Distribution, 2015 - 2020



Racial distribution is quite different for family households versus adult-only households. Although White individuals make up the majority across both household types, there was a higher proportion of White adult-only households (59%), compared to White families with children (34%; Figure Sixteen). Individuals identifying with multiple races made up a much greater proportion among families (20%) than adult-only (1%). This may reflect the children of mixed-race couples in families.

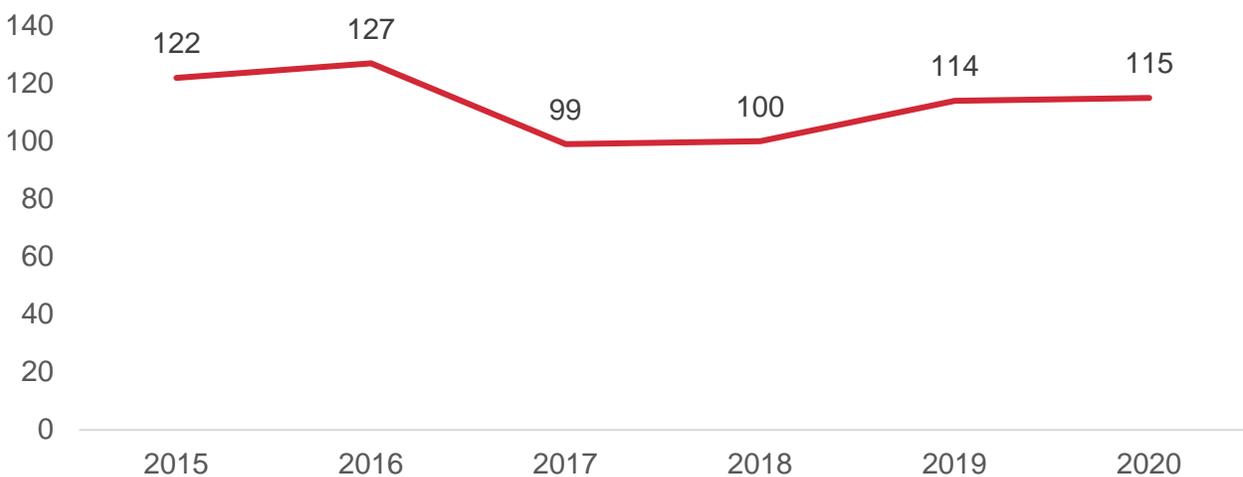
FIGURE SIXTEEN: PIT 2020 Race Distribution by Household Type



Veteran Status

There were 115 veterans identified in the 2020 PIT count (making up 6% of the adult population). Although there was an overall 6% decrease since 2015, shifts since 2017 are indicating an upward trend (16%) in the number of veterans identified (Figure Seventeen).

FIGURE SEVENTEEN: Number of Veterans Identified in PIT, 2015 – 2020



Other Socio-Economic Indicators

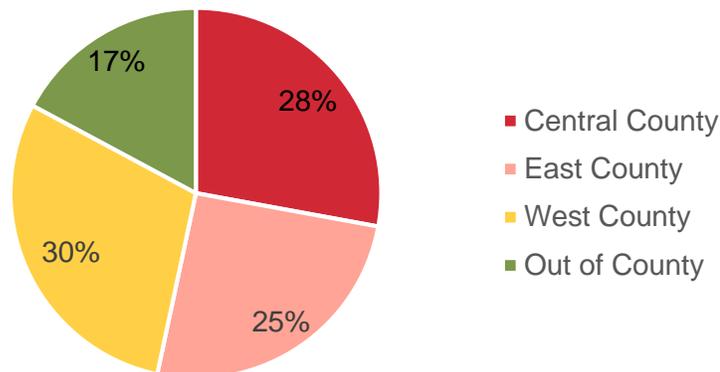
- Sexual identity: 94% of those surveyed reported being straight/heterosexual and 6% reported being gay/bisexual/queer (Figure not shown).
- Educational attainment: 20% had less than a high school degree; 48% had a high school degree or GED; 23% had some college experience; 9% had a college degree (Figure not shown).
- Employment: 91% were unemployed; 4% reported working full-time; 5% reported working part-time or seasonally (Figure not shown).

Characteristics Related to Homeless Experience

Location Housing Lost

More than three-quarters of those surveyed reported losing their housing in Contra Costa County; 30% (n=672) lost housing in West County, 28% (n=635) in Central County, and 25% in East County (n=580). Only 17% (n=390) lost housing outside of Contra Costa County (Figure Eighteen).

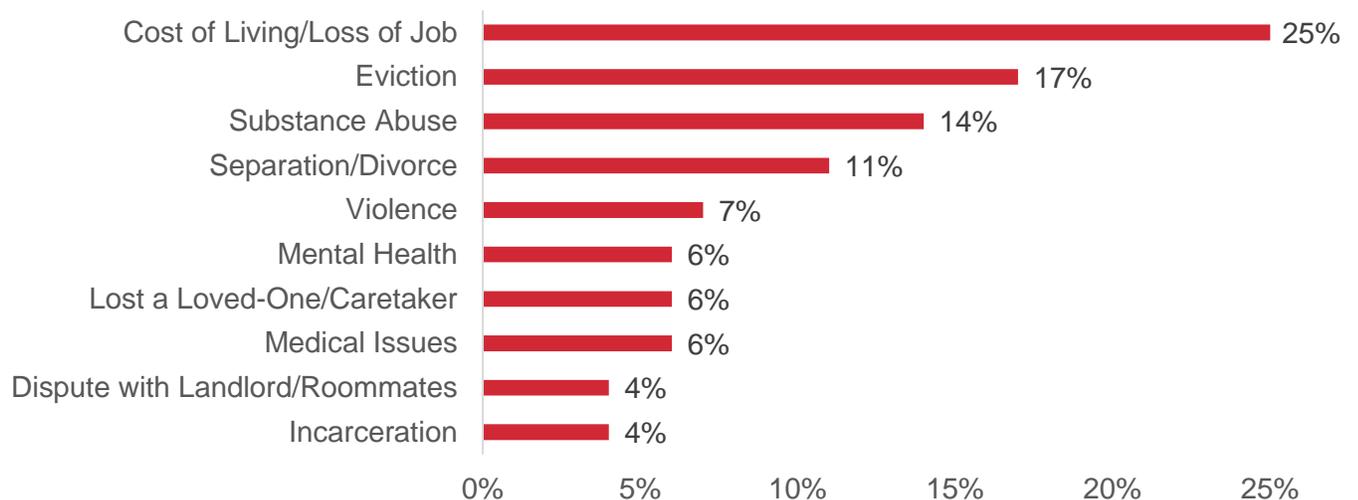
FIGURE EIGHTEEN: Where Lost Housing



Primary Cause of Homelessness

Financial hardship was the leading primary cause of homelessness (25%), followed by evictions (17%), and substance abuse (14%, Figure Nineteen).

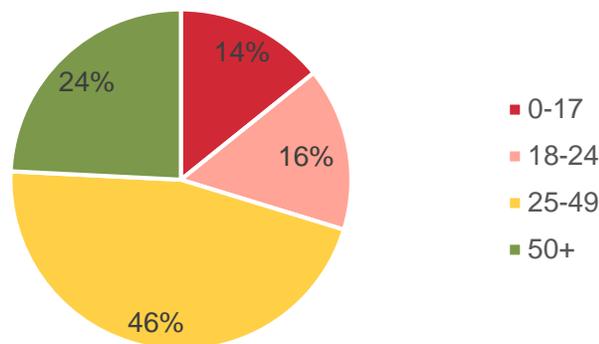
FIGURE NINETEEN: Primary Cause of Homelessness



Age First Experienced Homelessness

Most survey respondents (46%, n=1,049) experienced homelessness for the first time between the ages of 25 and 49; almost a quarter (24%, n=551) first experienced homelessness at the age of 50 or older (Figure Twenty).

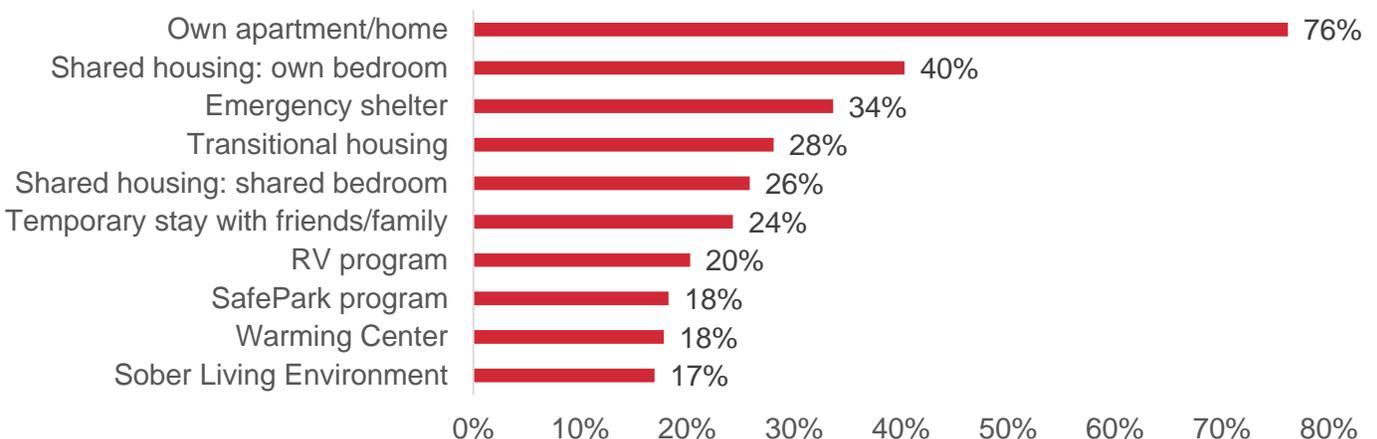
FIGURE TWENTY: Age First Experienced Homelessness



Preferred Housing Options

Every person interviewed said they would accept at least one type of short-term or long-term shelter and housing opportunity if provided. Most said they would accept almost all housing options if available, but the most common housing preferences indicated were own apartment/home (76%), followed by shared housing with their own bedroom (40%) and emergency shelter (34%, Figure Twenty-One).

FIGURE TWENTY-ONE: Housing Options Would Accept if Available

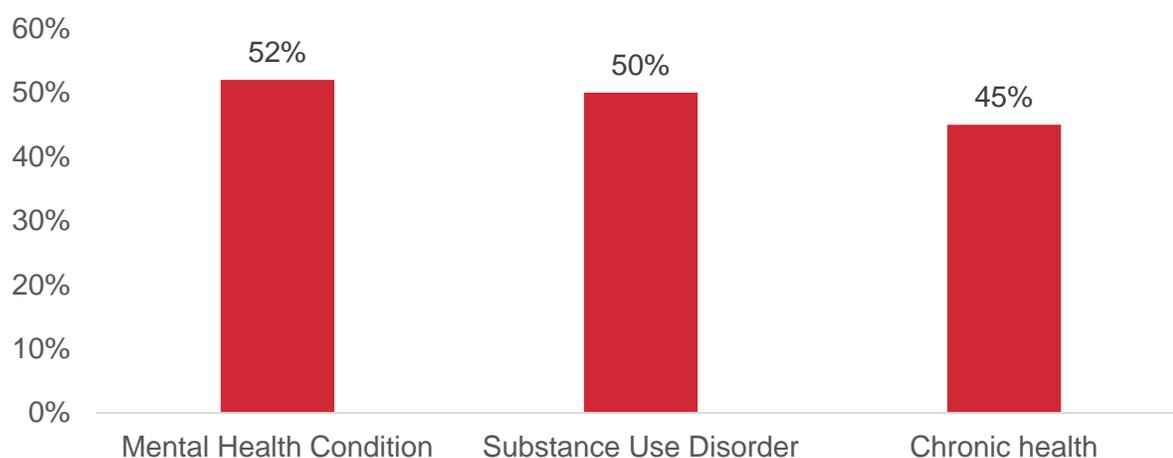


Social Determinants of Health

Physical and Mental Health

Mental and physical health are a significant concern for people experiencing homelessness; 80% (n=1,698) of survey respondents reported having at least one disabling condition (a disabling condition includes mental health illness, physical health illness, chronic health condition, or HIV/AIDS). Over half (52%, n=1,103) had a disabling mental health condition, followed by 50% (n=1,062) with a substance use disorder and 45% (n=955) with a chronic health condition (Figure Twenty-Two).

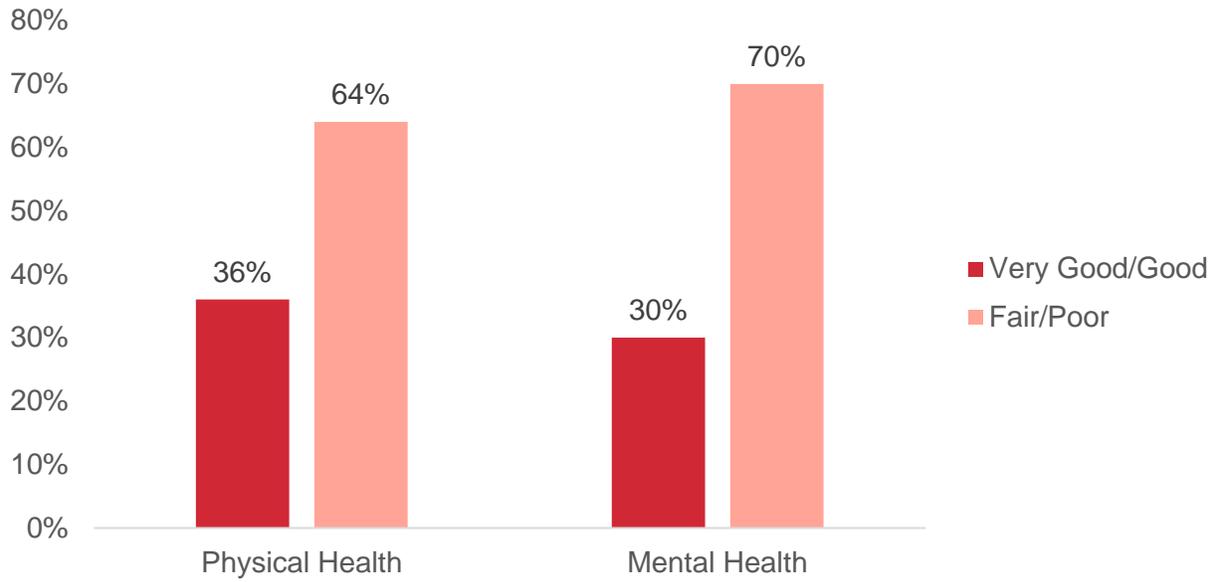
FIGURE TWENTY-TWO: Leading Disabling Conditions



Nearly one-third of survey respondents (32%, n=718) were chronically homeless (meaning they have a disability and have been homeless continuously for at least 12 months, or on-and-off for a total of 12 months in the last three years). Conversely, just under 10% of survey respondents have been homeless for less than six months.

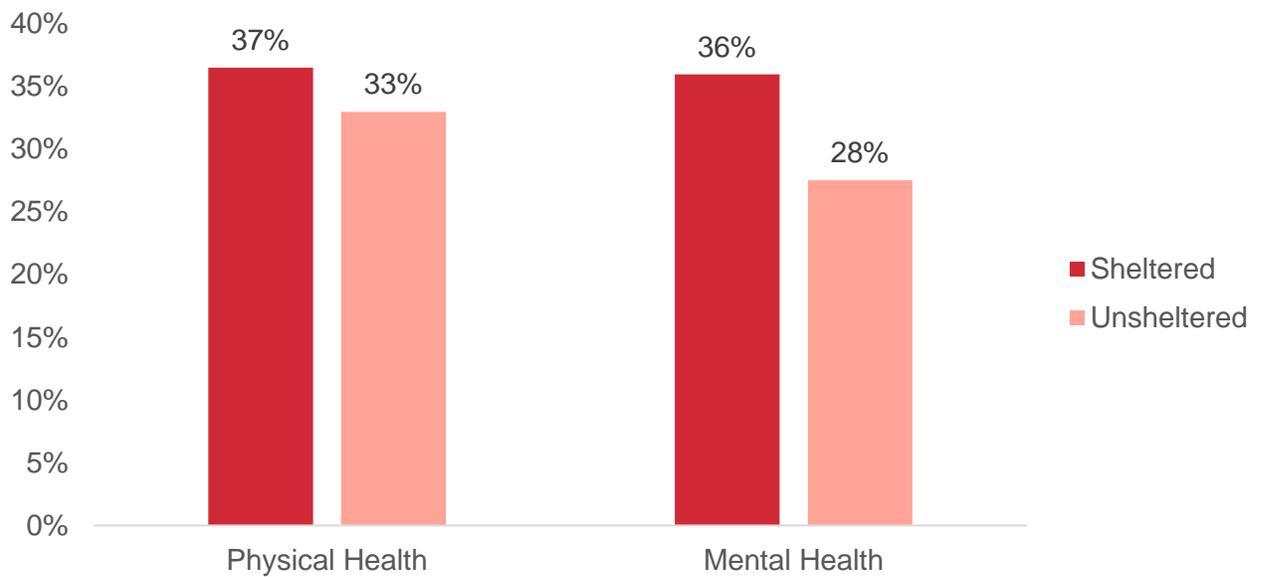
More than one-third of adults (36%) rated their physical health as good or very good while 64% of adults rated their physical health as fair or poor; 30% rated their emotional health as good or very good and 70% rated it fair or poor (Figure Twenty-Three).

FIGURE TWENTY-THREE: Physical and Mental Health Ratings



The sheltered population rated their physical and mental health more favorably than those who were sleeping outside (Figure Twenty-Four).

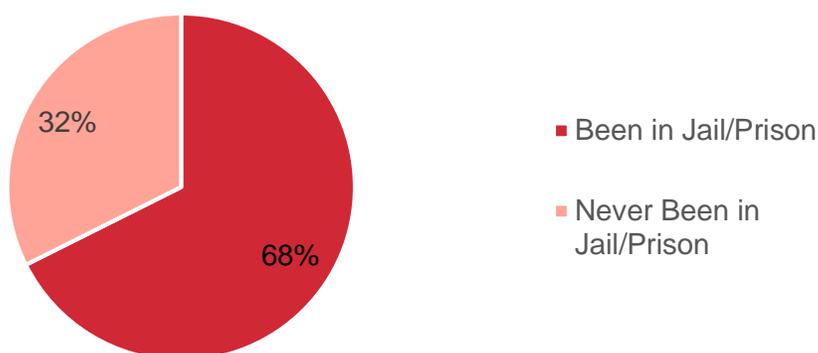
FIGURE TWENTY-FOUR: Very Good/Good Physical and Mental Health by Shelter Status



Criminal Justice Involvement

More than half of those surveyed (68%, n=1,444) have been incarcerated in jail or prison at least once and 25% (n=510) were on probation/parole the night of the count. Among those who had been in jail or prison, 13% felt that incarceration contributed to their homelessness (Figure Twenty-Five).

FIGURE TWENTY-FIVE: Jail or Incarceration Among PIT Respondents



Other Health Issues: Food Insecurity, Domestic Violence, and Trafficking

Overall, the adults surveyed face many challenges related to food security, interpersonal/domestic violence, and sex trafficking:

- 42% (n=956) reported regularly not having enough food to eat;
- 37% (n=786) reported they were survivors of domestic violence;
- 10% of all adults (n=212) were currently fleeing domestic violence; and,
- and 6% (n=121) were survivors of sex trafficking.

At-Risk the Night of the Count

PIT surveys were conducted two weeks after the count at shelters and across the community (at encampments during CORE service provision, and at sites where people are primarily homeless and not at-risk). However, because the PIT survey was conducted after the night of the count, some people who completed the survey were in at-risk situations and not literally homeless on the night of the count.

Among the 483 people surveyed, 40 (8%) were in at-risk situations on the night of the PIT count; five were staying in a motel, 19 were in an institution (jail, prison, or hospital), and 17 were in a house or apartment. Those individuals in motels or institutions were literally homeless upon exiting their temporary situation. Among the 17 people who were in apartments or housing the night of the count, ten (59%) became homeless within the next few days.

Among the 40 who were at-risk on the night of the count; 80% had been homeless in the past.

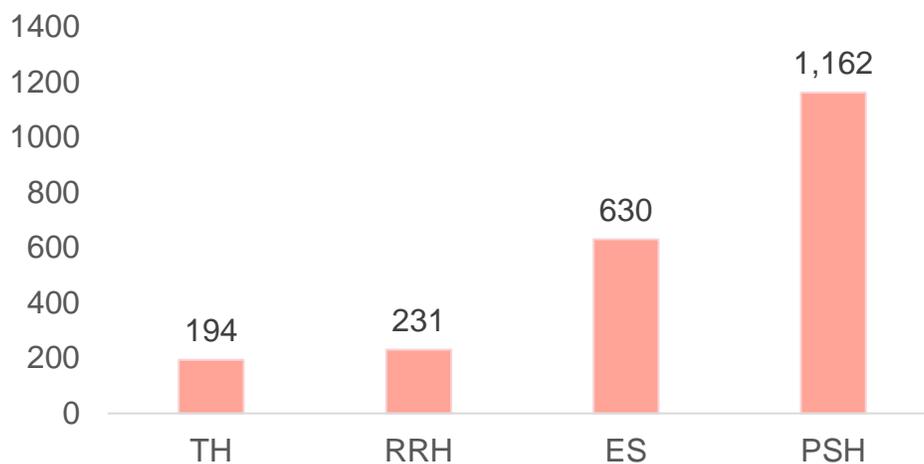
Housing Inventory Count

The Housing Inventory (HIC) Count is also conducted annually to identify the number of units and beds available in the community on the night of the PIT count. The HIC is submitted to HUD by project type and shared with local and regional partners; this count describes utilization rates and identifies shortages or surpluses across shelter and housing programs in the CoC. HIC data is entered directly into the HMIS and the HMIS lead agency, H3, confirms and verifies the accuracy of the data prior to submission. The four types of bed types described in the HIC count include emergency shelters (ES), transitional housing (TH), rapid rehousing (RRH), and permanent supportive housing (PSH). For a more detailed description of these project types and the individuals they serve, please see Appendix C.

Only ES and TH utilization data are included in the PIT Count because these programs provide temporary stay for those still experiencing homelessness. All four bed types are included in the HIC to capture bed capacity for both currently homeless and previously homeless but now housed through supportive programs.

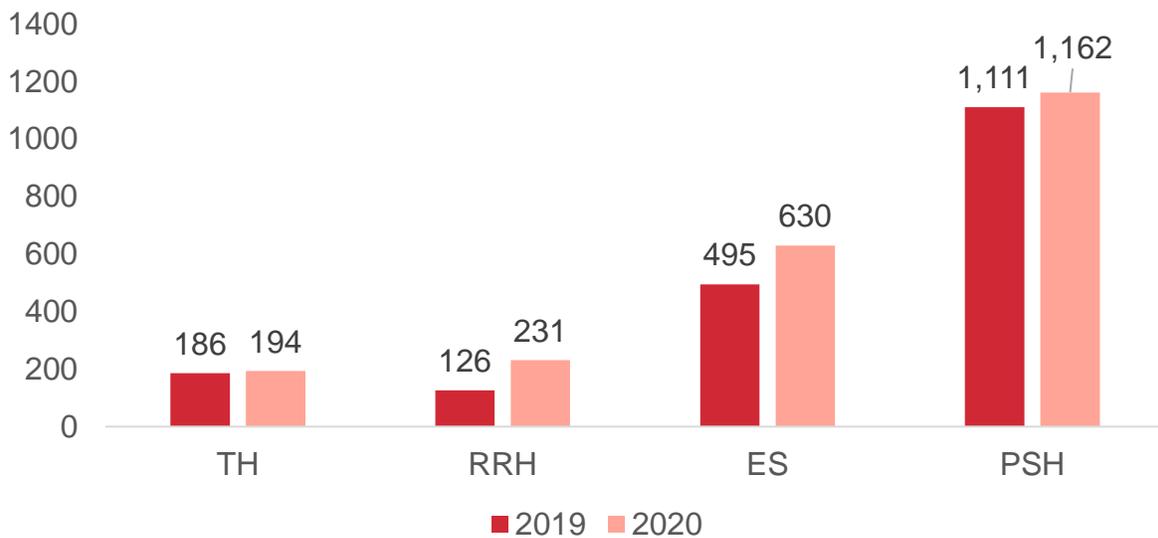
On the night of January 22, 2020, there were a total of 2,217 beds in Contra Costa County's CoC. The majority of beds (1,162) were PSH beds, followed by 630 ES beds, 231 RRH, and 194 TH (Figure Twenty-Six).

FIGURE TWENTY-SIX: Number of Beds by Project Type per HIC Count, 2020



There was a 16% increase overall in the number of beds available from 2019 HIC to 2020 (Figure not shown). The largest percent increase (86%) seen among the RRH units, followed by a 27% increase among ES units, 5% increase among PSH units and 4% increase among TH units (Figure Twenty-Seven).

FIGURE TWENTY-SEVEN: Housing Inventory Count, 2019 – 2020



Transitional Housing

There were 194 transitional housing beds the night of HIC. Almost a quarter of the beds (24%, n=47) were designated for people in families (Figure Twenty-Eight); 27 beds were designated for people fleeing domestic violence; 16 designated for veterans; and 17 designated for youth or transitional age youth (18-24 years of age; Table Three). Just over 80% (81%, n=154) were utilized the night of the HIC count.

Rapid Rehousing

Rapid Rehousing beds made-up 11% of total beds in the county (n=231). Among the RRH beds, 184 (80%) were designated for people in families and 47 for veterans (Figure Twenty-Eight and Table Three). RRH had a 100% utilization rate the night of PIT/HIC.

Emergency Shelter

There were 630 emergency shelter beds the night of the HIC (532 year-round beds, 78 seasonal beds, and 20 overflow beds). Among those beds, 550 were filled the night of PIT for an 87% utilization rate. Just under 30% of ES beds (29%, n=160 beds) were designated for people in families. There were also 15 beds designated for veterans and another 24 for people fleeing domestic violence (Table Three).

Permanent Supportive Housing

Among the 1,162 PSH beds, 57% (n=667) were identified for people in families and 485 beds for adult-only households; 596 beds (55%) were designated for those who had been chronically homeless prior to placement; 199 were designated for veterans and their families; and 10 beds for transition age youth (ages 18-24) (Table Three).

FIGURE TWENTY-EIGHT: Number of Beds by Project Type and Household Type

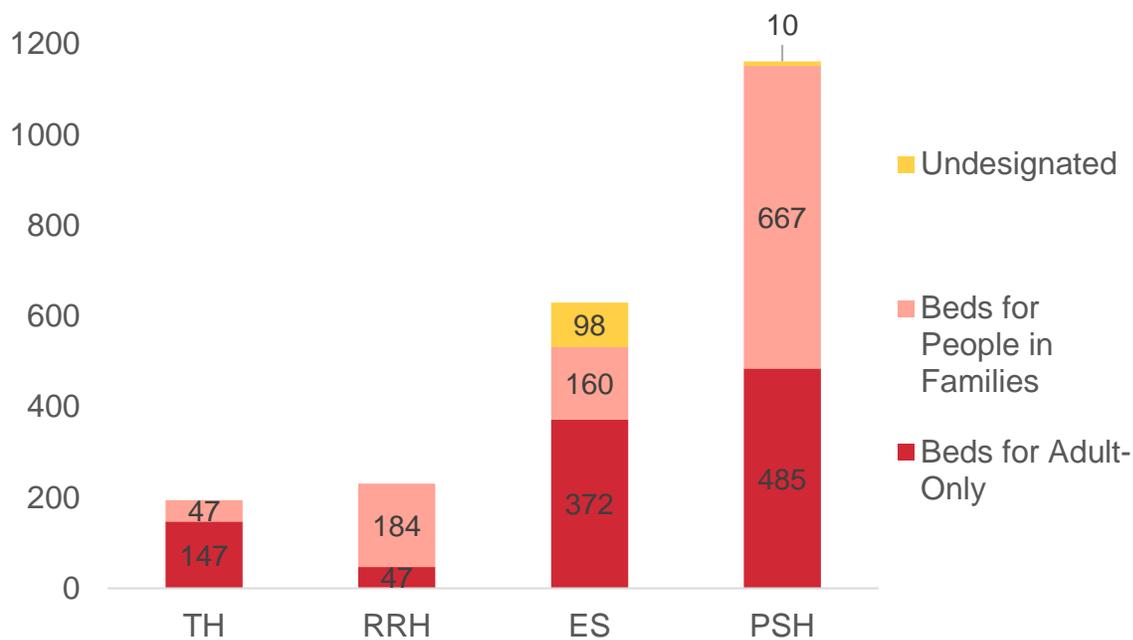


Table Three identifies the number of beds by program type set aside for people fleeing domestic violence, veterans, families, and chronically homeless.

TABLE THREE: Bed Inventory for Sub-Populations by Program Type, 2020 HIC

	ES	TH	RRH	PSH
Victims of Domestic Violence	24	27	n/a	n/a
Veterans	15	16	n/a	199
Families	160	47	184	667
Chronic	0	0	0	596

APPENDIX A: Emergency Shelters and Transitional Housing Included in the 2020 PIT

Program Type	Agency Name	Program Name
Emergency	Bay Area Community Services	Don Brown Shelter
Emergency	Bay Area Rescue Mission	Men's Emergency Shelter
Emergency	Bay Area Rescue Mission	Women and Families Shelter
Emergency	Berkeley Food and Housing Project	Central County Warming Center
Emergency	Contra Costa Health Services Homeless Program	Brookside Adult Interim Housing
Emergency	Contra Costa Health Services Homeless Program	Brookside Adult Interim Housing for Veterans
Emergency	Contra Costa Health Services Homeless Program	Calli House Youth Shelter
Emergency	Contra Costa Health Services Homeless Program	Concord Adult Interim Housing
Emergency	Contra Costa Health Services Homeless Program	Philip Dorn Respite Center
Emergency	Contra Costa Health Services Homeless Program	Philip Dorn Respite Center for Veterans
Emergency	Greater Richmond Interfaith Program	Emergency Shelter
Emergency	Greater Richmond Interfaith Program	West County Warming Center
Emergency	Interfaith Council of Contra Costa	Winter Nights Shelter
Emergency	SHELTER, Inc.	Mountain View House
Emergency	STAND for Families Against Violence	Emergency Shelter
Emergency	Trinity Center	Trinity Winter Shelter
Transitional	Bay Area Rescue Mission	Men's Transitional Housing Program
Transitional	Bay Area Rescue Mission	Women & Family Transitional Housing
Transitional	Bi-Bett Corporation	Uilkema House
Transitional	Contra Costa Health Services Homeless Program	Appian House: Youth
Transitional	Contra Costa Health Services Homeless Program	Pomona Apartments
Transitional	SHELTER, Inc.	Casa Verde
Transitional	STAND	STAND for Families Against Violence
Transitional	STAND	STAND Transitional Housing

APPENDIX B: Methodology

As mentioned in the Introduction, HUD requires all federally funded CoCs to conduct a biennial count of all sheltered and unsheltered people experiencing homelessness in the community (HUD 24 CFR 578.3). Because our community conducts annual PIT counts and 2020 did not fall within a required year, Contra Costa County utilized this opportunity to test new innovative methodologies in an effort to improve the data collection standards and the validity and reliability of the findings. This section describes the methodologies used for the 2020 PIT count and identified ways in which we tested efficiencies of resources and improvement and accuracy of data collection processes.

Goals:

1. Canvassing the entirety of Contra Costa County (716 mi²) within in a short, specified period of time where people experiencing homelessness are likely stationary and in their primary place of habitation.
2. Utilizing geo-location technology applications to more accurately identify where people experiencing homelessness are located across the County.
3. Identify standardized methodologies to ensure that individuals are counted in hard-to-reach locations and not double counted during the count.

The Planning Process

Internal planning with the Health, Housing, and Homeless Services Division (H3) began in September 2019. This consisted of reviewing HUD requirements and PIT guidance documents, researching PIT methodologies in other communities who have similar geographic makeup, population, and homelessness to Contra Costa, and reviewing past methods used within Contra Costa to identify strengths, weakness, and areas of opportunity.

Collaboration was an essential part of the success of the count. H3 partnered with County agencies, homeless service providers, technical assistance providers, community members, the Contra Costa Office of Education, law enforcement, local government officials, and others to ensure the success and integrity of the count. Two public PIT sub-committee meetings were held in November 2019 to allow for homeless and housing experts, advocates, and people with lived experience to participate in the planning and implementation of the count.

In alignment with HUD's regulations, the 2020 PIT data reflects a snapshot of the prevalence of people experiencing homelessness in the community during the last 10 days of January (January 22nd) and the methodology was approved by the Council on Homelessness CoC governing board on December 5, 2019.

Research Design

2016 to 2019

Since 2016, Contra Costa County has conducted a full census of all unsheltered people experiencing homelessness over a period of a few days, which consisted of a community-wide canvass by the street outreach teams, almost 100 volunteers, multiple partners, local

government officials, and collaborating government agency staff using observation tools and surveying techniques to simultaneously identify people experiencing homelessness and collect specific demographic information describing the population. Staff and volunteers participating in the full census over the few-day period were given maps and/or assigned to areas across the community to locate people experiencing homelessness and conduct in-person surveys with all identified individuals. Sheltered data was obtained via the CoC's Homeless Management Information System (HMIS). During 2016-2019, most CoC agencies participated in HMIS and provided shelter data. Staff collected shelter data at non-HMIS participating sites via survey similar to the unsheltered canvass.

Although the unsheltered census had been successful in prior years, it took a significant amount of resources (staff, time, vehicles) to conduct the full unsheltered census over a few days and had a handful of limitations. Limitations with the previous methodology included, but were not limited to:

(a) potential duplication of individuals as the count took place over a 48 to 72 hour period where people experiencing homelessness were likely mobile within the community and could have been counted in multiple areas across time;

(b) people experiencing homelessness who declined to participate in the brief survey had to be excluded from the total count, as there was no method or way of determining that they were not captured by other volunteers in adjacent locations or on different days;

(c) volunteers were asked to survey every person experiencing homelessness that they identified; for those with less experience with the people experiencing homelessness, individuals may have skipped completing surveys on individuals in settings where they were feeling uncertain or uncomfortable;

(d) volunteers used their best guess to determine the city for which they identified and surveyed individuals. Contra Costa County has 19 cities and numerous unincorporated communities so it wouldn't be uncommon to misidentify the location if volunteers were close to borders of cities or were not very familiar with the particular area for which they were assigned.

2020

The 2020 PIT count methods focused on three main components:

1. Unsheltered: An observational count to enumerate unsheltered people experiencing homelessness across the County in the morning of January 23rd, between the hours of 6am and 9am.
2. Sheltered: Individuals who were sheltered on the night before the street count (January 22nd) were enumerated using HMIS or, for those shelters not in HMIS, surveyed by PIT staff and volunteers.
3. Survey: in-person survey sampling of unsheltered and sheltered individuals took place two weeks following the count after analysis of the count data, between February 10th and 18th.

The most notable deviations from past methodology can be found in the observational count and the surveying mechanisms that will be described in detail in this next section:

Observational count methodology

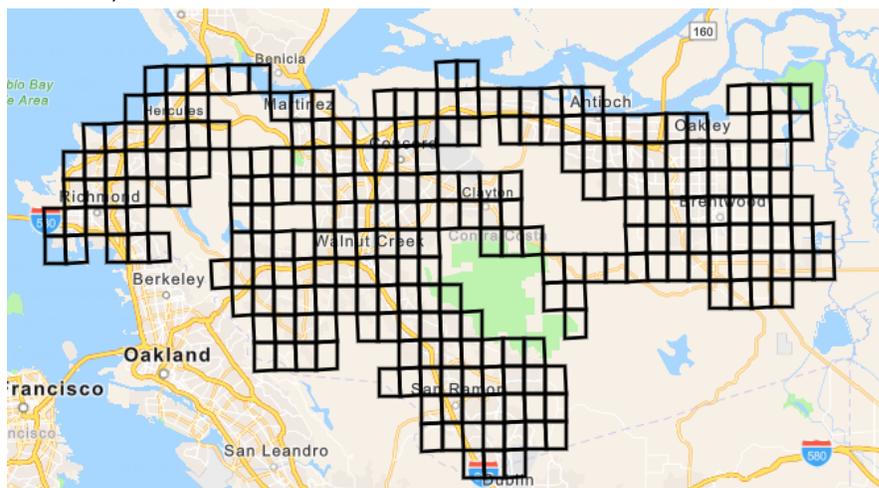
The observational count took place during a brief period on the morning of January 23rd (6am to 9am) where trained staff, partners, and volunteers identified unsheltered individuals experiencing homelessness *and* places not meant for habitation across Contra Costa County. The following HUD definition (24 CFR 578.3) was used to identify unsheltered people experiencing homelessness:

“An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.”

The components involved in a successful observational count methodology included outreach/recruitment, mapping, data collection mechanisms, training, safety, best practices, logistics/kick-off sites, implementation of the observational count, and evaluation of the new methodology.

Outreach and Recruitment: In 2020, 151 local community members participated in the observational count alongside CORE and H3 staff. Information about PIT volunteer opportunities was disseminated primarily via emails to the 2000+ person CoC listserv and shared by partner agencies in their networks.

Mapping: H3 partnered closely with the Contra Costa County Department of Information Technology’s GIS team to map regions across the County to prioritize for unsheltered canvassing using ESRI ArcGIS software. Because the County covers 716 square miles and the canvassing timeframe was limited to a period of 3 hours, it was critical to strategically prioritize canvassing areas. Using a layered map that contained known addresses across the county (both business and residential), waterways, and main roads, the GIS team divided the county into grid sections, using a 1:10,000 scale, with each grid covering approximately 0.8 sq. miles, generating 475 grids. These combined data sources allowed us to remove sections of Contra Costa that did not have waterways (a common area people experiencing homelessness seek shelter), accessible roads, or known addresses.



Next, geo-located encampment data collected by the homeless outreach teams since May 2019 (CORE) was layered onto the map to identify “hot spots” or areas with a high density of encampments or known safety risks. Two different sets of grids were created using these mechanisms: “foot-canvass grids” with known homeless individuals, encampments, or locations where people would have to exit their vehicles to count the unsheltered population and “driving grids” with for community volunteers to canvass. Based on information gathered from the pool of recruited volunteers (including familiarity with specific cities and prior/current experience working with people experiencing homelessness), grids of the same type were combined (ranging from 3 to 10 grids depending on the population and commercial density of the grid) and assigned to teams of 2 to 3 to canvass during the observational count.

Data collection mechanisms: A mobile cloud-based ESRI application Survey123 (3.7.62) was used for data collection during the observational count. Volunteers used the app on their mobile phones to conduct a brief survey that included questions about people experiencing homelessness and descriptions of sleep settings. When in the field, volunteers recorded location by “dropping a pin” on the map within the app when they saw a person experiencing homelessness or a sleep setting (closed tents, RVs, etc.) that they could not see inside. If visual access was blocked but there were indicators around the sleep setting that it was a place of habitation, the teams were instructed to collect data on the sleep settings; estimates about how many individuals were in these settings were generated using survey sampling extrapolation techniques. When teams came across either of the two circumstances and dropped a pin, they then described what they saw using HUD’s required data elements. Survey data was uploaded to the cloud in real time and the results displayed on a map in a dashboard with summary metrics, allowing administrative staff to monitor progress in the field, and respond to questions as needed. The pins on the map also confirmed whether the teams were staying within their assigned grids. Volunteers were given pen and paper observation tools to use in the event that the app didn’t work on their mobile phone or if their phone died during data collection.



Trainings: Six trainings were conducted the week before the PIT count; attendance at one the trainings was a requirement to participate in the observational count. Trainings were offered in the West, Central, and East regions of Contra Costa and offered during both afternoon and evening hours to accommodate various scheduling needs. Volunteers were required to fill out liability waivers, and the trainings ranged from 60 to 90 minutes depending on attendance and facility. Trainings covered the following materials: overview of the PIT count,

how to identify people experiencing homelessness, where to look, safety and emergency procedures, mental preparation, what to expect the day of the count, how to use the app, and frequently asked questions.

Safety: A variety of procedures were implemented to ensure the safety of the volunteers and to minimize any potential danger or risk. Safety best practices were covered thoroughly in the trainings and volunteers were given a primary contact number to reach out to immediately in the event a situation were to occur. Liability forms and emergency contact information was also collected from all volunteers during the trainings. Volunteers were partnered in teams of 2 to 3 to ensure no one was ever alone during the observational count. In addition, all volunteers were asked to not engage with the people experiencing homelessness during the observational count. Community volunteers with limited or no experience with the homeless population were directed to stay inside their vehicles during the observational count to prevent them from encountering potentially dangerous or unpredictable situations. Law enforcement, field staff, and outreach workers were considered “front line teams” and were the only teams allowed to exit their vehicles during the observational count. Grids with known safety risks or concerns were assigned to law enforcement and the majority of CORE and other frontline teams were assigned to locations based on familiarity.

Best practices: Because of the methods change in 2020, it was very important to collaborate with a variety of key partners to ensure fidelity to the proposed PIT methodology. During the planning phase, the research team met with staff from CORE on a weekly basis to ensure the methods and processes being developed were appropriate to use in the field and with the population. The research team, the GIS experts, and HUD/CoC experts each facilitated sections of the trainings to teach the volunteers how to successfully collect the data in the field. Subcommittee meetings were held to gather information from various stakeholders to improve the identification and collection of data in the field. Mapped grids and technology were further utilized to enhance the validity and reliability of the data that was collected by reducing the potential for count duplication through the assignment of unique grids to every team and to improve accuracy of the information. The methodology was also reviewed in detail with the Council on Homelessness (Contra Costa’s CoC Board) approved before implementation. Finally, Contra Costa worked closely with other regional CoCs to align data collection mechanisms and survey items so that data could be compared and aggregated across the Bay Area.

Logistics/Kick-off sites: Three sites were identified in San Pablo, Concord, and Antioch as “kickoff sites” for the morning of the count. Volunteers were asked to arrive at the site by 5:00am to grab a light breakfast, meet their partner(s), and receive their packet of materials for community canvassing. Each team received name tags and a packet containing their assigned maps for the morning, instructions prior to canvassing, during canvassing, and after canvassing, emergency contact information, frequently asked questions, instructions on how to use the app, a paper hardcopy observation tool to use if needed, and pens/highlighters. H3 and GIS staff were at each site to support sign in, team pairing, and troubleshooting issues with the mobile app before deployment. Light breakfast items, refreshments, and coffee were donated to each of the sites by local businesses.

Implementation: Teams with at least one driver and one observer were deployed to their assigned areas from the kickoff site between 5:30 and 6:00am to begin data collection on the

mobile app. There were 26 frontline teams and 52 driving-only teams. Foot-cavass or frontline teams were asked to navigate all streets, roads, paths, parks by foot and vehicle and driving teams were asked to navigate only accessible streets, roads, parks, and highways without leaving their vehicle. Dashboards were created for staff to monitor the pins being dropped on the map, the # of people identified, and the # of sleep settings identified, at each of the three sites. Research, GIS, and admin staff were available to answer calls and provide support to the volunteers in the field. Teams were instructed to come back to the kick-off site to return their packets once the entirety of the maps were canvassed or at 9am (even if the maps weren't completely covered). Data collection ended at 9am. After the kick-off, pen and paper observations were added to the database and count data was analyzed in preparation for survey sampling. All teams were able to use the Data Collector App. Forty-eight entries were deleted because a pin was dropped but no other data was provided and only three teams needed to use the hardcopy observation tool.

Evaluation: Following the observational count, three internal “debrief sessions” were conducted with staff and volunteers to identify which processes went well and what areas were in need of improvement for future counts. The first debrief was with the admin staff who supported the kick-off sites, the second was with the GIS team, and the third was with the outreach teams. All sessions were facilitated by the research team.

Volunteer feedback was also of great interest. An electronic survey link was sent to all volunteers a week after the observational count. There was a 37% response rate and the main themes of the survey included communications, trainings, the kick-off and count, and areas of improvement. The large majority of respondents (84%) indicated they received the appropriate amount of volunteer recruitment, trainings, and kick-off detail communications. Eighty-nine percent of respondents felt adequately prepared to conduct the PIT count after training, 70% of respondents made observations in their assigned areas and 65% reported canvassing their entire area. Areas of improvement included: offering morning trainings, more guidance on how to navigate the grids/maps, reducing the size of larger canvassing areas, and having more volunteers.

Sheltered Count and the Housing Inventory Count

All sheltered data from emergency shelters and transitional housing programs was retrieved from HMIS on the night of January 22, 2020; Contra Costa has 100% compliance with all homeless shelter providers entering their data in the HMIS. In preparation for this data export, all providers were contacted prior to the count to confirm they had accurate and updated data for that night, and once final numbers were pulled, a second contact occurred to verify the number of individuals and household information for those staying in shelter on that night.

In addition to the sheltered count, Housing Inventory Count (HIC) information was also collected for the same night (program information, funding source, bed inventory information, utilization rate, household type, special populations served, etc.). The majority of this information was collected during phone calls with individual providers, and the rest was retrieved either via email or from a shared online spreadsheet. Data in HMIS was confirmed with each emergency shelter, transitional housing, rapid rehousing, and permanent supportive housing provider before finalizing the submission. In total, bed inventories from 46 projects across 14 different agencies were included in the 2020 HIC report.

Survey sampling: The components involved in survey sampling included sample size estimates, outreach/recruitment, data collection mechanisms, training, in-person data collection, and survey results.

Sample size estimates: Once all sheltered and unsheltered count data was analyzed from the count, survey sampling estimates were generated using statistical calculations. Oversampling techniques and power analyses were conducted to ensure generalizability of the findings, as stratified analyses by homelessness status (sheltered vs unsheltered) were of interest. These estimates were generated based on a 95% confidence interval (CI) and a 5% margin of error. Because the observational count only collected limited data on the unsheltered population, survey data was even more important for extrapolation purposes. The goal was to collect ~550 surveys (249 sheltered and 309 unsheltered).

Outreach and recruitment: With far fewer surveys to administer than in prior years, recruitment for surveyors was limited to outreach staff, shelter staff, and research and evaluation staff. Because these staff are internal to H3, recruitment consisted of email communications and supervisor approval to participate in the administration of surveys.

Data collection mechanisms: Developing the survey instrument was a collaborative process. In addition to internal planning discussions within H3, survey topics of interest were gathered from attendees of the PIT subcommittee meetings and the COH also reviewed the proposed survey items and provided feedback during the January 9th meeting. The survey contained 59 questions covering demographics, homelessness, household information, and social determinants of health. The survey was uploaded in English in the same application that was used for the observational count and contained skip pattern logic where applicable to reduce interviewer and survey respondent burden. English and Spanish hard copies of the surveys were also provided in the event that an additional modality was needed (Appendix C).

Training: Outreach, shelter, medical, and research staff were trained on the survey tool the week prior to survey administration. Interviewers were selected based on their experience and access to the sheltered and unsheltered populations. During the training, the research team reviewed the hard copy survey tool with the interviewers and ensured the intent of each question was understood. The survey in the mobile app was also reviewed to demonstrate best practices and efficiencies for how to collect the data. Surveyors were instructed to randomize to the extent possible by approaching every third person to conduct a survey in each setting they were assigned to.

In-person data collection: CORE staff conducted surveys with a sample of adults ages 18 or older in encampment/outreach settings, CARE Centers, and some of the emergency shelters. H3 staff conducted surveys with a sample of individuals utilizing county-run shelters at the time of data collection. Staff from HealthCare for the Homeless and STAND! for Families Free of Violence (a service provider with emergency and transitional housing for people fleeing domestic violence) completed surveys with a sample of their clients. Surveyors randomly approached individuals at these settings (randomization was more effective in some settings over others, such as where there were many people accessible at one time). Surveyors were instructed not to survey every person they encountered. The majority of those approached agreed to complete the survey and all respondents were provided a \$5 Safeway gift card as an incentive for their participation.

Surveys ranged in length of time, between 10 to 20 minutes to complete, depending on how engaged the respondent was and whether there were dependents to include in the data collection. Responses were entered directly into the Survey123 app during the interview.

Survey results: Surveys were completed for 495 people in sheltered and unsheltered settings. Fifty-seven entries had missing data and were removed from analysis, resulting in 438 surveys used in the analysis. Although only 79% of the goal for 558 surveys was achieved, results are generalizable at the 90% CI with a 5% margin of error (survey sample estimates for 90% CI and 5% margin of error required a minimum of 427 surveys). An additional 43 surveys were conducted with “at-risk” consumers who did not meet the required homeless definition on the night of the PIT count despite their homelessness status when surveyed two weeks later. The at-risk populations’ data was excluded from the overall analysis in this report; however, their limited survey findings were presented at the end of the report.

APPENDIX C: Survey

CONTRA COSTA COUNTY 2020 POINT IN TIME SURVEY

DATE: _____ SURVEY SITE: _____ CITY WHERE SURVEY WAS COMPLETED: _____

READ TO SURVEY RESPONDENT: Hello, my name is _____. May I ask you about your housing situation? I'm part of a team that helps link services to people experiencing homelessness. We are conducting a survey to better understand housing needs in our community. You may choose to skip any question and can stop the survey at any time. The information you provide is confidential and will only be shared with Contra Costa Health Services for the purposes of the count. Do I have your permission to move forward?

SECTION 1: DEMOGRAPHICS

1. What are your initials?
First _____ Last _____
2. What is your birthdate?
Day _____ Month _____ Year _____
3. What is your gender?
 Male Female
 Transgender (M to F) Don't identify as male, female or transgender
 Transgender (F to M)
4. Are you of Hispanic or Latinx origin?
 Yes No Don't know
5. Which racial group(s) do you most identify with? (Check all that apply)
 White or Caucasian Black or African American
 American Indian or Alaska Native Native Hawaiian or Pacific Islander
 Asian
6. Do you consider yourself...
 Straight Gay/Lesbian
 Bisexual Queer
 Other: _____
7. What is your current employment status? [IF EMPLOYED, SKIP TO #9]
 Unemployed Employed part-time
 Employed full-time Employed seasonal/sporadic
8. [ASK IF UNEMPLOYED ONLY] Are you...
 Looking for work Not looking for work
 Unable to work
9. What is the highest level of education you've completed?
 Less than high school High school/GED
 Some college College degree or higher
10. Have you served in the U.S. Military? (Army, Navy, Air Force, Marine Corps, or Coast Guard)
 Yes No Don't know
11. Have you ever received health care or benefits from a VA (Veterans Administration) center?
 Yes No Don't know

SECTION 2: HOMELESSNESS

12. Where were you staying two weeks ago on the night of January 22nd, 2020 (Wednesday night, two weeks ago)?
 Backyard/storage structure Abandoned building/squat structure
 Street/sidewalk Automobile/car
 RV/Camper Van
 Outdoors/streets/parks Jail, hospital, treatment program
 Tent/Encampment Transitional housing
 Emergency Shelter Warming Center
 House or apartment Motel/Hotel
[ASK #13 & #14 IF #12 = HOUSE/APARTMENT, MOTEL/HOTEL, OR JAIL/HOSPITAL/TREATMENT PROGRAM]:
13. [FOR AT RISK ONLY] Are you afraid you might lose your housing within the next two weeks?
 Yes No Don't know
14. [FOR AT RISK ONLY] Was there ever a time in your life you experienced homelessness?
 Yes No Don't know
IF AT RISK ONLY, END SURVEY HERE.
15. Which city did you sleep in on January 22nd?
 Antioch El Cerrito Pittsburg
 Bay Point Hercules Pleasant Hill
 Bethel Isl. Lafayette Richmond
 Brentwood Martinez Rodeo
 Concord Oakley San Pablo
 Crockett Pacheco San Ramon
 El Sobrante Pinole Walnut Creek
 Other: _____
16. How many people, including yourself, usually stay inside your tent, car, van, RV/camper or building?
people: _____
17. Is this the first time you've been homeless?
 Yes No
18. [ASK IF #17 = YES] How long have you been homeless this current time? (Only include time spent staying in shelters and/or on the streets).
 7 days or less 4 to 6 months
 8 to 30 days 7 to 12 months
 1 to 3 months More than 1 year

19. [IF #17 = NO, ASK QUESTIONS #19, #20, & #21] In the last 12 months, how many separate times have you been homeless including this current time?

- 1 time 3 times
 2 times 4 or more times

20. How many separate times have you been homeless in the past 3 years (that is since January 2017) including this current time?

- 1 time 3 times
 2 times 4 or more times

21. If you add up the length of time you have been homeless in the last 3 years, how long have you been homeless?

Days _____ Weeks _____ Months _____
Years _____ Don't know/Refused _____

22. Where were you living at the time you most recently lost housing? [IF NOT CCC, SKIP TO #24]

- Contra Costa County Out of state
 Other County in CA

23. [ASK IF #22 = CCC] If lost housing in Contra Costa County, which City did you lose housing in?

- | | |
|--|--|
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Oakley |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Pacheco |
| <input type="checkbox"/> Bethel Island | <input type="checkbox"/> Pinole |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Pittsburg |
| <input type="checkbox"/> Concord | <input type="checkbox"/> Pleasant Hill |
| <input type="checkbox"/> Crockett | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> El Sobrante | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> El Cerrito | <input type="checkbox"/> San Pablo |
| <input type="checkbox"/> Hercules | <input type="checkbox"/> San Ramon |
| <input type="checkbox"/> Lafayette | <input type="checkbox"/> Walnut Creek |
| <input type="checkbox"/> Martinez | |

24. What do you think is the main reason or condition that led to your homelessness?

- | | |
|---|--|
| <input type="checkbox"/> Lost job | <input type="checkbox"/> Alcohol or drug use |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Natural disaster |
| <input type="checkbox"/> Foreclosure/Landlord | <input type="checkbox"/> Incarceration |
| <input type="checkbox"/> Divorce/separation/
break up | <input type="checkbox"/> Illness/medical
problem |
| <input type="checkbox"/> Probation/Parole
restrictions | <input type="checkbox"/> Aging out of foster
care |
| <input type="checkbox"/> Domestic/
interpersonal
violence | <input type="checkbox"/> Argument with
family or friend who
asked you to leave |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Community violence |

- Hospitalization/
treatment Other: _____
 Don't know/refused

25. How long have you lived in Contra Costa County? [if needed: either as a resident or a person experiencing homelessness]

- Less than a year 5 to 9 years
 1 to 4 years 10 years or longer

26. How old were you the first time you experienced homelessness?

- 0 to 17 years 25 to 49 years
 18 to 24 years 50 years or older

27. If shelter or housing was available today, which of the following would you accept? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Temporary stay at a
friend's house |
| <input type="checkbox"/> Warming Center | <input type="checkbox"/> Shared housing with
shared bedroom |
| <input type="checkbox"/> Safe Park Program | <input type="checkbox"/> Sober living
environment |
| <input type="checkbox"/> RV program | <input type="checkbox"/> Transitional housing
(18 mo or less stay) |
| <input type="checkbox"/> Shared housing
with own room | |
| <input type="checkbox"/> Your own
apartment/home | |
| <input type="checkbox"/> Assisted living | |

SECTION 3: HOUSEHOLD MEMBERS

28. How many people are in your household, including yourself? _____

29. Are you the head of the household?

- Yes No Don't know

30. Do you have **any children** age 17 or under?

- Yes No Don't know

31. Do you have children age 17 or under sleeping in other settings (and where)?

- Yes No
 31a. If yes, where are they located?

32. [ASK HOUSEHOLD SECTION IF #28 > 1] I am going to ask you some questions about the people in your household who were staying with you the night of January 22nd. I'll ask the first and last initial of each person to keep track of who we are talking about.

Please provide the initials for each member of your household:	(1) F__ L__	(2) F__ L__	(3) F__ L__	(4) F__ L__	(5) F__ L__
33. How are they related to you?					
Child	<input type="checkbox"/>				
Spouse	<input type="checkbox"/>				
Non-married partner	<input type="checkbox"/>				
Other family member	<input type="checkbox"/>				
Other non-family member	<input type="checkbox"/>				
34. How old are they?					
Under 18	<input type="checkbox"/>				
18-24	<input type="checkbox"/>				
25 or older	<input type="checkbox"/>				
35. Are they of Hispanic/Latinx origin?					
Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
36. Which racial group do they most identify with? (please select one)					
White/Caucasian	<input type="checkbox"/>				
Black/African American	<input type="checkbox"/>				
American Indian/Alaska Native	<input type="checkbox"/>				
Native Hawaiian or Pacific Islander	<input type="checkbox"/>				
Multiple races	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
37. How do they identify their gender?					
Male	<input type="checkbox"/>				
Female	<input type="checkbox"/>				
Transgender (M to F/F to M)	<input type="checkbox"/>				
Don't identify as male/female/ transgender	<input type="checkbox"/>				
38. Do they have any of the following disabilities?					
Physical disability (ambulatory)	<input type="checkbox"/>				
Psychiatric or emotional condition	<input type="checkbox"/>				
Chronic health problem	<input type="checkbox"/>				
Drug or alcohol abuse	<input type="checkbox"/>				
HIV/AIDS	<input type="checkbox"/>				
Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/>				
39. Have they served in the U.S. military? (Army/Navy/Air Force/Marine Corps/Coast Guard)					
(ASK IF 18 years of age or older) Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
40. Have they experienced homelessness for longer than a year (current episode)?					
(ASK IF 18 years of age or older) Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				
41. Have they been homeless four or more times in the past 3 years?					
(ASK IF 18 years of age or older) Yes	<input type="checkbox"/>				
No	<input type="checkbox"/>				

SECTION 4: HEALTH

42. Do you experience any of the following?

43. Does it keep you from maintaining work or housing?

a. A physical disability? (ambulatory)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse
b. Psychiatric or emotional condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse
c. Chronic health problem or medical condition (asthma, diabetes, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse
d. Drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse
e. An AIDS or an HIV related illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse
f. Post-Traumatic Stress Disorder (PTSD)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse

44. Have you ever been in foster care, a group home, kinship care, or other housing through child welfare?
 Yes No Don't know

45. Do you usually get enough to eat?
 Yes No Don't know

46. Do you have health insurance?
 Yes No Don't know

47. Have you ever been treated for drug or alcohol abuse?
 Yes No Don't know

48. [ASK IF #47 = YES] If yes, did you receive treatment for drug or alcohol abuse in the past 12 months?
 Yes No Don't know

49. Have you ever received services for behavioral health needs? (Includes psych hospitalization, 5150, outpatient counseling, etc.)
 Yes No Don't know

50. [ASK IF #49 = YES] If yes, did you receive services for behavioral health needs in the past 12 months?
 Yes No Don't know

51. Have you ever been physically, emotionally, or sexually abused by a relative, or another person you have stayed with (spouse, partner, sibling, or parent)?
 Yes Don't know
 No

52. [ASK IF #51 = YES] Are you currently fleeing or experiencing home/domestic violence or abuse?
 Yes No Don't know

53. Have you ever been trafficked (forced labor/commercial sex)?
 Yes Don't know
 No

54. Have you ever been in jail, prison, on probation, or parole? [IF NO SKIP TO #57]
 Yes Don't know
 No

55. [ASK IF #54 = YES] If yes, did any of those experiences in the criminal justice system directly lead to your homelessness?
 Yes Don't know
 No

56. [ASK IF #54 = YES] Are you currently on probation or parole?
 Yes Don't know
 No

57. In general, how would you rate your **physical** health?
 Poor Good
 Fair Very good

58. In general, how would you rate your **emotional** health?
 Poor Good
 Fair Very good

59. Is there anything else you would like to add or you would like to let us know?

Thank you! We appreciate your honest answers. [Give gift card].

APPENDIX D: Acknowledgements

H3 would like to thank the many County departments and staff members, partnering agencies and their staff, the COH, and community organizations and volunteers for their expertise and support of the successful implementation of the 2020 PIT count. We would also like to give a special thanks to survey respondents for their valued information and participation in these efforts.

Project Planning and Management (Health, Housing, and Homeless Services (H3))

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Michael Fischer, CORE Program Manager

Michael Callanan, CORE Outreach Coordinator

Lisa Thomas, CORE Outreach Coordinator

Dorothy Geer, CORE Outreach Coordinator

CORE frontline staff

Training & Kick Off Sites

<p>Pittsburg United Methodist Church 153 W. Leland Rd. Pittsburg, CA 94565</p>	<p>Antioch Library 501 West 18th Street Antioch, CA 94509</p>	<p>San Pablo Police Department Training Facility 2300 El Portal Dr. San Pablo, CA 94806</p>	<p>St. Bonaventure's Catholic Community 5562 Clayton Rd, Concord, CA 94521</p>
<p>Richmond City Hall Multi-Purpose Room 440 Civic Center Plaza Richmond, CA 94804</p>	<p>Walnut Creek Library 1644 North Broadway Walnut Creek, CA 94596</p>	<p>Concord Library 2900 Salvio St Concord, CA 94519</p>	<p>Nick Rodriguez Community Center 213 F St Antioch, CA 94509</p>

Food Donations

West County: Special thanks to San Pablo Police Department for providing coffee and breakfast

Central County: Special thanks to Starbucks located at 4290 Clayton Rd in Concord for coffee donations

East County: Special thanks to Starbucks located at 1896 A St in Antioch for coffee donations and the City of Antioch for breakfast donations

Council on Homelessness (CoC Governing Board Members)

Dan Sawislak Executive Director, Resources for Community Development

Manuel Arredondo, Supervisor of Integrated Behavioral Health, La Clinica De La Raza

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Sherry Lynn Peralta, Program Director, Employment and Human Services Department

Doug Leich, Multi-Faith ACTION Coalition

Dan Peddycord, Contra Costa Health Services, Public Health Director

Deanne Pearn, Executive Director, Hope Solutions

Tony Ucciferri, Special Assistant to the Executive Director, Housing Authority of County of Contra Costa

Shawn Ray, Lieutenant, San Pablo Police Department

Manjit Sappal, Chief, Martinez Police Department

Patrice Guillory, Managing Director, Healthright 360

Tracy Pullar Homeless, Program Manager, U.S. Department of Veterans Affairs

Cover Photo

Matt Collamer. " Man Holding Card with Seeking Human Kindness Text Photo."

Published February 11, 2018. <https://unsplash.com/photos/8UG90AYPDW4>

APPENDIX E: Definitions

HUD Homeless Categories¹:



Homeless Definition

CRITERIA FOR DEFINING HOMELESS	Category 1	Literally Homeless	<p>(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <ul style="list-style-type: none"> (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u> (iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
	Category 2	Imminent Risk of Homelessness	<p>(2) Individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; <u>and</u> (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
	Category 3	Homeless under other Federal statutes	<p>(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u> (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
	Category 4	Fleeing/ Attempting to Flee DV	<p>(4) Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing

¹ Department of Housing and Urban Development. "At a Glance-Criteria and Record-Keeping Requirements for Homeless Definitions." https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

Program Bed Types:

Emergency Shelter (ES) is a project that offers temporary shelter (lodging) for the homeless in general or for specific populations of the homeless. There are variations of shelter types, including family shelters where households may stay for 30 to 90 days on average, youth shelters serving youth 18-24 years of age, night by night shelters also known as “warming centers”, for families and individuals which may be on a nightly basis only, spaces are limited and prioritization is given to the most vulnerable first, and adult-only shelters which allows for a longer stay than that of a night by night shelter for adults without children. Victim service providers serving survivors fleeing domestic violence also fall into this category for the purposes of the HIC.

Transitional Housing (TH) is a project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but typically no longer than 24 months.

Rapid Rehousing (RRH) emphasizes housing search and relocation services, case management and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. It is important to know that for the purposes of the HIC, Rapid Rehousing is only reported for households that are currently enrolled in the project and are leased in a housing unit. This excludes people who are enrolled but still seeking lease-up, or who were enrolled in a program but are now housed and exited from the project.

Permanent Supportive Housing (PSH) is permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.

Other Terms/Definitions:

- Continuum of Care: a community with a unified plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. HUD funds many homeless programs and HMIS implementations through Continuums of Care grants.
- Transition Age Youth: Young adults ages 18 to 24

- Unaccompanied Minors: people under the age of 18 who present for services without an adult
- Social Determinants of Health: conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.