CONTRA COSTA HEALTH

2024 ANNUAL REPORT

Contra Costa Continuum of Care

CONTENT

ACRONYM LIST

Acronym	Definition
BIPOC	Black and Indigenous People of Color
BH	Contra Costa Health: Behavioral Health
CalAIM	California Advancing and Innovating Medi-Cal
CARE	Coordinated Assessment and Resource
CES	Coordinated Entry System
CoC	Continuum of Care
COH	Council on Homelessness
CORE	Coordinated Outreach Referral, Engagement program
DCD	(Contra Costa County) Department of Conservation and Development
DV	Domestic Violence
ECM	Expanded Care Management
EHSD	(Contra Costa County) Employment and Human Services Division
EMR	Electronic Medical Records
ERF/ERG	Encampment Resolution Funds/Encampment Resolution Grant
ESG	Emergency Solutions Grant (federal and state program)
GRIP	Greater Richmond Interfaith Program
H3	Contra Costa Health: Health, Housing and Homeless Services
HACCC	Housing Authority of Contra Costa County
HDAP	Housing Disability and Advocacy Program
HMIS	Homeless Management Information System
HSV	Housing Stability Vouchers
HUD	U.S. Department of Housing and Urban Development (federal)
LGBTQIA+	Lesbian, gay, bisexual, transgender, or questioning/queer
MHSA	Mental Health Services Act
NOFA/NOFO	Notice of Funding Availability/ Notice of Funding Opportunity
PIT	Point in Time Count
PSH	Permanent Supportive Housing
PWLE	People With Lived Experience of Homelessness
RED	Research, Evaluation and Data
RRH	Rapid Rehousing
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
TAY	Transition Age Youth (usually ages 18-24)
TH	Transitional Housing
VA	U.S. Department of Veterans Affairs (federal)
VASH	Veterans Affairs Supportive Housing
YAB	Youth Action Board
YYA	Youth and Young Adults

LETTER OF INTRODUCTION

Dear Community,

The 2024 Annual Report for the Contra Costa Homeless Continuum of Care (CoC) captures the collective efforts of our community – service providers, local agencies, people with lived experience and dedicated advocates – who work tirelessly to address homelessness and strengthen pathways to housing stability.

This past year, Contra Costa CoC served **9,995 households (14,245 individuals)**, marking a significant increase in outreach and program impact. Our Coordinated Entry System facilitated **over 440 referrals** to permanent housing and we successfully leveraged **41 Housing Stability Vouchers** to support households experiencing chronic homelessness. Additionally, we deepened our investment in permanent housing solutions, improving shelters and strengthening homelessness prevention – ensuring that our system remains adaptive, person-centered and responsive to the needs of our community.

As we look forward, we recognize the work that still lies ahead. The landscape of homelessness continues to evolve, and we remain steadfast in advancing **system improvements, data-driven strategies** and **expanding permanent supportive housing opportunities** to meet the needs of the most vulnerable individuals and families.

This year, we also take a moment to honor the legacy of **Michael V. Fischer**, a beloved longtime staff member of our team, whose contributions shaped so many of the programs highlighted in this report. Throughout these pages, you will find **sunshine icons** marking the initiatives that reflect his enduring impact. His commitment to this work inspires us all and we carry his vision forward.

Thank you for your ongoing partnership, collaboration and commitment to making homelessness rare, brief and non-recurring in Contra Costa County. Together, we will continue striving toward equitable and lasting solutions.

Sincerely,

Christy Saxton, Director
Contra Costa Health: Health, Housing and Homeless Services (H3)

IN MEMORY OF MICHAEL V. FISHER

In 2024, Contra Costa Health lost a beloved and dedicated colleague and friend, **Michael V. Fischer.** Michael dedicated 14 years of his life working in nearly every part of H3.

A few of the many programs and initiatives Michael contributed to include:

- Coordinated Outreach Referral and Engagement (CORE) Program
- Housing Disability and Advocacy Program (HDAP)
- HousingWORKS! Program
- Adult Protective Services (APS) HomeSafe Program
- Project Roomkey hotel sites during the COVID-19 pandemic

Beyond his professional achievements, Michael had an infectious smile, gave the warmest hugs and was the biggest advocate for people experiencing homelessness and for the staff who supported them.

Throughout this report, you will find sunshine icons next to the initiatives Michael had an impact on.

May his sunshine always be remembered.

EXECUTIVE SUMMARY

This annual report offers a comprehensive review of the Contra Costa Homeless Continuum of Care's (CoC) activities and outcomes in 2024. Comprising multiple service providers and overseen by a Council appointed by the Board of Supervisors, the CoC operates under an administrative lead to drive its mission forward. Through a unified vision and well-defined goals, the CoC remains committed to addressing the needs of individuals experiencing a housing crisis.

Numbers Served

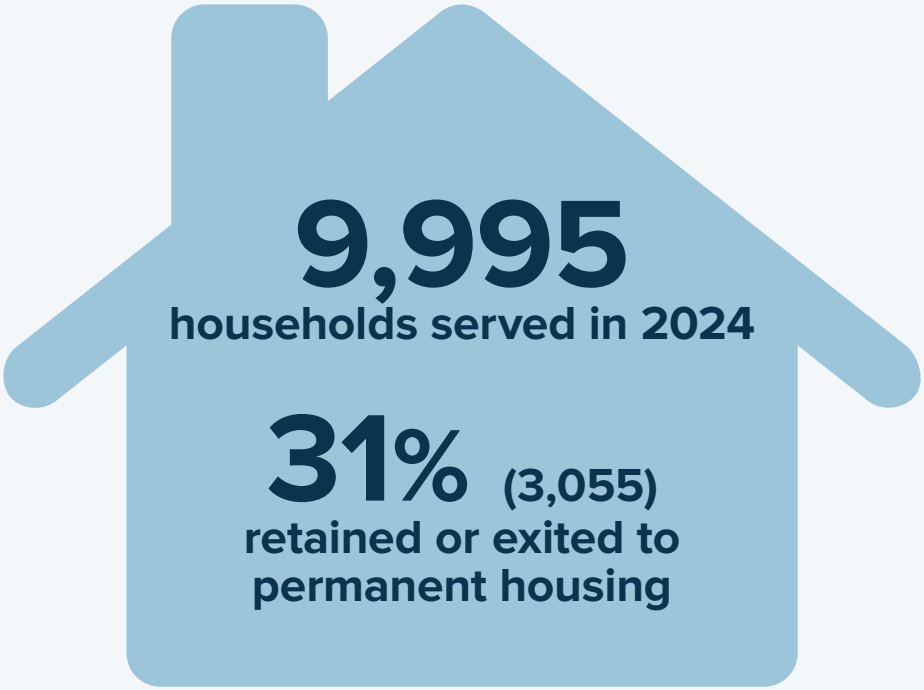
During 2024, the CoC served 9,995 households (14,245 individuals), reflecting a 40% increase from 2020.

- **2,019 households** served in Prevention and Diversion, for households at-risk of homelessness or newly homeless and not yet engaged in CoC services.
- **7,114 households** served in Crisis Response programs, for households in sheltered and unsheltered sleep settings.
- **1,448 households** served in Permanent Housing programs, for households that had been homeless and subsequently placed into permanent housing that includes supportive services.

Outcomes

Out of the 9,995 households served during 2024, 3,055 (31%) were able to retain or exit to permanent housing. Additional successful outcomes include:

- **97%** of households that exited from prevention and diversion programs exited to permanent housing.
- **31%** of household enrollments in crisis response programs exited to temporary or permanent housing and another 11% exited to emergency shelters.
- **98%** of household enrollments in permanent housing programs either retained their housing or exited to other permanent housing.



CoC Budget

The CoC received over $22 million in funding from the United States Department of Housing and Urban Development (HUD), a 47% increase over five years. Additional non-HUD funds, which account for 61% of the CoC budget, have decreased by over $2 million, or 10%, from fiscal year 2020-2021 to fiscal year 2023-2024.

CoC Capacity Building

The CoC's lead administrator is Contra Costa Health's Health, Housing and Homelessness Services division (H3). During 2024, Contra Costa Health (CCH) led a variety of activities that took place to build capacity within the CoC.

- **Provider Support:** Hosted monthly trainings and meetings to enhance service delivery, onboard new providers and ensure continuous improvement.
- **Data & System Enhancements:** Improved data accuracy (from 91% to 96%); launched a new online training platform for Homeless Management Information System (HMIS) users; and began data integration with the Contra Costa Health Electronic Medical Records (EMR) system to streamline care coordination.
- **Expanded Outreach & Shelter Capacity:** Strengthened partnerships with cities to extend Coordinated Outreach Referral and Engagement (CORE) Program outreach services, added new shelter resources and improved funding processes for long-term stability.
- **Youth Engagement:** Established the Youth Action Board (YAB), completed the Youth Needs Assessment and hosted capacity-building trainings focused on youth homelessness solutions.

CoC Successes

The CoC continued to build, strengthen and deepen partnerships and successfully house vulnerable individuals and families.

- **Behavioral Health Housing Collaboration:** Strengthened partnerships to prioritize housing for individuals with severe mental health conditions, leveraging programs like → **No Place Like Home** funding.
- → **City & County Partnership Initiatives:** Collaborated with cities like San Pablo, Antioch and Richmond to expand CORE outreach teams, enhance shelter capacity and improve housing pathways through → **Encampment Resolution Funding (ERF) grants**.
- **Expanded Housing Access:** Over 440 referrals were made to permanent housing through the Coordinated Entry System, marking a 25% increase from the previous year.
- **Veteran Housing Expansion:** Strengthened coordination with federal and local veteran service providers, leading to 15 veteran households moving into permanent supportive units at → **Valor Village** in Pinole.

Population Characteristics

- **Households with Children:** There were 1,845 households with children served in 2024, a 79% increase since 2020.
- **Transition Age Youth (TAY), ages 18-24:** TAY made up 7% of the CoC served and increased by 55% since 2020.
- **Race/ethnicity:** Black/African American/African households and people with Multiple Races were over-represented in the CoC relative to the county population (four times and three times, respectively).
- **Disabling conditions:** 68% of households served in the CoC had a member with at least one disabling condition. Mental health condition was the most prevalent disability, accounting for 48% of households.
- **Survivors of domestic violence:** 85% of households accessing Crisis Response had at least one household member who had experienced domestic violence.
- **Sexual orientation:** 3% of adults served in Crisis Response identified as LGBTQIA+ and 22% of the LGBTQIA+ population served in Crisis Response were between the ages of 18 and 24.
- **Veterans:** The CoC served 912 veterans in 2024 (8%) of all adults. Veteran households made up 34% of all households in Permanent Housing programs.

Exits to Permanent Housing by sub-populations (excluding those still active)

Population	From Prevention (n = 1,791)	From Crisis Response (n = 1,219)
General Population	**97%**	**20%**
Race/Ethnicity		
American Indian/Alaska Native/Indigenous (HH)	100%	17%
Asian American/Asian (HH)	95%	19%
Black/African American/African (HH)	98%	23%
Hispanic/Latinx (HH)	97%	16%
Multiple Races (HH)	97%	21%
Native Hawaiian/Pacific Islander (HH)	93%	17%
White (HH)	95%	18%
Other Sub-Populations		
Chronically Homeless (HH)	N/A	15%
Households with Children (HH)	100%	39%
Households with Disabling Condition (HH)	95%	19%
LGBTQIA+ (Ind)	96%	24%
Survivors of Domestic Violence (Ind)	90%	22%
Veterans (Ind)	90%	42%

Regional and City Data

The data suggests there is movement across the county. More people lost housing in East County (38% of households) than in Central or West, while fewer households slept in West County (28% of households) the night prior to enrolling into programs. More people lost housing in Antioch than any other city (n= 2,049), followed by Richmond (n=1,716) and Concord (n=1,251).

Coroner's Data

An annual memorial has been hosted in Contra Costa since 2004 to acknowledge and honor people who pass away while experiencing homelessness. The coroner reported that 76 people experiencing homelessness died during calendar year 2024, a 24% decrease from 2020 and 33% decrease from 2023.

CONTRA COSTA HOMELESS CONTINUUM OF CARE (CoC) OVERVIEW

The Contra Costa CoC supports individuals and families at risk of homelessness, experiencing homelessness, or needing ongoing support to sustain housing stability. The program, partially funded by the **→ U.S. Department of Housing and Urban Development (HUD)**, prioritizes community-wide collaboration and strategic resource allocation to address homelessness. Core objectives include ending homelessness, promoting self-sufficiency and ensuring access to essential services.

Key components of CoCs include:

- CoC Governing Board
- Administrative agency
- Homeless Management Information System (HMIS) administrator
- Coordinated Entry administrator

In our community, the CoC's geographic region is the entire county. Contra Costa Health oversees CoC administration and directly provides services to the community, in partnership with local organizations and service providers.

CoC Advisory Board

Appointed by the Contra Costa County Board of Supervisors, the **→ Council on Homelessness (COH)** serves as the governing board of the CoC and an advisory body to the Board of Supervisors. The COH consists of 19 members representing areas such as affordable housing, behavioral health, public safety, veterans' services and individuals with lived experience of homelessness.

The COH and its committees steer the CoC's direction, shaping policies and programs. Monthly council and sub-committee meetings are open to the public and individuals with lived experience account for nearly 40% of attendees at Council on Homelessness meetings.

Administrative Agency

Contra Costa Health provides oversight, guidance, fiscal management and technical support to address homelessness in the community. As the CoC's administrative agency and HUD contact, in 2024 Contra Costa Health undertook several key initiatives:

- Secured federal, state and local funding for CoC programs
- Supported COH, CoC Providers and community meetings
- Organized the 2025 Point-in-Time Count
- Produced a comprehensive annual report and submitted required HUD documentation

Contra Costa Health continues to strengthen collaboration among community agencies to combat homelessness effectively.

Homeless Management Information System

The Homeless Management Information System (HMIS) supports the CoC by collecting data, coordinating care and evaluating program effectiveness. Contra Costa Health ensures HMIS compliance with HUD requirements, monitors data accuracy and submits quarterly and annual reports to HUD. CCH also provides training, data quality assessments, technical assistance and maintains data security for all CoC-funded providers.

Coordinated Entry System

Coordinated Entry (CE) is a critical, system-wide strategy for responding to housing crises. It provides a streamlined, person-centered pathway to permanent housing by integrating standardized intake, assessment and referral processes across the entire homelessness response system.

Contra Costa's Coordinated Entry System (CES), managed by Contra Costa Health, ensures equitable access to resources by prioritizing the most vulnerable individuals and matching them to appropriate housing interventions through standardized tools and a Housing First approach. By emphasizing equity, efficiency and collaboration, CES enables the CoC to make data-driven decisions, reduce barriers and advance solutions to end homelessness in Contra Costa County.

Housing First

Contra Costa CoC follows the evidence-based Housing First[1] model to address homelessness in compliance with federal and state guidelines. Housing First emphasizes quickly connecting individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

[1] → **https://archives.huduser.gov/portal/periodicals/em/spring-summer-23/highlight2.html**

CoC AND COMMUNITY PARTNERSHIPS

Collaboration between CoC service providers, nonprofits, community partners and agencies allows for a broader reach and wider array of services for those accessing the homeless system of care. Key partnerships are described below.

Behavioral Health Housing

In 2024, → **Contra Costa Health** continued to prioritize and connect the most vulnerable individuals experiencing homelessness with severe mental health conditions to housing programs funded by the state through initiatives like the → **No Place Like Home** (NPLH) program and the → **Behavioral Health Services Act**. These programs are designed to provide people with behavioral health needs with wraparound supportive services and permanent, affordable housing.

Building on these efforts, CCH partnered with → **Resources for Community Development** and the → **John Stewart Company** to refer 13 households to → **Rick Judd Commons**, a newly developed affordable housing community in Concord. These referrals were made through the Coordinated Entry System, targeting individuals with significant behavioral health needs. Rick Judd Commons, supported by NPLH funding, offers permanent supportive housing tailored to individuals experiencing homelessness and in need of mental health services. Residents began moving into these units in early 2025. This project exemplifies how cross-system collaboration can effectively support those with the highest needs in our community.

City/County Partnerships

- **City of Concord:** The City of Concord adopted a → **Homeless Strategic Plan**, allocating $5 million in one-time funding to expand housing options with support services and connect people to resources, including temporary housing and field-based assistance at sheltering locations. This initiative addresses critical needs such as medical care, substance use treatment, hygiene and workforce development, with the ultimate goal of helping individuals transition to permanent housing.
- **Central Contra Costa Sanitation District:** Under a three-year pilot program, → **Central San** opened a free, self-service RV wastewater disposal station operating seven days a week to prevent illegal dumping and protect public health and waterways.

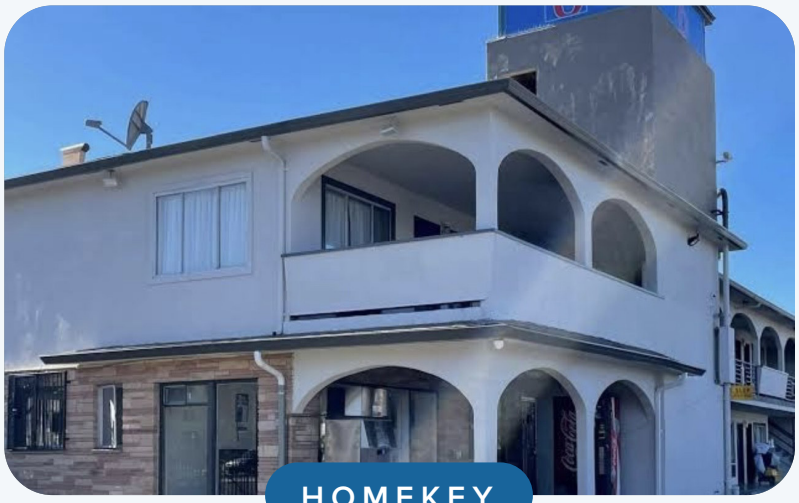
CORE Team Expansions

- **El Cerrito:** El Cerrito partnered with San Pablo on a one-year program to enhance outreach for unhoused individuals, cost-sharing a County CORE team for engagement, health services and housing assistance, while also becoming the first city to invest in a flexible fund for residents facing housing instability.
- **Education (Tipping Point):** A new CORE Education team supports homeless TAY and families by coordinating with school district Homeless Liaisons, Basic Needs Centers and CORE TAY Care Coordinators to connect students and youth (18-24) to housing, medical care and social services.
- **Reentry (AB109):** The two-person CORE Re-Entry team collaborates with the Sheriff's Department and Health Care for the Homeless to connect incarcerated individuals facing homelessness to housing, medical care and essential services before release, ensuring a smoother transition back into the community.

Encampment Resolution Fund

With the support of → **Encampment Resolution Funding (ERF) grants** from the state, Contra Costa Health has significantly expanded its efforts to address homelessness and provide housing solutions across the cities of San Pablo, Richmond and Antioch.

- In San Pablo, CCH directly received $5.7 million from the state to provide direct outreach services, subcontract a Rapid Rehousing provider and expand shelter capacity at the Brookside Adult Homeless Shelter.
- In Antioch, part of the city's $9.3 million grant includes $4.1 million contracted funds for CCH to provide project administration, Rapid Rehousing and develop an interim shelter site, along with funds for dedicated CORE outreach services.
- Additionally, Richmond's $6.8 million grant includes contracted funding for CCH to expand outreach to two CORE outreach teams and provide project management and Rapid Rehousing.



Homekey

- The City of Richmond was one of 9 communities in California awarded a state → **Homekey grant**, receiving just over $14.5 million to acquire the Motel 6 near Civic Center Plaza to convert it into 48 permanent supportive units. With support from → **Novin Development**, → **Trinity Center**, and → **Contra Costa Health Plan**, this project will offer wraparound supportive services and permanently affordable housing for people experiencing homelessness.

Expanding Resources for Justice Involved Households

- **Pretrial Services:** The → **Contra Costa County Probation Department** received new funding to provide housing navigation and case management services to participants awaiting trial. → **Hope Solutions**, the housing provider, served 19 participants in pretrial programming in 2024.
- **Homeless Court:** Contra Costa Health partners with the Superior Court of Contra Costa County to help individuals experiencing or formerly experiencing homelessness clear infractions related to housing instability. In 2024, 75 → **Homeless Court** participants completed over 14,500 hours of community service, clearing more than $200,000 in fines and removing barriers to employment, housing and recovery.

SUCCESS STORY

Homeless Court: *David [name changed to protect privacy] had been living in his vehicle while working toward a better future. He dreamed of becoming a truck driver but couldn't accept a job offer due to outstanding fines blocking his license.* ***"I love helping people and want to do better in life,"*** *he shared in his letter to the Court. Thanks to Homeless Court, that opportunity is now within reach and David was able to clear his outstanding court infractions and fines and obtain his truck driving licensure. His Trinity Center case manager added,* ***"This is an opportunity for [David] to move forward and take the initiative to build a better future."***

- **CalAIM Justice Involved Initiative:** The California Advancing and Innovating Medi-Cal (CalAIM) team in partnership with CORE connects recently released, formerly incarcerated individuals to housing navigation, medical care and enhanced case management. These connections to health supports are aligned to reduce adverse health impacts associated with incarceration and to improve long-term tenancy sustaining outcomes.

SUCCESS STORY

Tavis, *a Pittsburg native in his 30s, spent more than a decade living unsheltered, moving between family couches and sleeping in his car. Without a high school diploma and with felonies on his record, securing stable employment—and ultimately housing—felt out of reach. Tavis joined a gym to train for carpal tunnel relief and discovered it was open 24/7. The access to showers helped him maintain hygiene, boosting his confidence. Feeling better about himself, Tavis decided to respond to a phone ad for the Contra Costa Expungement Program and successfully cleared his felonies—a milestone he now shares to inspire others. Motivated by his progress and newly aware of resources available to him, he began working with CORE mobile outreach and the ECM program to secure disability benefits and taking steps toward stable housing.* ***"Having people that care makes you feel like a person again"****, he said.*

When he was offered a unit at El Portal Place in November 2024, Tavis jumped at the opportunity. He says, ***"All I have to do is ask and someone will help me."*** *He's now exploring workforce programs, building a solid rental history, working toward earning his GED and still attends church with his beloved congregation in Pittsburg. Tavis says El Portal has given him the fresh start he once thought was impossible, musing,* ***"If I look at myself last year compared to this year, I'm a totally different person."***

" I see brightness now. That's how it's been ever since I've been here."

- Tavis

Strengthening Homelessness Prevention

In 2024, Contra Costa Health partnered with → **Community Solutions** through the → **Housing Stabilization Learning Cohort**, alongside the → **Contra Costa Crisis Center** and Homelessness Prevention providers, to explore best practices and develop a 2025 pilot of a data-driven screening tool aimed at reducing homelessness inflow.

Shallow Subsidy Pilot

In 2024, Contra Costa Health partnered with Bay Area Community Services (BACS) to launch the Shallow Subsidy pilot, providing a fixed rental subsidy (avg. $800/month for up to 18 months) to stabilize severely rent-burdened households exiting Rapid Rehousing; early results show sustained housing stability, informing potential future expansion.

> ***"This subsidy gave me the breathing room I needed. I can finally focus on my job and my kids without constantly worrying about losing our home."***
>
> *- Shallow Subsidy Pilot Participant*

Increasing Access to Housing Vouchers

In 2024, the Housing Authority of Contra Costa County (HACCC) remained a key partner in voucher implementation and turnover of Project-Based Permanent Supportive Housing, facilitating over 75 Coordinated Entry placements (17% of referrals to permanent housing through CES) and launching two new voucher programs with Contra Costa Health:

Foster Youth for Independence (FYI)

The 3-year → **Foster Youth for Independence (FYI)** voucher program provides subsidies for current or former foster youth. HACCC collaborated with → **Employment and Human Services Department (EHSD)**, CCH and Hope Solutions, which provides housing navigation and case management services. Since the program's inception in 2023, 34 youth have been issued a voucher and moved into housing.

> ***"This is the first time we've had a home of our own that fits our children—and it's in a safe neighborhood. After everything, it feels like we can finally breathe."***
>
> *- HSV recipient, housed after more than a year at Greater Richmond Interfaith Program Family Shelter*

Housing Stability Vouchers

In early 2024, Contra Costa Health, in partnership with HACCC, began issuing referrals for 41 Housing Stability Vouchers (HSV) from a 2023 joint initiative. These vouchers assist individuals and families facing homelessness or fleeing domestic violence, sexual assault, stalking, or human trafficking.

- 41 HSV were issued in early 2024 through a partnership between HACCC and CCCH to support individuals and families experiencing or at risk of homelessness, including survivors of domestic violence and human trafficking.
- 25 vouchers were project-based at → **El Portal Place** to provide permanent housing for chronically homeless single adults, primarily seniors, while 16 vouchers assisted large families experiencing chronic homelessness, ensuring equitable access to appropriately sized supportive housing.
- All referrals were made through the Coordinated Entry System, prioritizing those with the highest needs, underscoring the critical role of the HACCC-CCH partnership in addressing chronic homelessness and expanding long-term housing solutions.

Leveraging Mainstream Benefit Programs

Contra Costa Health continued its partnership with Contra Costa Employment and Human Services Department (EHSD) through multiple state funded projects including:

Home Safe

A Prevention and Housing Stabilization program for older adults with an open EHSD Adult Protection Services (APS) case and who are either at-risk or experiencing homelessness.

- In 2024, Home Safe served 171 individuals from 161 households. This included 44 individuals (41 households) who were experiencing homelessness and 127 individuals (120 households) who were at risk of becoming homeless.

HousingWORKS!

An eviction Prevention and Rapid Rehousing program for families receiving CalWORKS and who are at-risk or experiencing homelessness.

- In 2024, HousingWORKS! served 529 individuals (191 households). Of those, 428 individuals (148 households) received assistance from Rapid Rehousing and 101 individuals (43 households) from prevention.

Housing, Disability and Advocacy Program (HDAP)

A Prevention and Rapid Rehousing program for individuals at-risk or experiencing chronic homelessness who are eligible for General Assistance (GA) and pending Social Security Income (SSI).

- HDAP served 383 individuals (381 households) in 2024 that included services of housing navigation, prevention and rapid rehousing services.

Bringing Families Home (BFH)

Launched in 2023, this program provides Rapid Rehousing and Prevention to families involved in the Child Welfare System who are at risk or currently experiencing homelessness. → **Bringing Families Home** provides case management, housing navigation, financial assistance and referrals to services to increase self-determination and housing stability, as well as reduce placement in the foster care system.

- In 2024, BFH in total served 404 individuals (119 households) of those 324 individuals (93 households) received rapid rehousing support and 80 individuals (26 households) received prevention services.

VALOR VILLAGE

Photo credit: sahahomes.org, Fernando Artega

Supporting Veterans

In 2024, CES enhanced coordination with the Department of Veterans Affairs (VA), the HUD-Veterans Affairs Supportive Housing (HUD-VASH) team and local veteran service providers to refine the Veteran by-name list and improve housing support for veterans experiencing homelessness. Through this partnership, 15 veteran households with permanent disabilities moved into Valor Village in early 2025, securing long-term, stable housing funded by the Veterans Housing and Homelessness Prevention (VHHP) program and Satellite Affordable Housing Associates (SAHA). The opening of Valor Village and coordinated placements marked a critical step in providing permanent, supportive housing solutions for disabled veterans in our community.

CoC CAPACITY BUILDING

The CoC, with the administrative support of Contra Costa Health, provides continuous improvement through trainings, tools and collaboration opportunities to improve services and expand capacity across the CoC.

CoC Provider Support

As the CoC Lead agency, Contra Costa Health provided a variety of support and resources to homeless service providers in the community including:

- **Meetings:** Hosted monthly Homeless Service Provider meetings for providers to share updates, gather feedback and identify opportunities for improvement and support.
- **How to Support Families with Children or Unaccompanied Minors:** Hosted monthly trainings for providers to build skills and knowledge base, including a new training "How to Support Families with Children or Unaccompanied Minors."

Data Improvements

- Despite a 38% growth in the number of programs and a 147% growth in the number of users over the past 5 years, the CoC has been able to expand the number of providers sharing data in HMIS while simultaneously improving quality of data collected and processes.
- Data completeness has increased from 87% to 90% and accuracy has increased from 91% to 96%.
- New online training platform offers a wider range of self-paced trainings and materials.
- Introduced office hours, resulting in improved collaboration and proactive problem-solving with HMIS partners.
- Collaboration with the Contra Costa Health: Information Technology Business Intelligence team to improve two-way data integration between HMIS and Contra Costa Health's electronic health record system to enhance care coordination, data visibility and service efficiency, with key workflows set for 2025 finalization.

YOUTH ACTION BOARD MEMBERS AND STAFF AT YOUTH EMPOWERMENT SUMMIT IN SACRAMENTO

Youth Homelessness

In 2024, the CoC made transformative progress in centering youth and young adult (YYA) leadership and encountered steep challenges to advance its response to YYA homelessness, including:

- **Youth and Young Adult (YYA) Community Needs Assessment:** → ***"The Opportunity To Change: A Community Needs Assessment For Youth And Young Adult Homelessness In Contra Costa"*** was completed and released in September. This marked the first step in an effort to develop a coordinated community response to YYA homelessness for the CoC.
- **Youth Action Board (YAB):** In partnership with → **Rainbow Community Center** and → **RYSE Center**, the CoC formally launched the YAB within the Council on Homelessness Oversight Committee to elevate YYA leadership and advocacy. By year's end, YAB grew to 12 members, engaging in training, governance development and key CoC initiatives like the Housing Needs Assessment Redesign and PIT Count.

- **Training:** The CoC's first training on Adultism and Working with YYA, led by Matthew Aronson Consulting, drew 93 attendees and advanced efforts to engage YYA as partners.
- **Youth Homelessness Demonstration Program (YHDP) Application:** YAB members co-wrote the CoC's application to HUD's YHDP. While Contra Costa was not selected, the effort strengthened partnerships and aligned a shared vision for YYA-driven change.
- **Strategic Planning and Priority Setting:** The CoC partnered with 8 YAB members and 23 stakeholders to develop the → **Youth and Young Adult Strategic Plan**, a 12-month roadmap to guide 2025 efforts.
- **Closing of TAY Transitional Living Program:** After operating for over 20 years, Contra Costa Health closed the Transition Aged Youth TLP site, Mary McGovern in September 2024 after the programs lease was unable to be renewed. Despite an ongoing search for a new location, Contra Costa Health could not find an affordable site to develop a new program. No youth served at Mary McGovern exited to homelessness. We are grateful to the staff and community partners that supported young people in this program over the years.

Engaging People With Lived Experience

The Council on Homelessness demonstrated a strong commitment to incorporating voices of people with lived experience of homelessness (PWLE) throughout 2024 by:

- Electing a Chair and Vice Chair with lived experience of homelessness;
- Providing additional support to Council members with lived experience of homelessness including technical support, transportation support and stipends for seats requiring lived experience;
- Targeted recruitment that resulted in nineteen out of 31 applicants for open seats on the Council having a lived experience of homelessness.

Broader system engagement of people with lived experience included:

- Three PWLE on the Housing Needs Assessment Re-design Steering Committee;
- TAY with a lived experience of homelessness participation in the Youth and Young Adult Community Needs Assessment and presenting a panel discussion during Homelessness Awareness Month; and
- Hosted input session with the Youth Action Board and system utilizers as part of the Housing Needs Assessment Process.

Improving Funding Processes

As part of the application for → **Homeless Housing, Assistance and Prevention (HHAP) Program** Round 5 grant funding, the CoC and Contra Costa Health convened three Community Input sessions to get feedback from community stakeholders to inform the Contra Costa Regional Homelessness Action Plan.

The 2024 HUD CoC Competition scoring rubric was revised to prioritize:

Projects that addressed the needs of particularly vulnerable groups, like Transition Aged Youth, individuals with mental health challenges, those dealing with substance use disorders and survivors of domestic violence

Renewal projects were prioritized over the new projects if they met at least one of the following criteria:

- Showed strong performance in areas like stable housing, efficient use of resources and minimal leftover grant funds;
- External challenges, like construction delays, impacted performance; or
- Funding reductions would negatively impact underserved communities.

Expanding Permanent Housing

Domestic Violence Rapid Rehousing (DV RRH): Supporting Safety and Stability

Domestic Violence Rapid Rehousing (DV RRH) programs in Contra Costa County provide trauma-informed, housing-focused programs with flexible financial assistance and supportive services tailored to the unique needs of survivors and their families.

- In 2024, a total of 43 referrals to DV RRH programs were made to programs including Planting Roots, Pelancha and New Journey (administered by SHELTER, Inc.) and Project Home Safe (administered by Hope Solutions).

El Portal Place

Contra Costa Health received $16 million from the state's Homekey Round 3 initiative to transform a vacant office building in San Pablo into El Portal Place, the county's first facility designed for residents meeting federal chronic homelessness criteria.

- Supported by local, state and federal funding, the project offers 54 micro-unit apartments for homeless adults with disabilities and provides permanent supportive housing with onsite services like case management, behavioral health support and benefits assistance.
- Tenants, selected through the Coordinated Entry Process and with support from the Housing Authority of Contra Costa County, live in units with bathrooms, kitchenettes and workspaces and benefit from amenities like a community room, garden and dog park.

SUCCESS STORY

***Marcus**, a Pittsburg native in his late 30s, spent several years in Oklahoma before returning to the Bay Area to move in with a friend who needed help. When that housing situation ended, due to skyrocketing housing costs and an inability to work due to a disability, Marcus became homeless.*

For two years, Marcus lived at Camp Hope in Martinez. When the encampment closed, CORE connected him to Delta Landing, where he stayed for another two years. When El Portal Place in San Pablo was offered as a housing opportunity, despite reservations about moving to an unfamiliar part of the county, Marcus said yes.

In addition to stable housing, Marcus now receives case management and transportation assistance for medical appointments and essential services through Hope Solutions. After undergoing his second hip replacement, he was finally approved for disability income, allowing him financial stability. His focus is now on saving money to give himself the option of moving to Oklahoma, where his disability income would allow him to live independently. The possibility of a fresh start comes with bittersweet emotions. ***"I grew a family here at El Portal,"*** *he says.* ***"If I move back to Oklahoma, I gotta leave another family."***

"I want to go into my own house. That's what I'm working on now."

- Marcus

Improving Shelter

- **Bay Area Rescue Mission (BARM):** BARM implemented a formal Trauma-Informed Care Program Framework with expanded training for staff and volunteers; strengthened Vocational Program to include cybersecurity and technology training and on-site training for students; and laid groundwork for clinical interns to provide mental health support beginning in early 2025.
- **Greater Richmond Interfaith Program (GRIP)** Year-Round Warming: GRIP launched year-round Warming Center services, offering up to 25 nightly shelter beds for single adults, along with meals, showers and case management—all consistently at near-full capacity.

Pet Friendly Services: In 2024, CoC providers leveraged Joybound's services to support participants with pets, with BACS at Delta Landing hosting free vaccinations, microchipping and spay/neuter assistance. See "Pet Assistance Program (PAS) Grant" under CoC System Successes.

Equity

The CoC advanced equity across key areas in 2024. The Equity Committee of the Council on Homelessness:

Provided Input to COH Committees and Working Groups

- Offered equity-focused feedback on items from Funding, Governance and Nominating Committees.
- Enhanced Participant Satisfaction Survey by recommending demographic questions to capture equity-related data.
- Contributed input to improve the Measure X funding process and Nominating Committee work.

Partnered on Equity-Focused Projects

- Focused on developing informational materials for individuals experiencing homelessness, with an emphasis on Latinx communities.
- Reviewed Point-in-Time Count data using an equity lens to better address disparities.
- Provided actionable recommendations on the Participant Satisfaction Survey to include equity metrics.

Strengthened Relationships with Equity Partners

- Engaged Latinx-serving organizations for feedback and collaboration.
- Received information about the Reentry System of Care to deepen understanding of its intersections with homelessness services.
- Expanded awareness of systems and programs impacting equity through targeted presentations and updates.

Strategic Planning for 2025

- Designed a 2025 Work Plan with priorities such as monitoring equity metrics, developing an equity dashboard, increasing committee participation and addressing racial disparities in homelessness care systems.

CoC SYSTEM SUCCESSES

California Advancing and Innovating Medi-Cal (CalAIM) Implementation

In 2024, Contra Costa Health delivered over 37,500 Community Support Services to Medi-Cal recipients, while expanding the CalAIM teams to 31 front-line staff dedicated to addressing housing instability and the social determinants of health. H3 advanced collaboration with Contra Costa Health Plan (CCHP) by preparing the launch of CalAIM Housing Deposits in 2025 and began cross-integrating HMIS and EPIC systems to streamline community support services. These system enhancements reinforce CalAIM services by strengthening data coordination and service delivery across systems of care.

SUCCESS STORY

***When Carla** [name changed to protect privacy] was first referred to the dedicated CalAIM team as an emergency case, she was facing the threat of eviction, six months of delinquent rent and the harsh reality of homelessness hanging over her and her family. The situation was critical, with Carla's husband facing health challenges after a debilitating stroke, making their need for stable housing even more critical.*

CalAIM initiated the first contact and began the process of gathering crucial legal documents and the rental lease. The CalAIM team engaged Centro Legal la Raza which skillfully delayed the eviction process by identifying errors in documents filed in a different county. This delay turned out to be a crucial factor that would shape the positive outcome of Carla's housing status.

The CalAIM case manager reached out to the landlord's lawyers with a proposal that showcased the community's commitment to ensuring stability of Carla's living situation with a documented collaboration between CalAIM funding and Seasons Sharing (SOS) funding to provide a combined $10k to address outstanding rent secure continued residence apartment. Carla and her family are now securely housed and connected to the resources and services they need to stay that way.

Dispatch System Improvement

In 2024, Contra Costa Health introduced the InContact dispatch system to improve service triage for individuals experiencing homelessness. This system enhances communication with partnered providers, accelerates response times and strengthens service coordination. With real-time tracking and reporting, staff can prioritize urgent needs and allocate resources more efficiently.

Pet Assistance Program (PAS) Grant

Contra Costa CoC was awarded $387,000 in PAS grant to improve amenities for pets at Delta Landing, an interim housing program in East County. Contra Costa Health, in partnership with Contra Costa Public Works department contracted with an architect and local construction company to build two dog parks, kennels and a dog washing station. The project was finalized and the parks, kennels and dog washing station opened in fall of 2024.

DELTA LANDING

National Conferences

- **National Alliance to End Homelessness (NAEH):** Members of H3's CORE team presented at the National Alliance to End Homelessness conference in Washington, DC, highlighting how cross-sector partnerships enhance person-centered approaches to encampments.
- **HUD National CoC Webinar Series:** Contra Costa's Coordinated Entry System Manager presented at a national HUD webinar on CoC and criminal legal system coordination, focusing on efforts to formally integrate justice stakeholders into governance and advance cross-system housing access through strategic reentry planning.

Youth Leadership In Action

- In November, YAB hosted a Youth and Young Adult panel on Homelessness with Contra Costa College and the Council on Homelessness, engaging 47 community members and an article in the Contra Costa Pulse called, **→ Youth Affected by Homelessness Want to Help Solve 'Crisis'**.
- YAB members participated in a regional convening hosted by Tipping Point Community, connecting peers from across the Bay Area to share strategies and build YYA collective power and advance YYA-led solutions.

YOUTH AND YOUNG ADULT PANEL

CoC SYSTEM SUCCESS STORY

***Darren**, a man in his mid-50s, lived with his mother and worked as a janitor at Safeway and John Muir Hospital. After his mother passed away, he lost his housing and his health declined leaving him unable to work. Darren spent five years moving between shelters, struggling with unmanaged chronic health conditions and, eventually, a leg amputation. His condition led to a placement at the Philip Dorn Medical Respite facility and then the Concord Shelter. There, Darren actively took charge of his health, attending medical appointments, collaborating with the medical team at Philip Dorn Respite and learning how to manage his health. His progress was supported by an Enhanced Care Management worker and a shelter case manager.*

Financial challenges complicated his journey further. Darren faced difficulties qualifying for General Assistance (GA) due to his pension from a previous job. After several attempts by his case workers, he was approved for GA, enrolled in the Housing Disability Advocacy Program (HDAP) and eventually secured Supplemental Security Income (SSI) along with back pay, offering much-needed relief.

Darren wasn't initially sure about moving into El Portal due to his strong connection to East County but loves his new home. His three daughters have been able to visit and his nephew provides the care he needs as his In-Home Supportive Services (IHSS) worker.

> ***" I love living here and having my own space."***
>
> ***- Darren***

MEMORIAL EVENT

Homelessness Awareness Month

For Homelessness Awareness Month (November), we celebrated significant achievements and collaboration in addressing homelessness within our community.

- A well-attended reception honored individuals nominated for their outstanding efforts in this field;
- COH Chair presented to the Board of Supervisors on November 12th, securing two resolutions of support;
- Homeless Persons' Memorial event co-hosted by the Contra Costa Crisis Center, SoS Richmond, NAMI Contra Costa, Loaves and Fishes of Contra Costa and the Council on Homelessness on December 20th at the Walnut Creek Library.

Next Step Interim Housing Pilot

In late 2024, Contra Costa Health,in partnership with the Housing Consortium of the East Bay (HCEB), launched the Next Step Interim Housing Pilot Program.

- Provides 38 rooms of trauma-informed, low-barrier interim housing with collaborative supportive services at leased motel in Concord
- For adults experiencing homelessness with an identified housing option to increase flow out of shelters and CORE services and serve more participants.
- Operates year-round with no entry requirements related to sobriety, treatment, or income and no set length of stay.

Future Initiatives and Goals

- **Coordinated Entry Housing Needs Assessment Tool:** In 2024, Contra Costa Health launched the Coordinated Entry Housing Needs Assessment (HNA) Replacement and Prioritization Project to replace the existing housing assessment tool with a more equitable, data-informed approach to assessing vulnerability, housing barriers and individual preferences. Will launch the new Housing Needs Assessment tool by early 2026.
- **Integrated Behavioral Health Plan:** In 2026, Contra Costa Health will launch a new Integrated Behavioral Health Plan, informed by stakeholder input and designed to transform service delivery—including program integration, housing interventions and full-service partnership reform. Contra Costa will collaborate on initiatives such as CalAIM community supports, transitional rent, shelter funding and redesigning housing needs assessment tool to strengthen care for individuals with serious behavioral health needs.
- → **Modular Shelter:** As part of the $5.7 million in state funding Contra Costa received through the Encampment Resolution Funding (ERF) program, Contra Costa will install 20 pet-friendly, non-congregate modular shelter units at the Brookside Adult Homeless Shelter campus to provide private, climate-controlled interim housing for encampment residents served under ERF funding. These units offer on-site storage, access to showers, meals and case management, creating a pathway for encampment residents who desire shelter.
- **Legacy Court:** In 2025, H3 and Contra Costa Behavioral Health will refer 15 families to → **Legacy Court**, an Eden Housing development in Richmond, leveraging No Place Like Home funding to provide permanent supportive housing for support families, who are experiencing homelessness, at risk of experiencing homelessness and in need of mental health services.

CoC BUDGET

Budgets are prepared for each fiscal year (July 1 to June 30). During fiscal year 2024-2025, which overlaps with the calendar year for this annual report, HUD awarded the CoC $22,336,034 and an additional $1,789,609 through Special funding to support unsheltered homelessness. This amount represents a 47% increase over five years in HUD funding. Additional non-HUD funds in the amount of $22,727,750 obtained through grants and foundations provided supplemental and critical financial resources for CoC administration, planning, data management, housing and other critical services. These non-HUD funds, which account for 49% of the CoC budget, have fluctuated by nearly $13 million in the past five years, primarily due to one-time funding during the COVID-19 pandemic. During this past year, funding has stabilized and represents a 10% decrease, from fiscal year 2020-2021 to fiscal year 2024-2025 **(Table 1)**.

The majority of the CoC funds are one-time, emergency funds that cannot be assured in future fiscal years.

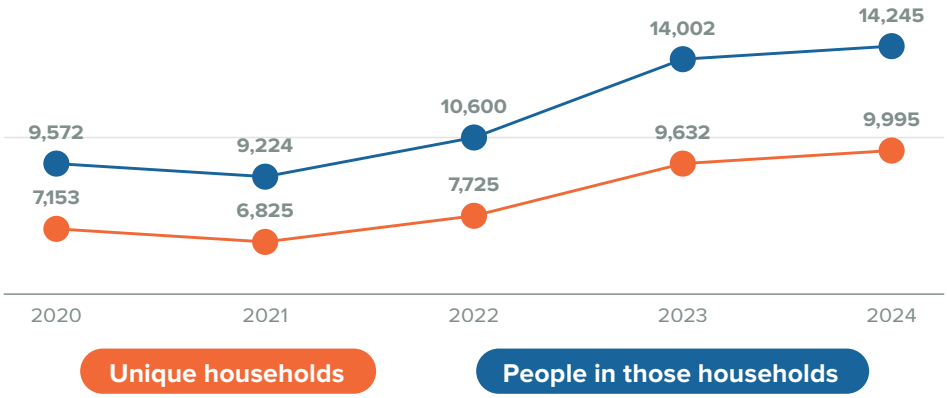
Table 1: Fiscal Year Budgets for 20-21 through 24-25

BUDGET	FY 20-21	FY 21-22	FY 22-23	FY 23-24	FY 24-25	% CHANGE
CoC Award	$15,239,701	$16,296,852	$17,318,215	$19,300,140	$22,336,034	**+47%**
Special NOFO Award	-	-	-	$1,789,609	$1,789,609	0%
Other government and local funding	$25,158,000	$28,967,00	$33,015,872	$21,689,934	$22,727,750	**-10%**
Total funds	**$41,454,852**	**$45,815,402**	**$45,815,402**	**$42,779,683**	**$46,853,393**	**+13%**

CoC PROGRAM UTILIZATION

During Calendar Year 2024, 9,995 unique households were served in CoC programs, with 14,245 people in those households. This represents a 40% increase in households served since 2020. During 2021, the number of households served decreased while services were limited and capacity to serve people at shelters was reduced, to prevent over-crowding and the spread of COVID-19. Programs began to increase services in 2022 as COVID-19 response became more integrated in day-to-day operations **(Figure 1)**.

Figure 1: Number of Households and Individuals Accessing CoC Services, 2020-2024



40% increase in households since 2020.

The CoC has ten program models that fall under three categories based on the homeless status of those people utilizing those services **(Figure 2)**:

- **Prevention and Diversion:** for people/households who are at imminent risk of homelessness. Services include case management, conflict resolution and financial assistance.
- **Crisis Response:** for people/households currently experiencing literal homelessness. Services include outreach, emergency or interim shelter, basic needs, case management, referrals to financial and social benefits, housing navigation and linkages to health and housing services.
- **Permanent Housing:** for people/households who were formerly homeless, many of which have disabilities and need wrap-around services. Permanent housing programs include long-term housing supports, sometimes with case management.

Figure 2: Program Models and Categories

Prevention and Diversion

Prevention*
Diversion

Crisis Response

Emergency Shelter*
Rapid Exit
Transitional Housing*
Outreach*
Rapid Rehousing*
Support Services*

Permanent Housing

Permanent Supportive Housing
Permanent Housing without Supports

* Program models are also "project types" defined by HUD.

Figure 3: Household Enrollment Across Program Model Categories, 2024

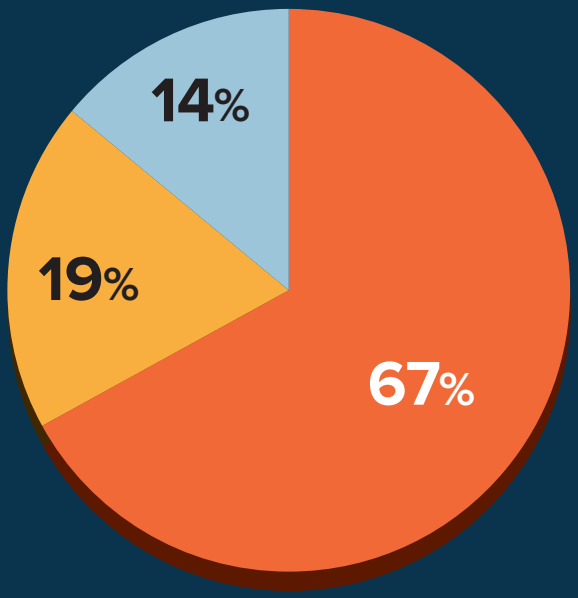
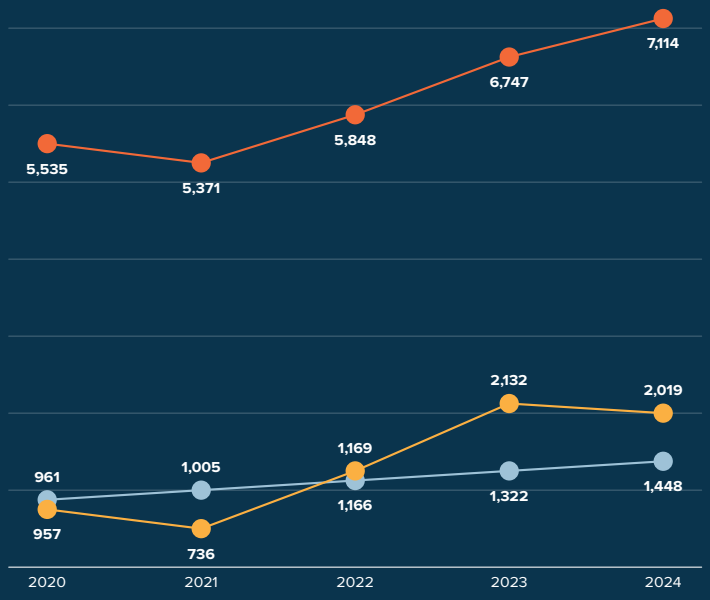


Figure 4: Number of Households Served, by Program Model Category, 2020-2024



Prevention and Diversion | Crisis Response | Permanent Supportive Housing

The majority of households served in the CoC were served in Crisis Response programs designed for people experiencing homelessness in both unsheltered and emergency shelter settings (67% of household enrollments, n=7,114). Households in Prevention/Diversion and Permanent Housing made up 19% and 14% of enrollments (n=2,019 and n=1,448 respectively, **Figure 3**)

There was a 111% five-year increase in the number of households served in Prevention and Diversion, a 29% increase in Crisis Response and a 51% increase in Permanent Housing **(Figure 4)**

POSITIVE OUTCOMES AND EXIT DESTINATIONS

There were 118 programs in the CoC, listed in Appendix A. These programs fall under the program models adopted by the CoC. Desired exit destination for each program model varies depending on the target population (At-risk, Sheltered, or Unsheltered) and expected outcomes:

Permanent Housing

- Rental units (subsidized or not)
- Own home
- Living with friends or family on permanent basis

Temporary Settings

- Transitional housing
- Living with family or friends on a temporary basis
- Hotels/Motels not paid for by the CoC

Emergency Shelters

- Interim housing designated for people experiencing homelessness
- Hotels/motels paid for by the CoC

Institutional Settings

- Hospitals, mental health facilities
- Rehabilitation centers
- Foster care
- Long-term care facilities
- Detention

Unsheltered Settings

- Encampment
- Vehicles such as cars and RVs
- Uninhabitable buildings

There are two additional exit destination statuses:

1. **Still active** status occurs when a household has not yet exited a program. This is common for Permanent Housing programs where households remain housed and engaged in programming and for interim housing programs where households remain unhoused and engaged in shelter or Rapid Rehousing. Households that do not engage with programming are automatically exited after 90 or 120 days, depending on the program model.
2. **Missing data** for exit destination occurs when households stop engaging with CoC programs without providing their next destination or sleep setting (this includes households that are auto exited). This is common for households in Crisis Response as many households may find housing on their own, may move out of the area, or may simply stop accessing CoC programs, yet continue to experience homelessness.

Positive Outcomes from Prevention and Diversion

Prevention programs are designed for people close to losing their housing (some programs are specific to households that might lose their housing within the next two weeks). Diversion programs help households experiencing homelessness quickly exit CoC programs to permanent housing. The goal of Prevention and Diversion programs is to gain housing quickly with a Permanent Housing exit destination.

Positive Outcomes from Crisis Response

Street Outreach and Support Services provide resources and referrals for people sleeping outside who need access to basic living necessities and referrals to housing support. Positive outcomes for Outreach and Support Services entail further engagement in the CoC at shelters and/or referrals to housing services. Missing exit destination from Outreach and Support Services is common for the many people who stop engaging with these programs without formally exiting CoC programs.

However, other program models in Crisis Response, such as Rapid Rehousing and Rapid Exit, have a housing focus and help people experiencing homelessness achieve housing through case management and financial assistance. Data collection on exit destination is more complete for these types of programs, although some still exit the system without exit data.

Positive Outcomes from Permanent Housing

A positive outcome for Permanent Housing is simply maintaining housing through a Permanent Housing program or exiting to other Permanent Housing destinations (these outcomes are summarized below in **Table 2**).

Table 2: Positive Outcomes for Each Program Model Category

Program Model Category	Positive outcomes
Prevention and Diversion	Remain housed upon program exit
Crisis Response (other than Rapid Rehousing)	Temporary stay at a shelter, Transitional Housing, friend, or family member's home; Permanent Housing; long-term care setting
Crisis Response (Rapid Rehousing)	Exit to Permanent Housing, subsidized or not
Permanent Housing	Remain housed in Permanent Housing program or exit to other Permanent Housing

Exit destinations for households utilizing each of the program model categories are provided in **Table Three**. These outcomes should be judged based on the program model objectives, as described above and should not be compared across program model categories.

Table 3: Exit Destinations for Household Enrollments by Program Model Categories, 2024

Exit Destination	Prevention/ Diversion (n=2,019)	Crisis Response (all programs) (n=7,114)	Crisis Response (RRH only) (n=1,142)	Permanent Housing (n=1,448)
Permanent Housing	88%	13%	34%	98%
Temporary Setting	2%	6%	9%	<1%
Emergency Shelter	<1%	7%	2%	<1%
Institution	<1%	2%	1%	1%
Unsheltered	1%	31%	7%	<1%
Still Active	9%	23%	46%	N/A
Missing Data	<1%	18%	1%	1%

A description of each program model category is provided in the following section, along with the number of households served and demographic data during 2024. The program models are listed in order of program model category (Prevention and Diversion, Crisis Response and Permanent Housing). Crisis response has multiple program models. Data summaries are provided for those program models as well.

In addition to the housing exit destination for all enrollments, this section includes the proportion of households per program model that exited to Permanent Housing. This data run removes some of the duplication and provides a clearer understanding of housing rates for each program model.

This year's report reflects updates to our data collection and analysis methodology. Data throughout the report may not be comparable to previous years. These changes were made to better reflect service data by de-duplicating individuals who enter the same program model multiple times during a reporting period.

Prevention and Diversion

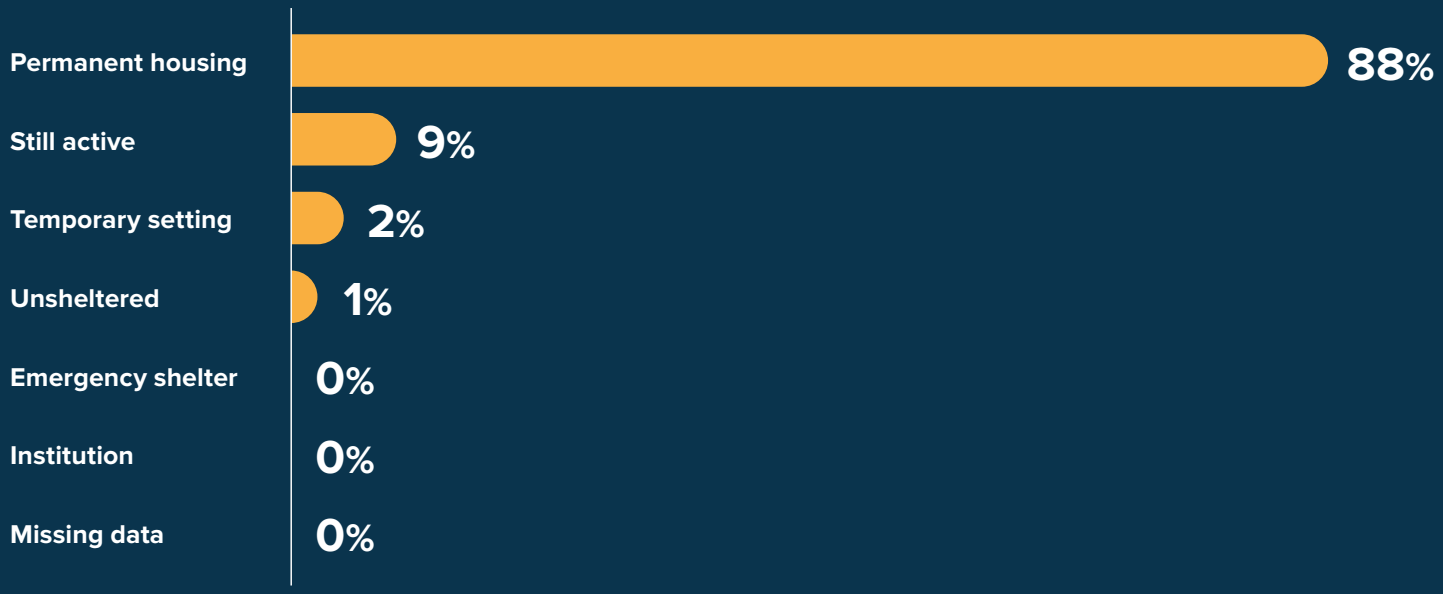
Outcomes

Outcomes for Prevention and Diversion focus on maintaining Permanent Housing. Almost ninety percent (88%) of household enrollments in Prevention and Diversion exited to Permanent Housing, 2% exited to a Temporary Setting and one percent exited to Unsheltered Settings. Nine percent were active at the time this report was generated **(Figure 5)**.

97%

of deduplicated households had a positive exit

Figure 5: Exit Destination for Households Accessing Prevention/Diversion, 2024



Prevention and Diversion

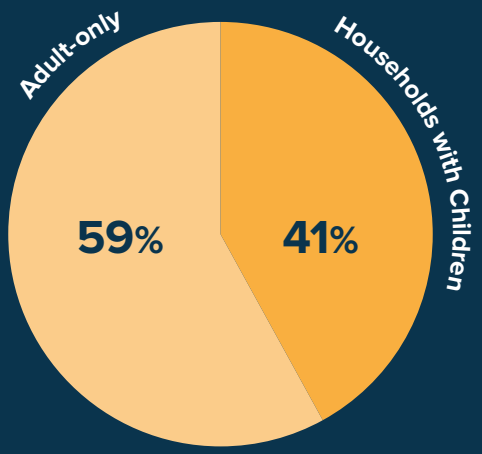
Utilization and Demographics

Prevention and Diversion programs provide short-term, one-time support for people at risk of homelessness or who have been homeless but recently accessed the system of care for the first time. Supports include conflict resolution between tenants and landlords or family members, financial assistance for utilities, rent, deposits, or fees related to housing and case management.

2,019
households served in 2024

Demographics for those served in Prevention and Diversion in 2024:

HOUSEHOLD TYPE



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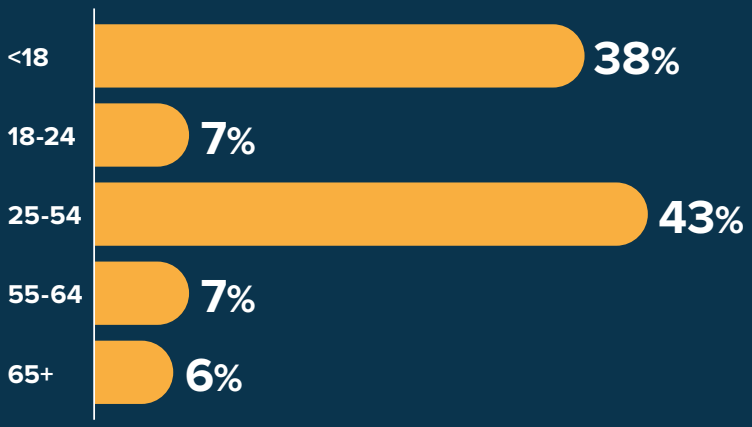
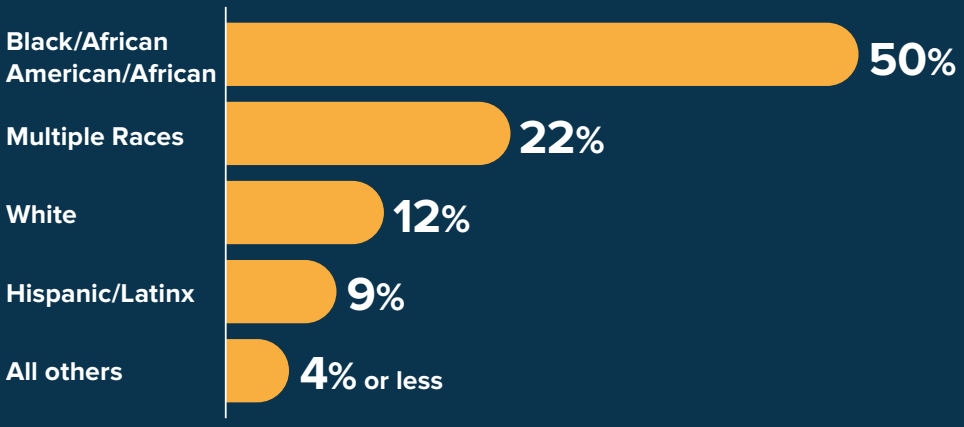
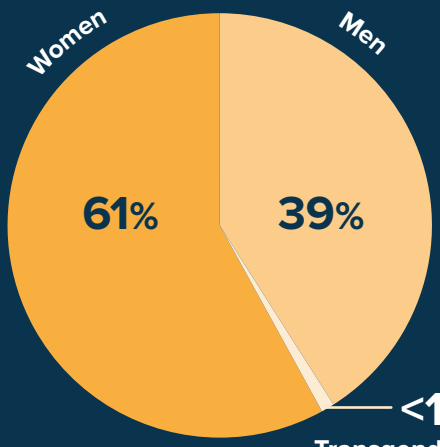


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

There are no chronically homeless in Prevention/Diversion programs

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Prevention and Diversion

SUCCESS STORY

*After years of homelessness due to family abuse, **Shay** [name changed to protect privacy] finally landed at Calli House shelter for transition aged youth (ages 18-24). After a year of stability at Calli house, where they successfully completed cosmetology school, Shay moved in with their sister. Unfortunately, physical and verbal abuse from their sister's partner drove them back into homelessness again.*

When CORE mobile outreach first met Shay in an encampment, they had just the clothes on their back and were struggling with severe mental health issues. CORE helped Shay get to much needed doctor appointments, apply for benefits like CalFresh and provided transportation to a Warming Center. With the stability provided by the Warming Center, Shay was soon able to find a job and stabilize their physical and mental health.

When Shay found housing and a job in Texas, CORE made sure the housing in Texas was stable and ensured Shay could stay at the Warming Center for the two weeks prior to their flight. CORE also helped Shay get a plane ticket, transferred their medical and food stamps to Texas and provided suitcases and transportation to the airport.

"Shay landed safely in Texas and started their full-time job with stable housing, a sense of well-being and hope for the future."

- Shay's CORE outreach worker

Crisis Response

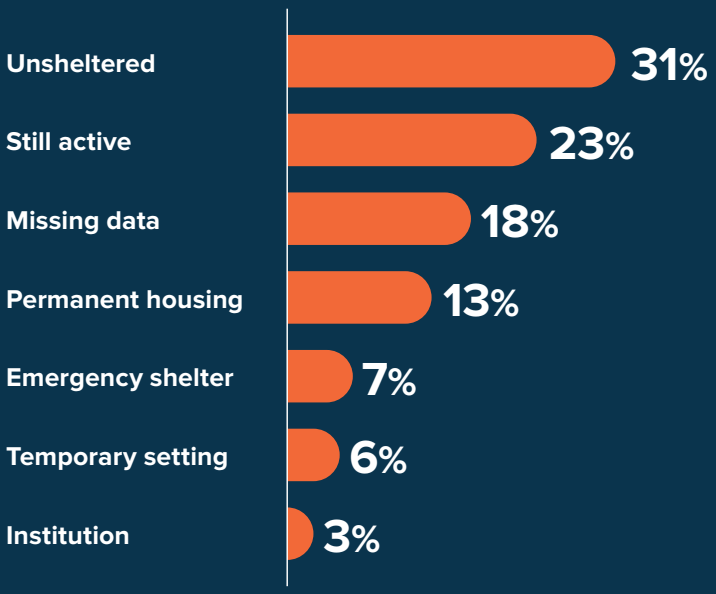
Outcomes

Thirteen percent exited Permanent Housing, while 31% exited to an Unsheltered Setting. Seven percent exited to an Emergency Shelter and another 6% to a Temporary Setting. Three percent exited to an institution and 18% had missing data. About 23% were still active at the time this report was analyzed **(Figure 6)**.

17%

of deduplicated households exited to permanent housing

Figure 6: Exit Destination for Households Accessing Crisis Response, 2024



Crisis Response

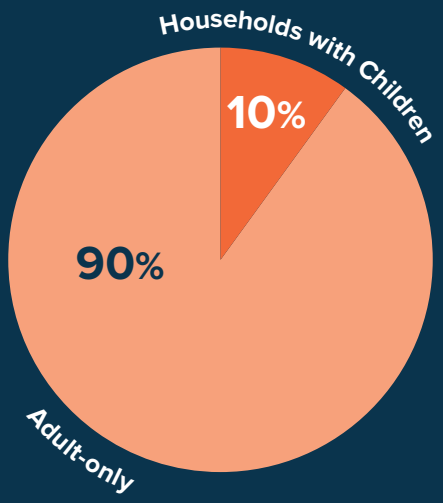
Utilization and Demographics

Crisis Response includes all program models designed to serve people who are in Sheltered and Unsheltered Settings: Rapid Exit, Street Outreach, Support Services, Emergency Shelters, Transitional Housing and Rapid Rehousing. Demographic and outcome data specific to each program model are provided in the next section. However, it is helpful to aggregate data across all program models within Crisis Response to describe households that are literally homeless.

7,114
households served in 2024

Demographics for those served in Crisis Response in 2024:

HOUSEHOLD TYPE



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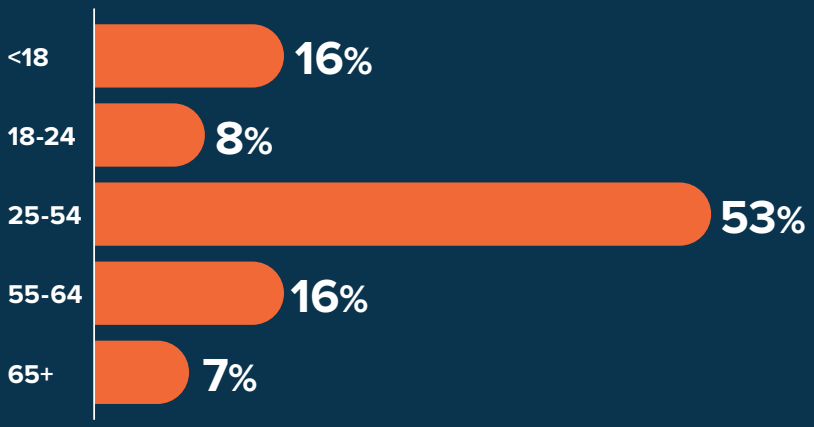
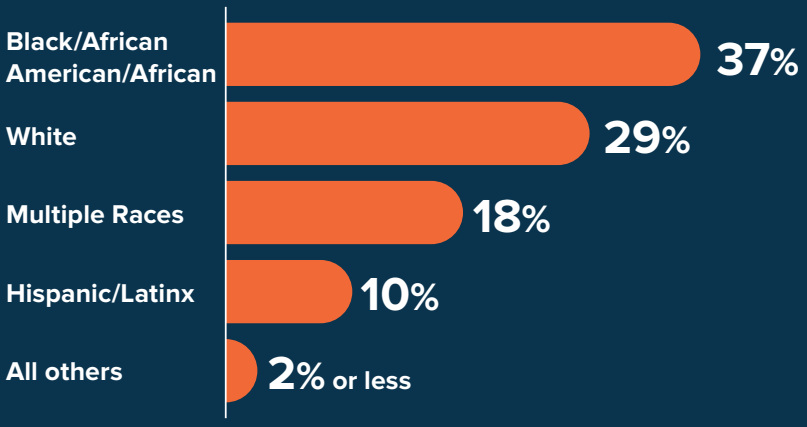
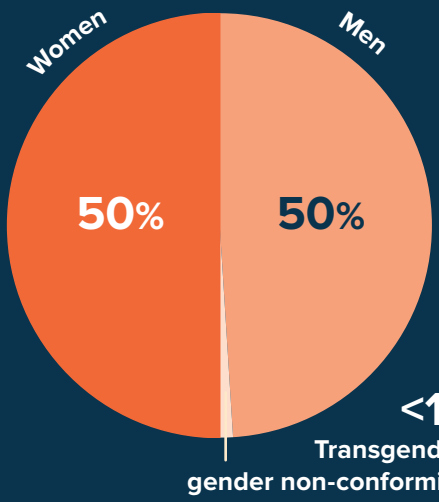


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

39% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Rapid Exit**

Outcomes

For the 99 households enrolled during 2024 in Rapid Exit, 98% exited to Permanent Housing. Two percent were still active at the time this report was analyzed **(Figure 7)**.

98%

of deduplicated households exited to permanent housing

Figure 7: Exit Destination for Households Accessing Rapid Exit, 2024

Crisis Response | Rapid Exit

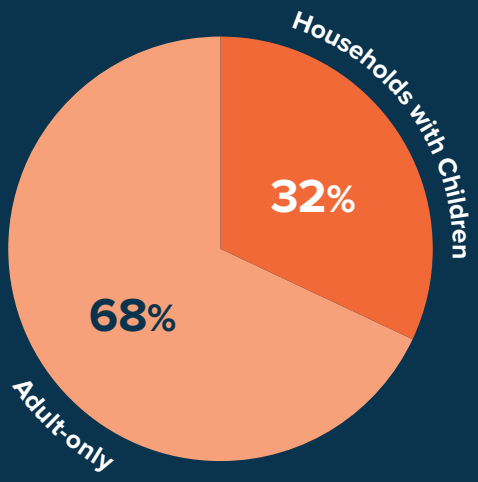
Utilization and Demographics

Rapid Exit is a program model designed for households that are newly homeless but not yet active in the CoC to prevent entry into Crisis Response or to quickly resolve a household's homelessness once they enter a shelter, Transitional Housing situation, or an Unsheltered situation.

99
households served in 2024

Demographics for those served in Rapid Exit in 2024:

HOUSEHOLD TYPE



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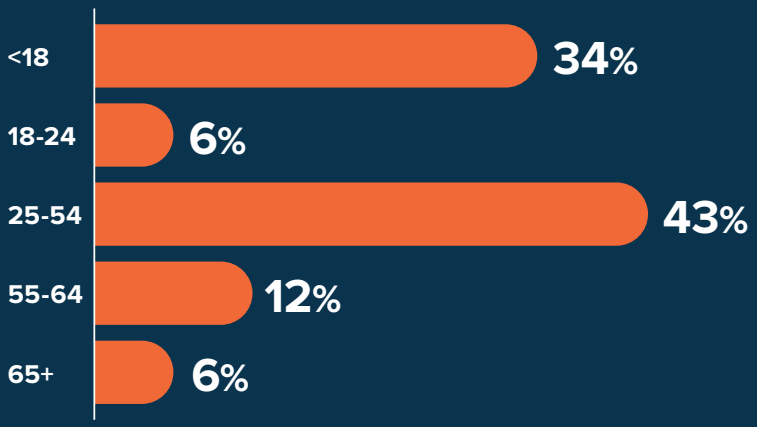
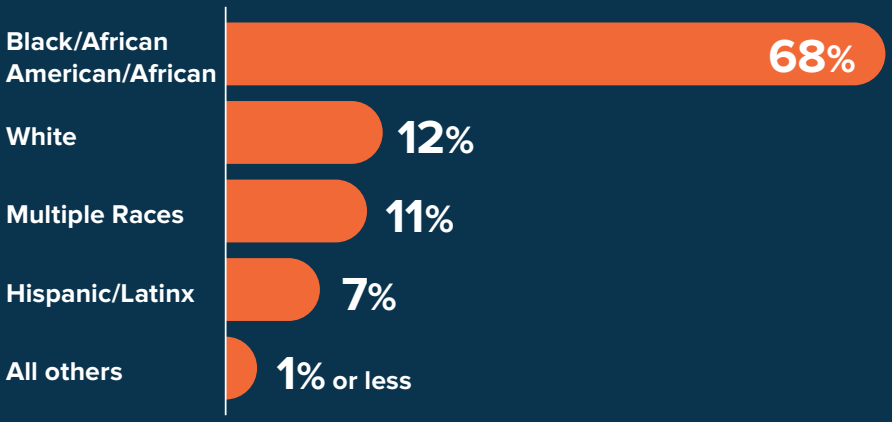
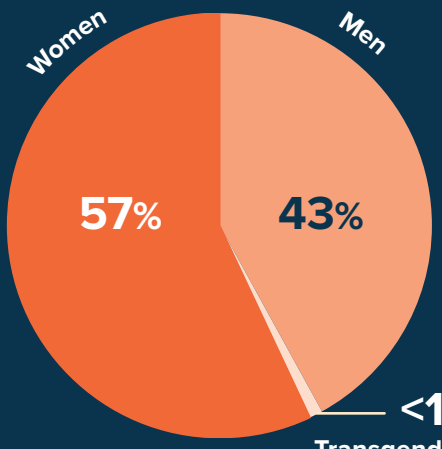


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

36% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Rapid Exit**

SUCCESS STORY

Frank *[name changed to protect privacy] had been homeless for 12 years when he first connected with CORE mobile outreach. He spent over a year at Brookside shelter where shelter case managers conducted a housing assessment, helped him get documents we would need for housing and got him connected to public benefits he qualified for. Healthcare for the Homeless provided Frank with the mental health services essential to help him stabilize.*

While in shelter, the Coordinated Entry System identified Frank as a candidate for an open Permanent Supportive Housing unit designated for people with severe mental health needs experiencing chronic homelessness. Shelter staff helped with the application process and meetings with property management for the leasing process and connected him to the Rapid Exit program with Hope Solutions to provide deposit assistance and first month rent once his housing process started moving.

The team was able to get Frank housing despite his unique and complex barriers by providing consistent and coordinated support. Thanks to the help of this team, Frank is now living in housing with the financial and social supports he needs to remain housed ***PERMANENTLY!***

"Rapid Exit provided the final piece of financial support Frank needed to secure housing. It's a simple but powerful investment that helps end homelessness faster."

- Coordinated Entry Manager

Crisis Response | Street Outreach

Outcomes

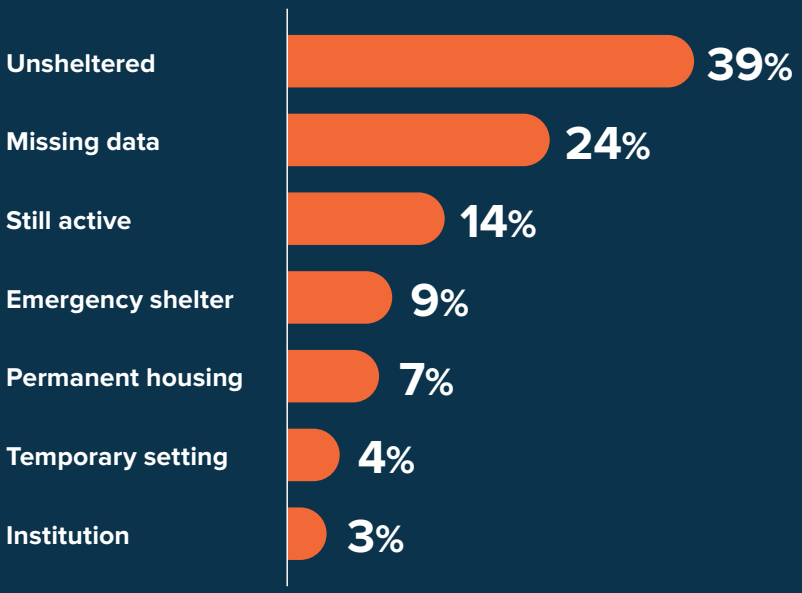
The purpose of Street Outreach is to engage with people sleeping in Unsheltered Settings and refer them to supports that might lead to shelter, Temporary housing, or Permanent Housing.

Thirty-nine percent of individuals exited to an unsheltered setting. Additionally, 9% exited to Emergency Shelter, 7% to Permanent Housing, 4% to a Temporary Setting and 3% to an Institutional Setting. Twenty-four percent had missing data and 14% remained active at the time this report was analyzed **(Figure 8)**.

8%

of deduplicated households exited to permanent housing

Figure 8: Exit Destination for Households Accessing Street Outreach, 2024



Crisis Response | Street Outreach

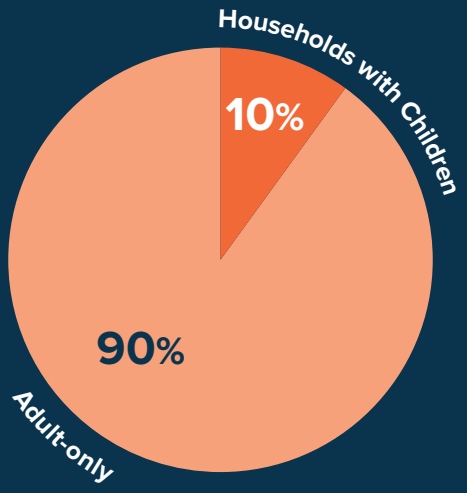
Utilization and Demographics

Street Outreach is provided in the community to link people experiencing unsheltered homelessness with basic needs (including but not limited to food, water and hygiene kits) as well as referrals and connections to service providers within the CoC.

4,918
households served in 2024

Demographics for those served in Street Outreach in 2024:

HOUSEHOLD TYPE



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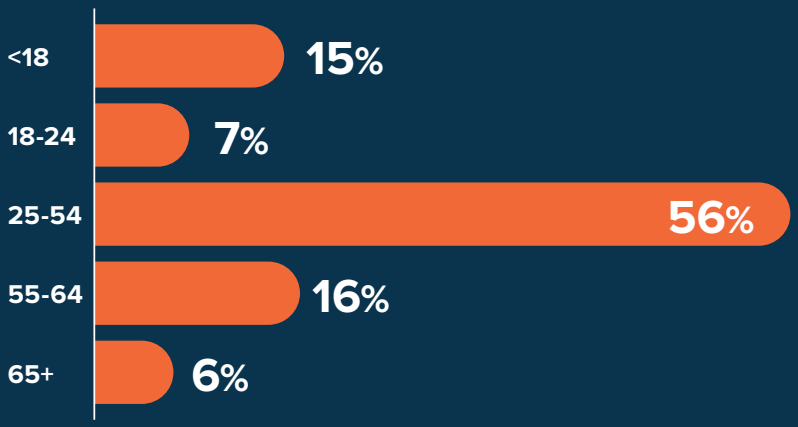
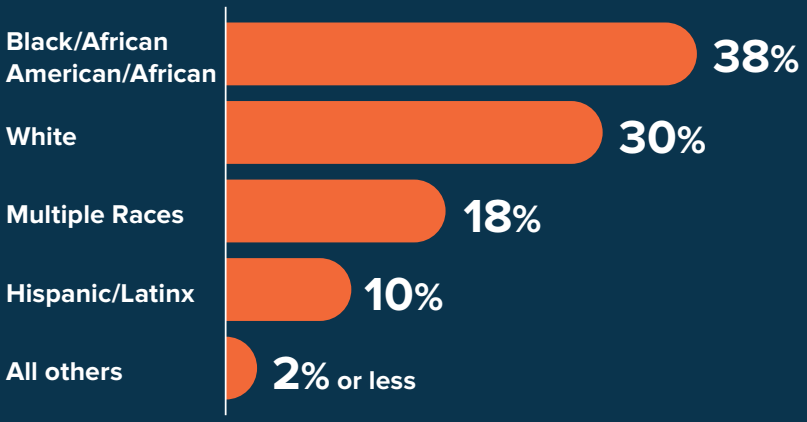
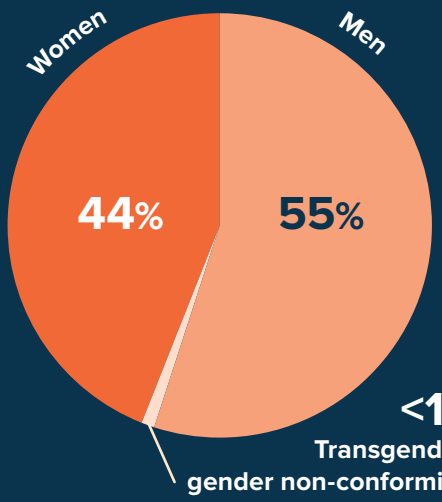


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

46% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Street Outreach**

SUCCESS STORY

*When CORE mobile outreach met **James** [named changed to protect identity], the seventy-year-old was limping down the road in a wet blanket and dirty clothes, having just walked 21 miles from East County to the Central County neighborhood where he grew up. Robbed of his phone, EBT card, SSI card and wallet and abandoned on the side of the road by a relative after being discharged from the hospital, James was extremely upset and on the verge of breaking his hard-earned sobriety.*

CORE moved quickly to get him clean clothes, a shower, food and a bed at the Warming center for a night while they explored his options. The next morning CORE let James know that Bay Area Rescue Mission had a spot for him in their one-year program that included substance use services and a culinary training program. James was thrilled about both as he wanted to maintain his sobriety and had learned to love cooking while working in the kitchen during various stints in jail. CORE drove James to the Bay Area Rescue Misson, introduced him to the staff there and helped him get settled. He is filled with hope and excitement for this new start at life.

"James has been cooking for the Rescue Mission's Soup Kitchen for a few months now and wants to work as a chef when he graduates!"

- Bay Area Rescue Mission staffer

Crisis Response | Support Services

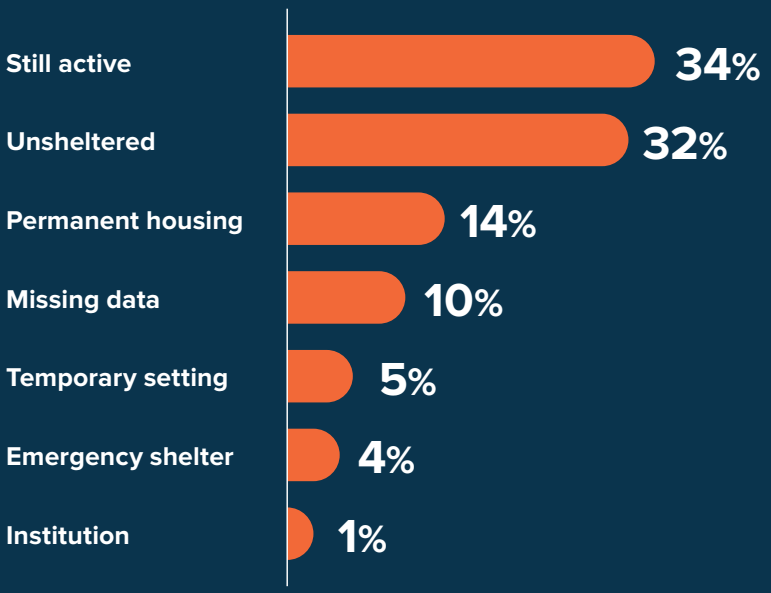
Outcomes

Fourteen percent of households exited to Permanent Housing, 32% exited to an Unsheltered Setting and 34% were still active when the data was analyzed. Five percent went to a Temporary Setting, four percent to an Emergency Shelter, one percent to an Institution and ten percent had missing data **(Figure 9)**.

15%

of deduplicated households exited to permanent housing

Figure 9: Exit Destination for Households Accessing Support Services, 2024



Crisis Response Support Services

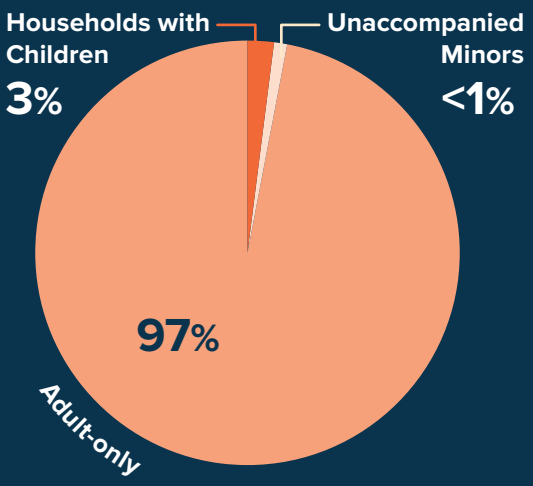
Utilization and Demographics

Some Support Services program models provide basic needs such as meals, showers, hygiene kits, mail service and referrals to other resources that might lead to shelter, Temporary housing, or Permanent Housing. Other Support Services focus on enrollment into benefits programs.

2,181
households served in 2024

Demographics for those served in Support Services in 2024:

HOUSEHOLD TYPE



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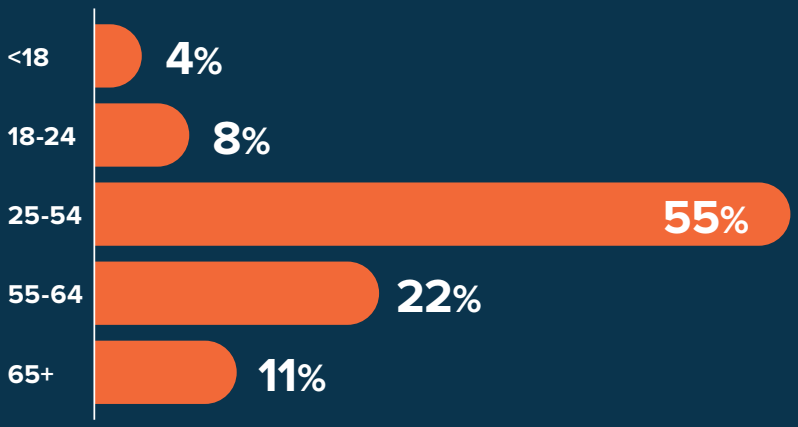
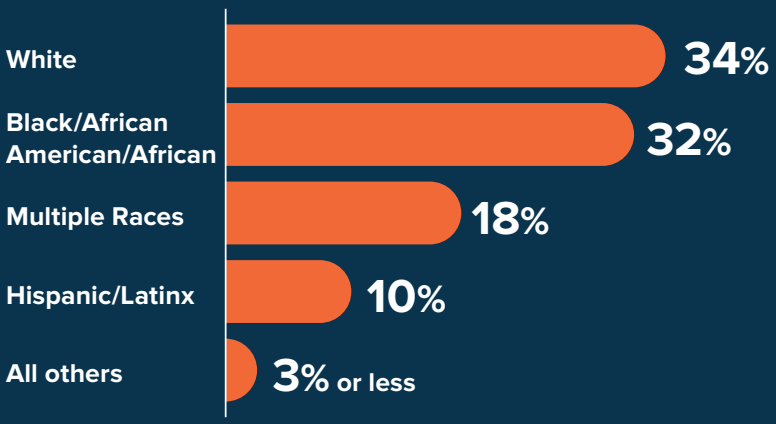


RACE/ETHNICITY



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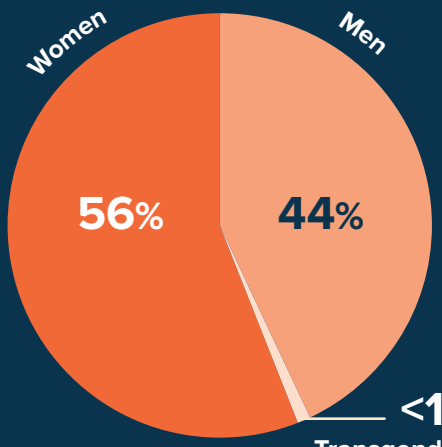


CHRONIC HOMELESSNESS

32% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Support Services**

SUCCESS STORY

***Angela**, a woman in her 60s, faced immense challenges after losing her job. With no family nearby to support her, finding employment proved difficult due to her age and the toll of a long-term substance use disorder on her health. After months of living in a tent, she decided to call 211 for help. CORE mobile outreach came to her tent and brought her to the Greater Richmond Interfaith Program (GRIP) Warming Center.*

Angela showed unwavering commitment by working with GRIP daily for 11 months. With the CARE Center's assistance, she accessed vital services such as mail, showers, laundry and meals, while dedicated staff helped her apply for SSI/SSDI benefits. CORE provided transportation to medical appointments and document drop-offs, while Healthcare for the Homeless offered critical medical support at GRIP. Through collaborative efforts, her case manager secured a room for rent, with Hope Solutions covering move-in costs. Angela's perseverance paid off as she transitioned from the streets to a warm, stable home. Today, Angela is thriving and deeply grateful to have a roof over her head.

"Angela has been one of our most amazing clients. Her optimistic energy spread through all of us."

- Case Manager

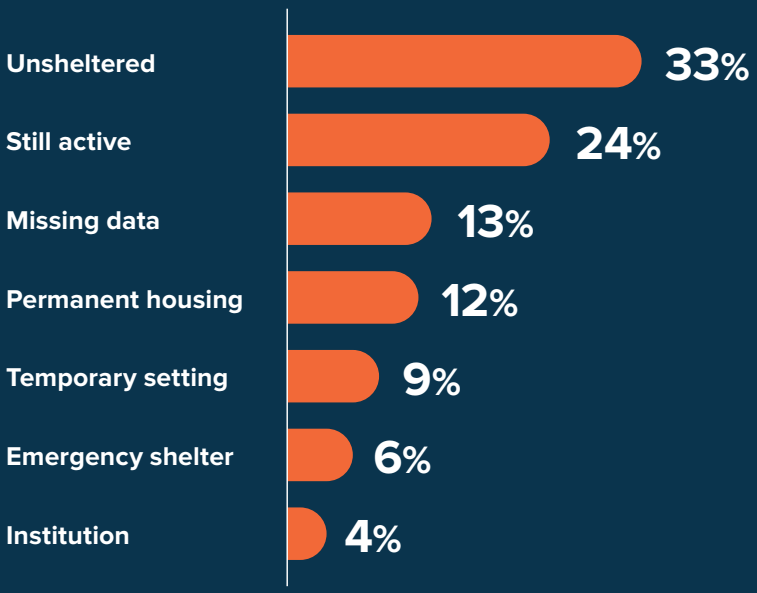
Crisis Response | Emergency Shelter

Outcomes

Emergency shelter aims to provide short-term and interim shelter until people find temporary or permanent housing resources.

Thirty-three percent of individuals exited to an unsheltered setting. Twelve percent exited to Permanent Housing, 9% to a Temporary Setting, 6% to an Emergency Shelter and 4% to an Institutional Setting. Thirteen percent had missing data and 24% of individuals were still active at the time this report was analyzed **(Figure 10)**.

Figure 10: Exit Destination for Households Accessing Emergency Shelter, 2024



Crisis Response | Emergency Shelter

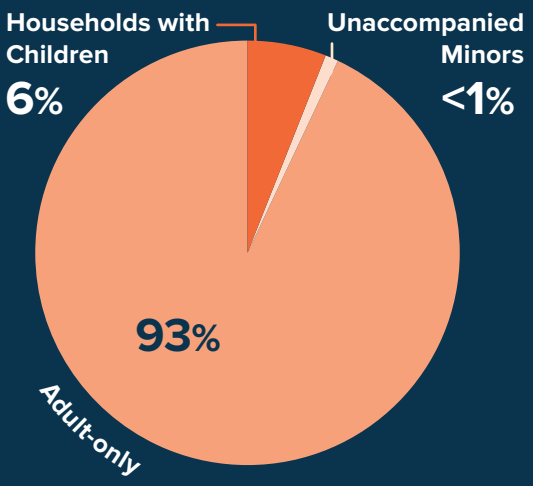
Utilization and Demographics

Emergency shelters provide interim housing for people who do not have safe and healthy sleep settings. People experiencing homelessness generally come from uninhabitable locations (encampments, streets, or vehicles), are fleeing domestic violence, or have lost their Temporary housing.

1,765
households served in 2024

Demographics for those served in Emergency Shelters in 2024:

HOUSEHOLD TYPE



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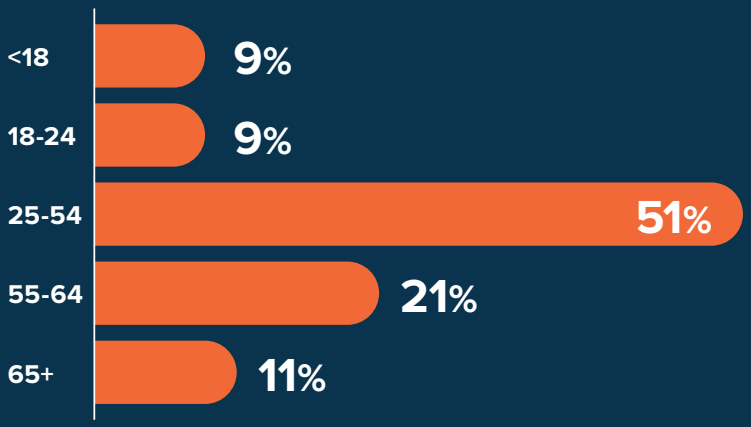
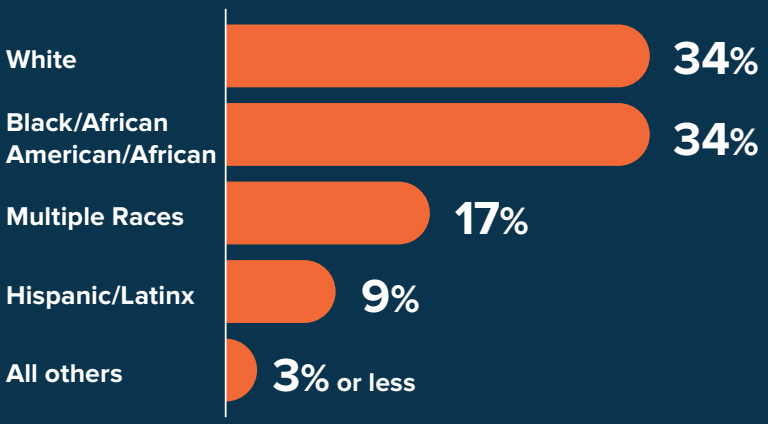


RACE/ETHNICITY



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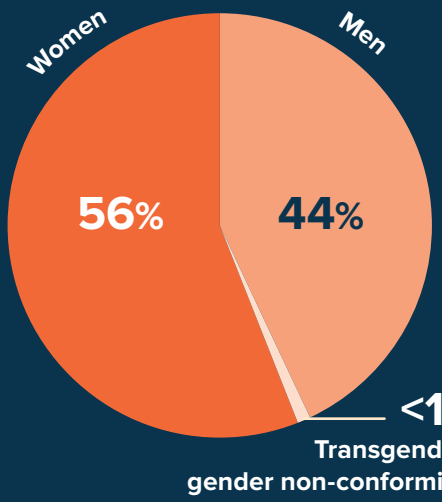


CHRONIC HOMELESSNESS

40% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Emergency Shelter**

SUCCESS STORY

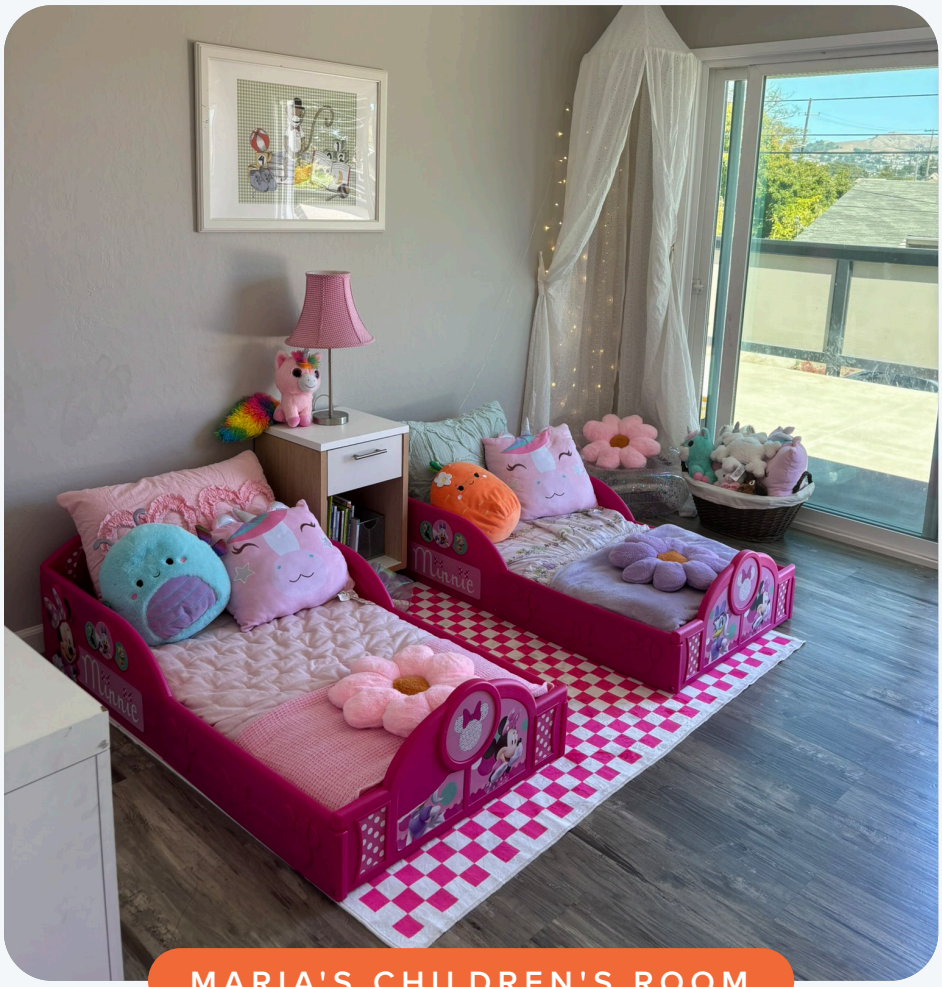
***Maria**, a single mother of three, faced homelessness after separating from her partner and losing her job, leaving her with no option but to live with her mother. When that situation deteriorated, she spent a week sleeping in her car with her children. A call to 211 resulted in a referral to GRIP's emergency family shelter.*

GRIP staff provided vital support, helping Maria achieve her GED, secure a full-time job at Safeway, enroll her children in school near the shelter and a daycare program and connect the family to mental health services. Through a Housing Stability Voucher and Bay Area Community Resources (BACR)'s housing navigator, she found permanent housing, with move-in costs covered by BACR. Make It a Home furnished her new place, creating a true home.

*By June 2024, Maria and her children had moved into their own home! Her kids are thriving in school, with their own rooms and Maria continues to work full-time at Safeway, maintaining stability. Maria said about the courage she needed to gather and the hard work she did to get housing, "**I'm not just doing it for me. I'm doing it for me and my kids.**"*

"Having the courage to take the first step can lead you to a whole new beginning."

- Maria



MARIA'S CHILDREN'S ROOM

Crisis Response Transitional Housing

Outcomes

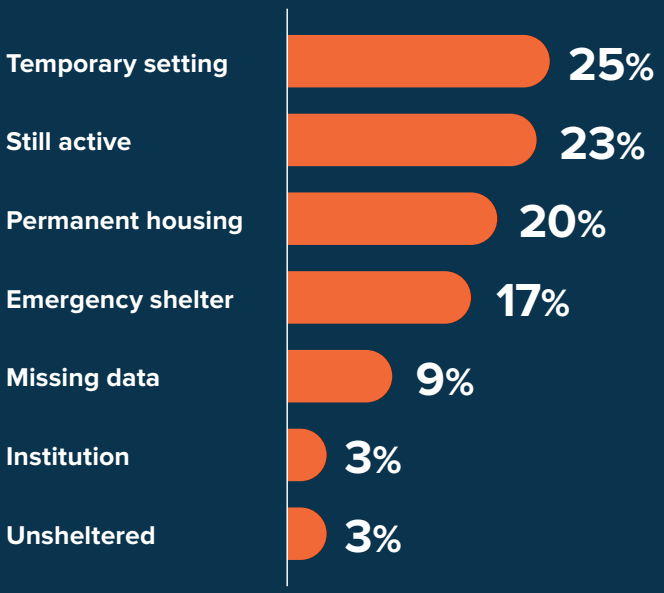
The primary goal of transitional housing is to move households from temporary housing to permanent housing.

Twenty percent of individuals exited to Permanent Housing, 3% to an Unsheltered Setting and 23% were still active at the time this report was analyzed. Twenty-five percent went to a Temporary Setting, 17% to an Emergency Shelter, 3% to an Institution and 9% had missing data **(Figure 11)**.

21%

of deduplicated households exited to permanent housing

Figure 11: Exit Destination for Households Accessing Transitional Housing, 2024



Crisis Response | Transitional Housing

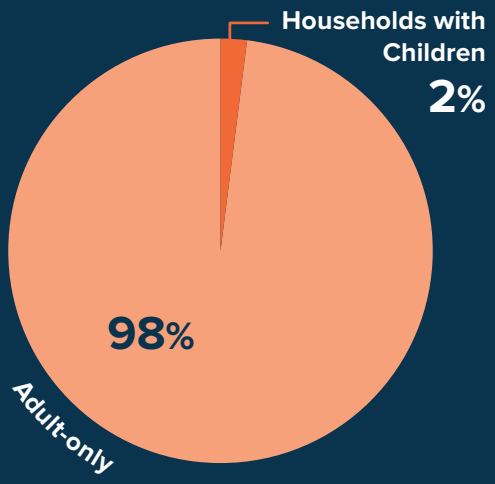
Utilization and Demographics

Transitional housing provides short-term housing to get households off the streets and into more stable living environments until Permanent Housing can be established. These programs are generally focused on specific sub-populations such as Transition Age Youth (18 to 24) and veterans.

107
households served in 2024

Demographics for those served in Transitional Housing in 2024:

HOUSEHOLD TYPE



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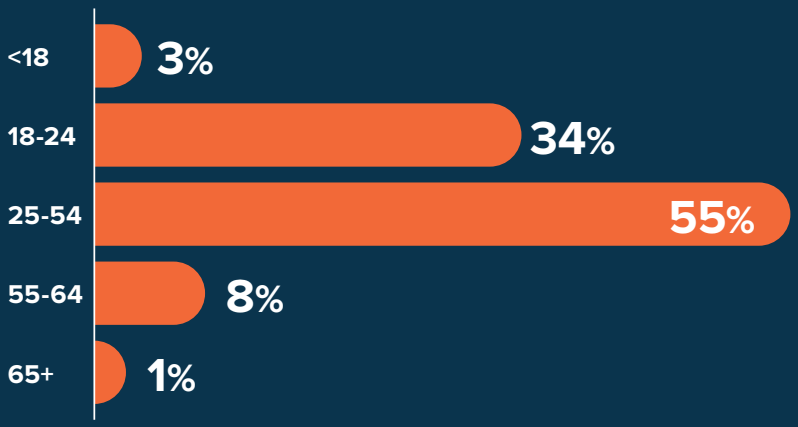
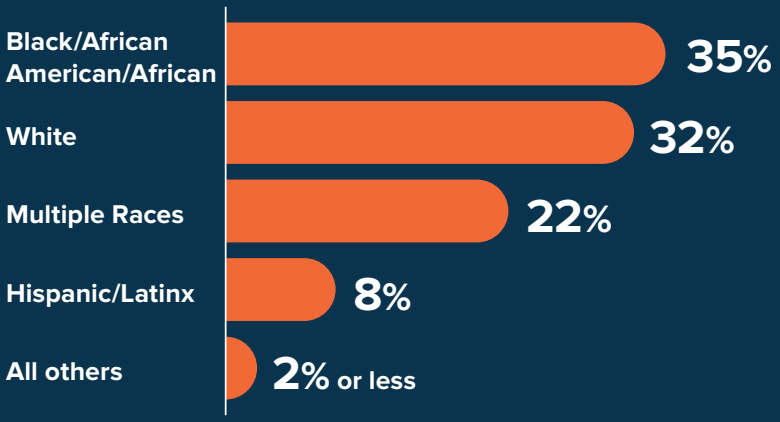
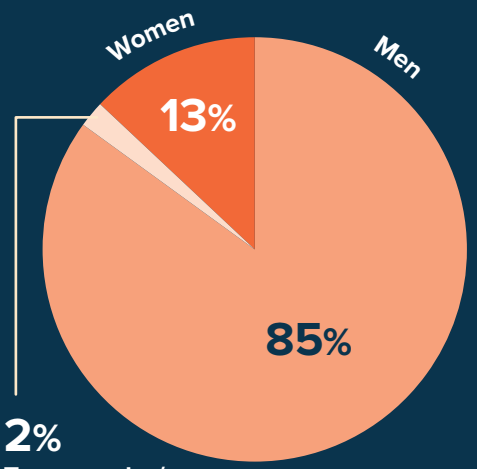


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

27% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Transitional Housing**

SUCCESS STORY

Lena, *a transition-age youth (TAY), was living with a family member when her uncle and his partner moved in. Conflict between Lena and the newcomers escalated to the point that she moved out and found herself homeless. She first stayed at the Bay Area Rescue Mission shelter and then found Calli House, a shelter designed specifically for TAY. Shortly thereafter, she moved into a Transitional Housing Program for TAY and started to stabilize.*

Unfortunately, while living there, Lena, an out lesbian, lost her job due to her sexuality and fell into a deep depression. With the support of a mental health clinician, Lena's mental health improved enough to find a new job, but, because the job was closer to Calli House, she asked to move back into the shelter to make the commute manageable.

With a new job and the support of Calli House staff, Lena began to thrive. Even though she was very nervous and didn't want to leave Calli House, her case manager encouraged her to consider living on her own. She had saved $4500 through the Youth Savings Program and her job was going well. When she found an affordable apartment, staff used the TAY Housing Security Fund to pay for her deposit and Lena managed the rest of the move in process on her own. Staff was right that she was ready and she's doing great.

"Lena has come back to visit a few times and is super happy, glowing, thriving. She's so positive and excited about her new life in her own apartment!"

- Lena's case manager

Crisis Response | **Rapid Rehousing**

Outcomes

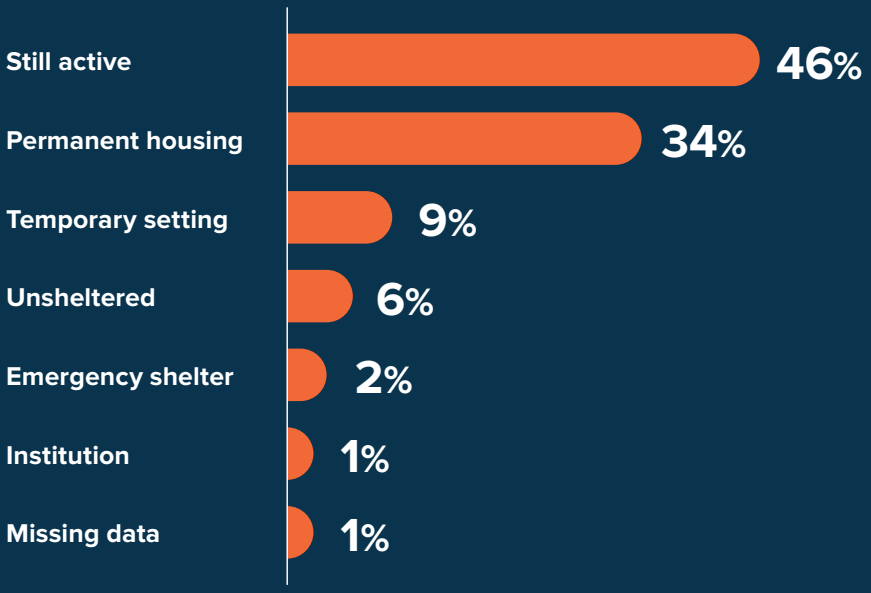
Households enrolled in Rapid Rehousing generally work with case managers to address barriers to obtaining housing and help identify appropriate housing opportunities. Households stay enrolled in Rapid Rehousing even after a move-in date until they can sustain housing on their own without support.

Nearly half (46%) of individuals were still active at the time this report was analyzed, while 34% exited to Permanent Housing. Nine percent exited to a Temporary Setting, 6% to an unsheltered location and 2% to Emergency Shelter. One percent exited to an Institutional Setting and 1% of records had missing data **(Figure 12)**.

46%

(Nearly half) of households accessing Rapid Rehousing were still active

Figure 12: Exit Destination for Households Accessing Rapid Rehousing, 2024



Crisis Response | Rapid Rehousing

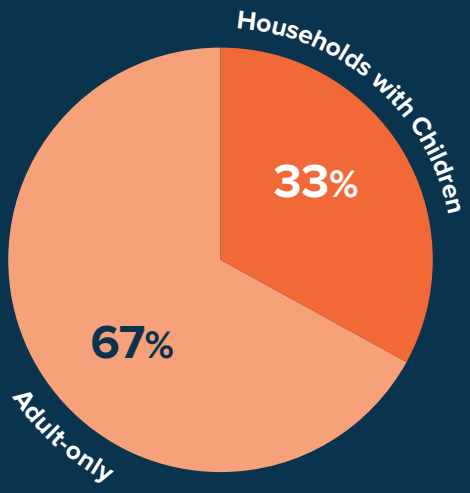
Utilization and Demographics

Rapid rehousing integrates short-term financial assistance with services and case management to help those experiencing homelessness get quickly re-housed and stabilized.

1,142
households served in 2024

Demographics for those served in Transitional Housing in 2024:

HOUSEHOLD TYPE



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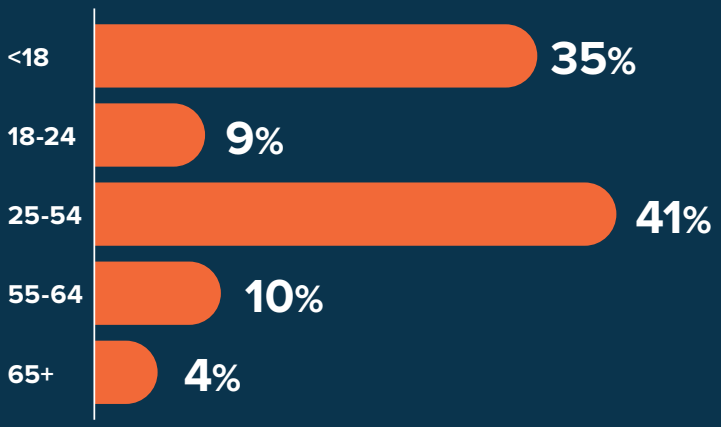
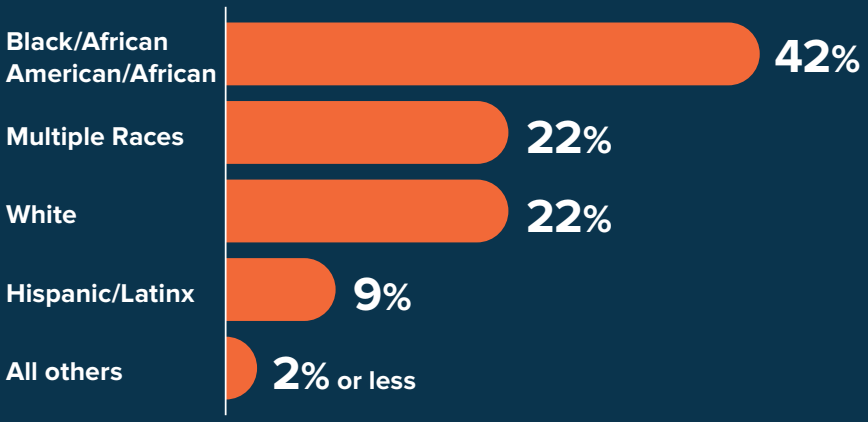
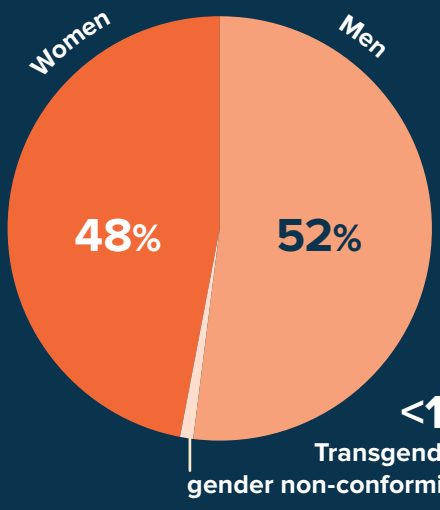


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

26% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Crisis Response **Rapid Rehousing**

SUCCESS STORY

Aaron *[name changed to protect privacy], a single father in his 40's, was working consistently until COVID hit. Without stable work, Aaron lost his housing and ended up living in his truck with his teenage son in East Contra Costa. When CORE mobile outreach connected with Aaron, they did a housing assessment and, through Coordinated Entry, he was soon referred to the SHELTER, Inc's Restored Hope Rapid Rehousing program. CORE supported Aaron with getting his necessarily documents and Restored Hope provided case management, wrap around services including housing navigation and employment services*

When Aaron first referred to the Restored Hope program he set a few goals: stable housing, improving his health and increasing his income with better work. With the right supports, Aaron was able to meet his goals and is building a stable life for himself and his son.

Aaron and his son now have steady housing in their own apartment, which was fully furnished through SHELTER, Inc's Extended Family Program. Aaron is working with a therapist to help manage his anxiety and after working with a SHELTER, Inc. Employment Specialist, he just received an offer from a security company and has plans to train as a truck driver. Kudos to Aaron and all the people and programs that helped support his journey towards a healthy and fulfilling life!

"Aaron is a determined individual who not only sets clear goals but actively works toward achieving them. Today, both he and his son are thriving, and he is deeply grateful for the opportunity to build a stable and loving home for them to share"

- Case Manager

Permanent Housing

Outcomes

Households in Permanent Housing programs generally remain housed until they are no longer able to live independently. At the time this report was generated, 95% of households in permanent supportive housing were still enrolled. An additional 3% exited to other Permanent Housing (resulting in 98% remaining housed), while 1% exited to an Institutional Setting and 1% had missing exit destination data. No households exited to an Unsheltered Setting, Temporary Setting, or Emergency Shelter **(Figure 13).**

98%

of deduplicated households exited to permanent housing

Figure 13: Exit Destination for Households Accessing Permanent Housing, 2024

Permanent Housing

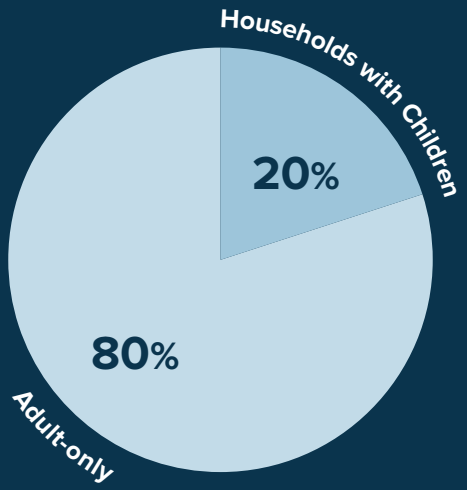
Utilization and Demographics

Permanent housing programs provide long-term financial support for housing for people who were previously homeless. Many include case management and wrap-around services. Most households stay housed in this program for many years.

1,448
households served in 2024

Demographics for those served in Transitional Housing in 2024:

HOUSEHOLD TYPE



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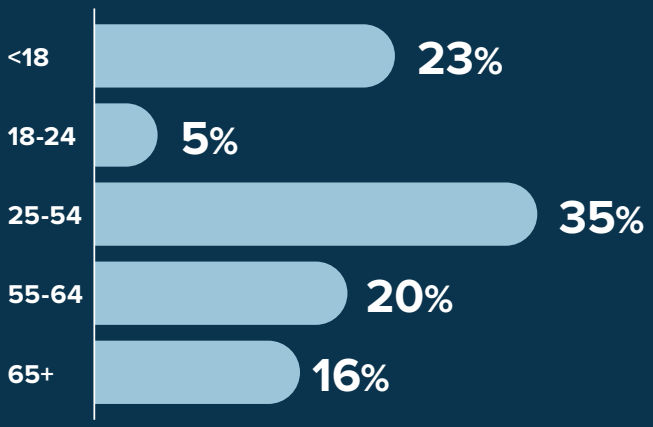
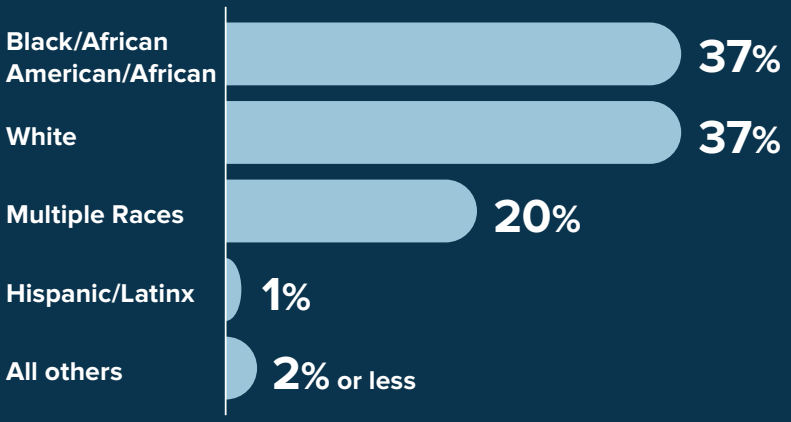
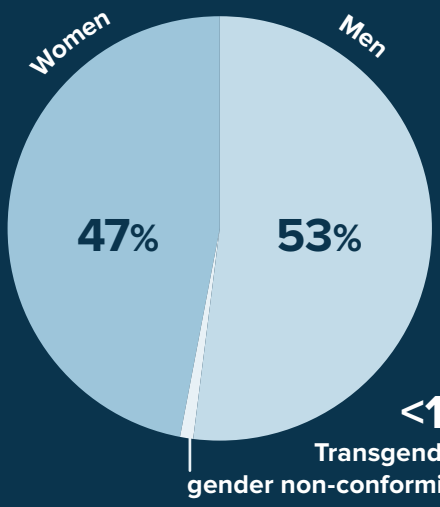


RACE/ETHNICITY



GENDER



CHRONIC HOMELESSNESS

45% of households experienced chronic homelessness

*Note: Individuals who selected multiple gender identities are counted in each gender category. Transgender/gender non-conforming data are suppressed due to low numbers.

Permanent Housing

SUCCESS STORY

After two years of homelessness—living in their car, parks and abandoned buildings—a vulnerable family with two disabled adults and two small children found hope and stability through a coordinated, multi-partner effort. Recognizing the urgent needs of the family after receiving communication from staff at the Pittsburg Unified School District (PUSD), the Contra Costa Coordinated Entry (CE) team quickly ensured that the family was connected to CORE mobile outreach. Once CORE completed an assessment, the family was placed at SHELTER, Inc's Mountain View Family Shelter and referred to an available spot in a Permanent Supportive Housing program run by Mercy Housing and Hope Solutions.

As the family settled into the shelter, CORE, Mercy Housing and the CE team worked diligently alongside the school district to continue the housing process, ensuring that the family's housing application was reviewed swiftly. Within 8 weeks, the family moved into their new two-bedroom apartment.

With this collaborative team supporting them, the family moved into a fully furnished apartment where they will receive ongoing case management and wrap-around services to ensure the support necessary for long-term stability. Through PUSD's partnership, the children remain in their school district, ensuring continuity in their education and setting them up for a stronger future.

"This is the first time my family has ever had a room to themselves with a bed and some privacy."

- Father on the first night in their new apartment

DEMOGRAPHICS

The CoC served 14,245 people in 9,995 households, all from different backgrounds, during 2024. This section of the report provides demographic data for individuals and households accessing the CoC during the report period.

Household Type

Household types in the CoC fall into three categories:

1. Households with adults and children (under 18)
2. Households with only adults (single or multiple adults)
3. Unaccompanied minors (households with no adult head of household)

This section summarizes the three household types, their characteristics, their program utilization and their outcomes.

Adult-only households made up 82% of the household enrollments in the CoC during 2024 and households with children made-up 18% **(Figure 14)**. There were 39 unaccompanied minors served at a youth program in the CoC, making up less than a tenth of a percent of all enrollments in the CoC. The number of unaccompanied minors is small and disaggregating in further analysis jeopardizes confidentiality and therefore is not included in further analyses in this report.

Adult-only households experienced a 31% increase from 2020 to 2024, while households with children increased by 79% **(Table 4)**. The increase in households with children can be largely attributed to an increase in programs serving this population. For more information, see details under “Leveraging Mainstream Benefit Programs” on page 16.

Figure 14: Proportion of Enrollments in the CoC, by Household Type, 2024

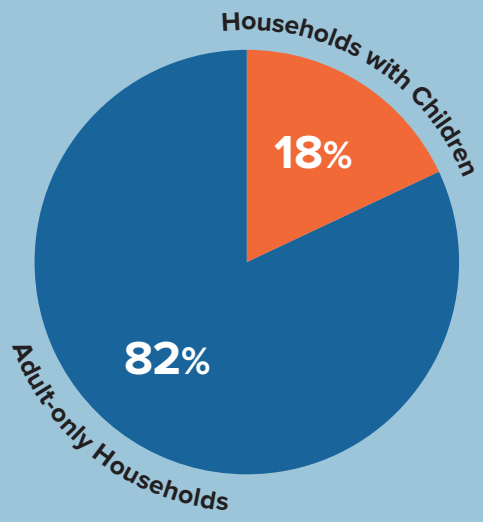
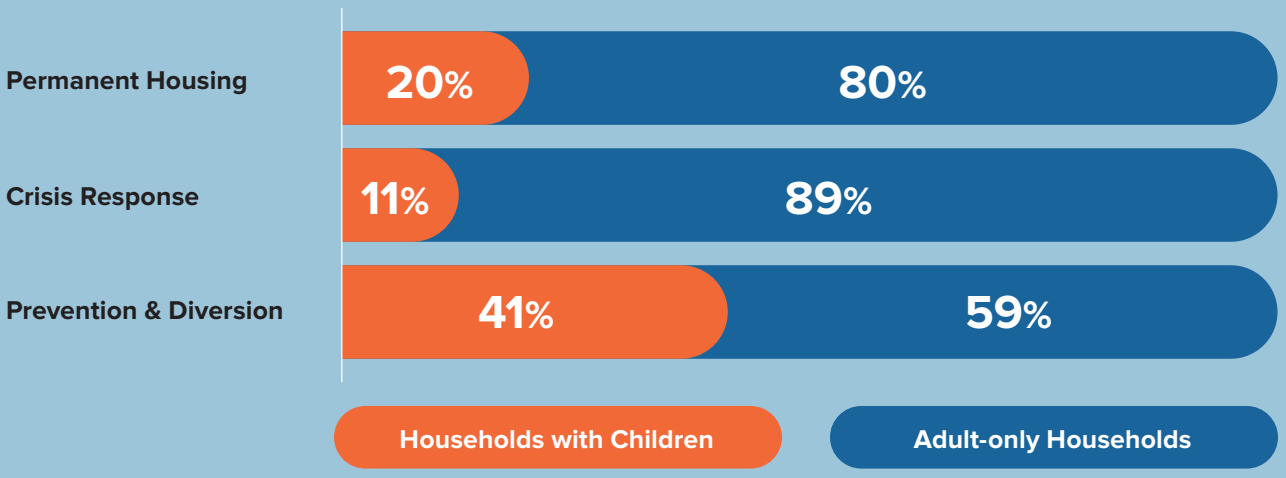


Table 4: Number of Households, by Household Type, Served in the CoC, 2020-2024

	2020	2021	2022	2023	2024	5-year % change
Adult-Only Housing	6,391	5,994	6,651	7,854	8,348	31%
Households with Children	1,031	1,075	1,314	1,878	1,845	79%
Total (Unique) Households	7,153	6,825	7,723	9,632	9,995	40%

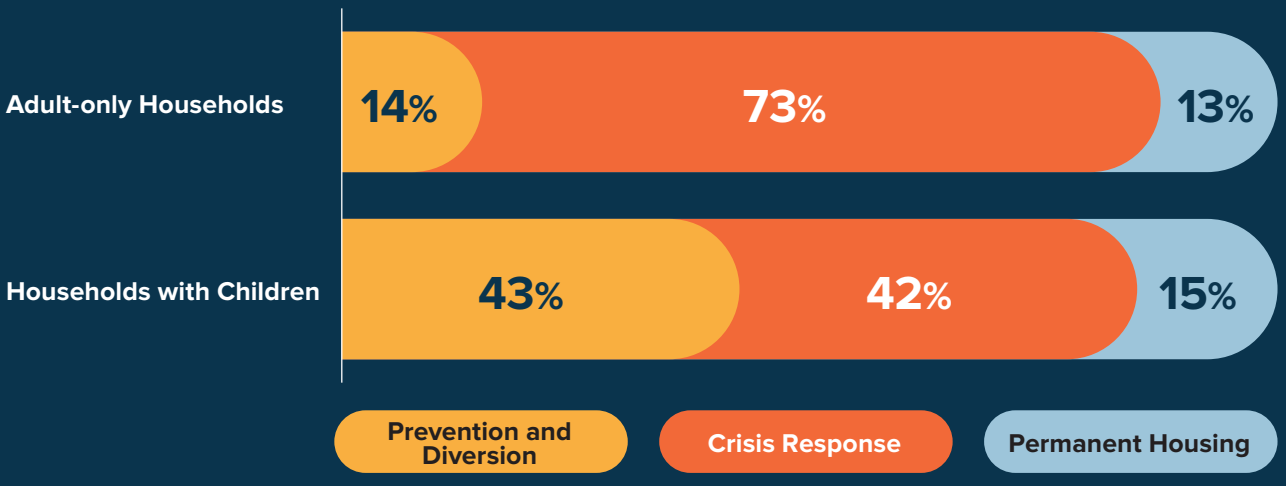
Adult-only households were the largest household type accessing all three program model categories; more than half of households served in Prevention and Diversion (59%, n=1,202), 89% among Crisis Response (n=6,397) and 80% among Permanent Housing (n=1,164, **Figure 15**).

Figure 15: Program Model Category, by Household Type, 2024



Program utilization varied considerably for households with children compared to adult-only households. A greater proportion of households with children accessed Prevention and Diversion (43% of households with children) than adult-only households (14% of adult-only households). A lower proportion of households with children (42%) accessed Crisis Response than adult-only households (73%). Rates for accessing permanent supportive housing were relatively the same (15% of households with children and 13% of adult-only households, **Figure 16**).

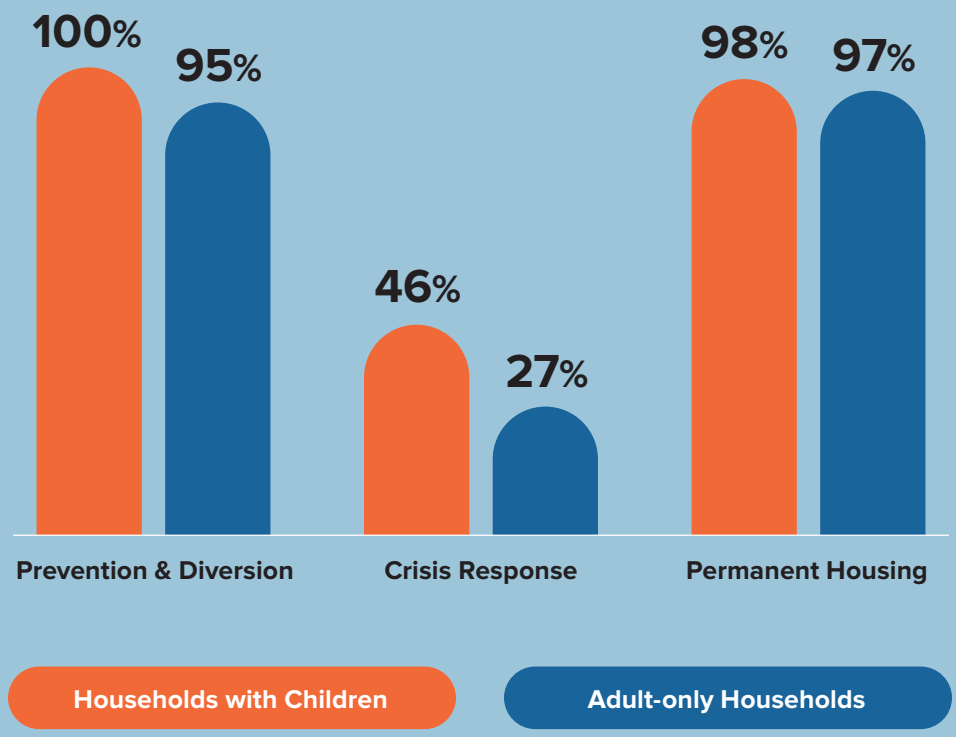
Figure 16: Program Model Category Utilization, by Household Type, 2024



Exits to Permanent Housing by Household Type

Households with children had higher exit rates to Permanent Housing from all three program model categories than adult-only households during 2024. Among Prevention and Diversion, households with children had a 100% exit rate to housing compared to 95% for adult-only households. Forty-six percent of households with children exited to Permanent Housing from Crisis Response compared to 27% of adult-only households and 98% of households with children, compared to 97% of adult-only households, retained housing or exited to Permanent Housing from Permanent Housing programs **(Figure 17)**.

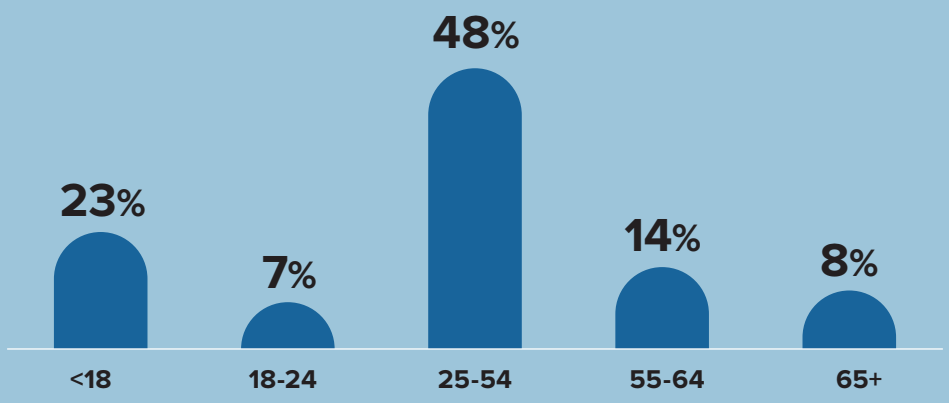
Figure 17: Percent of Exits to Permanent Housing, or Retained Housing, by Household Type, 2024



Age Groups

Adults ages 25 to 54 years old made-up almost half (48%) of all people accessing services in the CoC during 2024, followed by minors (ages 0 to 17, 23%). Older adults (55 to 64 years of age) made up 14%, seniors (ages 65 and older) made up 8% and transition-age youth (TAY, 18 to 24) made up 7% **(Figure 18)**.

Figure 18: Age Distribution for All People Experiencing Homelessness Served by the CoC, 2024



Over the last five years, the CoC has experienced shifts in the number of people within most age groups. These changes reflect the CoC's prioritization to serve those most at-risk to experience adverse health impacts, with a focus on older adults, seniors and people with chronic health conditions. Programs serving households with children have also increased, resulting in more minors. There was a 73% increase among minors from 2020 to 2024, a 69% increase in the number of seniors 65+, a 55% increase among TAY, a 39% increase among 25 to 34 year-olds and an 18% increase among 55 to 64 year-olds **(Table 5)**.

Adults between the ages of 25 and 54 made up the largest age group accessing Prevention and Diversion, Crisis Response and Permanent Housing **(Table 6)**.

Table 5: Five-year Percent Change (2020-2024) Among Age Groups

	<18	18-24	25-54	55-64	65+
5-Year % Change	73%	55%	39%	18%	69%

Table 6: Number of Each Age Group Served in Program Model Category, 2024

	<18	18-24	25-54	55-64	65+
Prevention & Diversion	1,558	270	1,729	266	244
Crisis Response	1,482	693	4,771	1,449	627
Permanent Housing	488	108	726	425	341

SUCCESS STORY

*After decades of stability in Danville, **Mindy**, never imagined losing everything. She and her husband had built a comfortable life, traveling and enjoying each day—but they hadn't prepared for the future. When he passed away, she discovered hidden debt that cost her their home, leaving her uncertain of how to survive.*

For eight months, she navigated homelessness, using her savings to stay afloat. Through word of mouth, she learned about 211 and made the call that changed everything. CORE mobile outreach was dispatched to visit Mindy and, recognizing her status as a disabled older adult, quickly secured her placement in the Concord Shelter.

*Adjusting to shelter life was tough for Mindy, with new faces, sleeping on an unfamiliar bed and the overwhelming uncertainty, but she says, **"the Concord shelter staff made it easier for me to start putting my life back together."** When she was offered permanent supportive housing unit at El Portal she happily took it and is settling in well. She says, **"I was scared of this whole system because I thought it would be a certain way but people here are very respectful."** To people who may be hesitant to reach out for support she says, **"Just know that there are good people out here that can help you."***

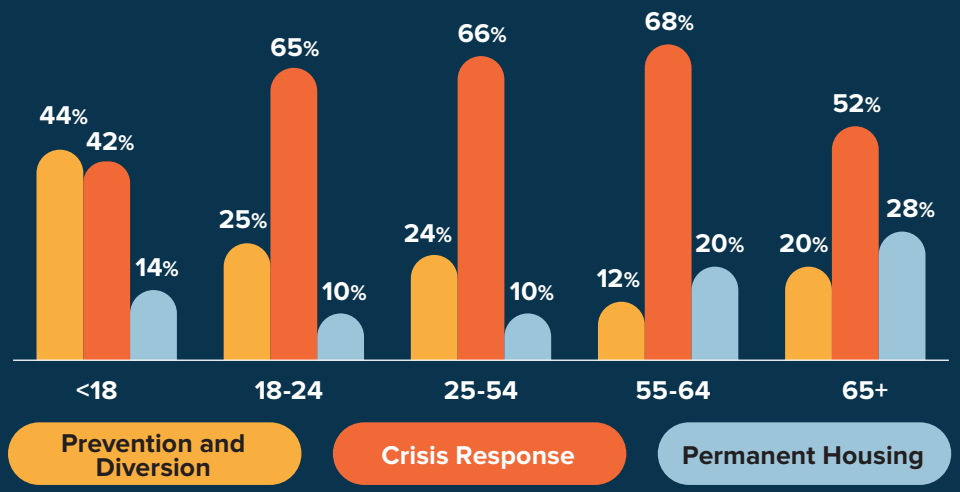
" Now I have the opportunity to make something of my life."

- Mindy

Different age groups access program models at different rates:

- A higher proportion of minors accessed Prevention/ Diversion than any other age group (44% of minors) due to the high utilization of the program by families with minor children and the lowest proportion was 55 to 64 year-olds with 12% accessing Prevention/Diversion.
- 55 to 64 year-olds had the highest proportion who accessed Crisis Response (68%), followed closely by 25 to 54 year olds (66%) and TAY (65%). Minors had the lowest proportion amongst those accessing Crisis Response (42%).
- Seniors 65 and older had the highest proportion who accessed Permanent Housing programs (28%) and both TAY and 25 to 54 year olds had the lowest (10%, **Figure 19**).

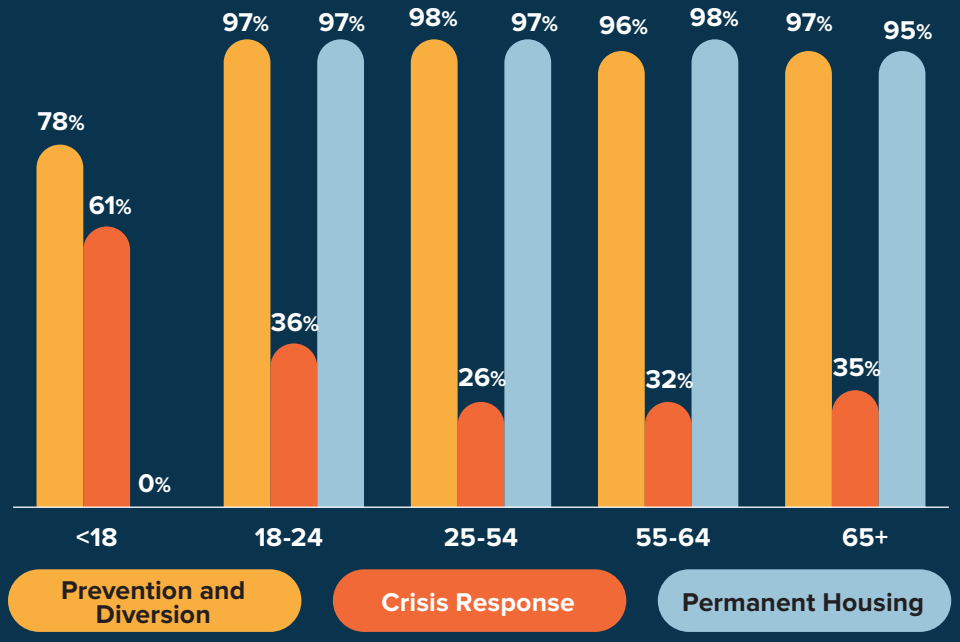
Figure 19: Program Utilization for All People for Each Program Model Category, by Age Group, 2024



Age Group Exits to Permanent Housing

Minors had the highest exit rates to, or retention in, Permanent Housing from Crisis Response than any other age group. Exits to Permanent Housing from Crisis Response ranged from 61% among minors to 26% among adults ages 25 to 54. Exits to Permanent Housing from Prevention/Diversion ranged from 98% among 25 to 54 year olds to 78% among minors. All household types had a housing retention rate in Permanent Housing of 95% or higher with the exception of minors which had no clients exit to, or retain in, Permanent Housing in 2024 **(Figure 20).**

Figure 20: Percent of Exits to, or Retention in, Permanent Housing, by Program Model Category and Age of Head of Household, 2024



Race and Ethnicity

Race and ethnicity data is generally analyzed for the head of household. Much of the data in this section is for the head of household unless otherwise stated. Until September 30th, 2023, Race and Ethnicity were separate data elements per HUD definition[2]; and people who are Hispanic/Latinx may self-report any race. The two data fields were replaced October 1st, 2023 as one Race category with Hispanic/Latinx included as an option. Across all three program model categories (Prevention and Diversion, Crisis Response and Permanent Housing), Black/African American/African households made up the largest race category (39%, n=4,117), followed closely by White households (31%, n=3,210), people with Multiple Races (17%, n=1,776), Hispanic/Latinx households made up 8% (n=833), Asian/Asian American (3%, n=265) and 1% for each American Indian/Alaska Native/Indigenous and Native Hawaiian/Pacific Islander (n=143 and 133, respectively, **Figure 21**).

Compared to the racial composition of all Contra Costa residents (2024 U.S. Census estimates), White, Asian American/Asian and Hispanic/Latinx were underrepresented in the CoC, while Black/African American/African and people with Multiple Races were over-represented. American Indian/ Alaska Native/Indigenous and Native Hawaiian/Pacific Islander households were relatively equal. Census data are available for individuals and not head of households, thus the proportions in the following graphic are for individuals and does not match the head of household proportions above.

White individuals represented 62% of the county population and only 25% of the CoC and Asian American/Asian made up 21% of the county population and 3% of the CoC. Conversely, Black/ African American/African people represented 40% of the CoC had only 9% of the county population (four times higher) and people with Multiple Races were 19% of the CoC and only 6% of the county (slightly three times higher, **Figure 22)**.

*County census data is available at: → **https://www.census.gov/quickfacts/contracostacountycalifornia**. Race distribution for Figures Twenty-One and Twenty-Two are different because census data is run at the individual level, not household, therefore, the CoC data was run at individual level for **Figure 22**.

[2] → **https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual-2024.pdf**

Figure 21: Racial Distribution of Heads of Households Across the CoC, 2024

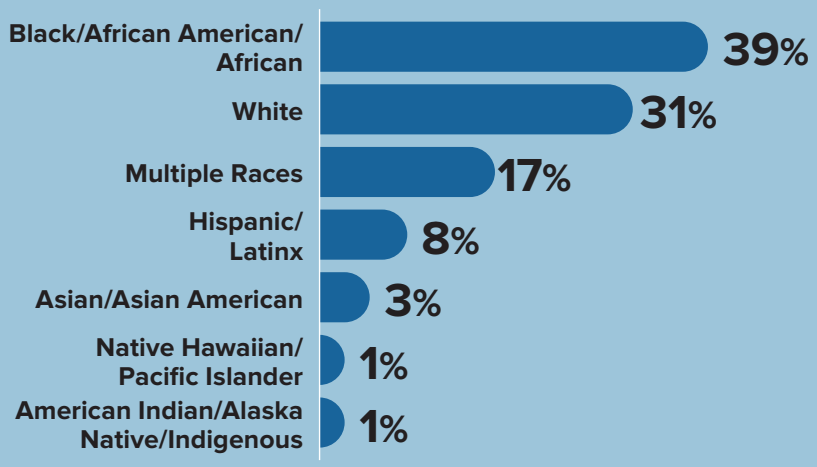
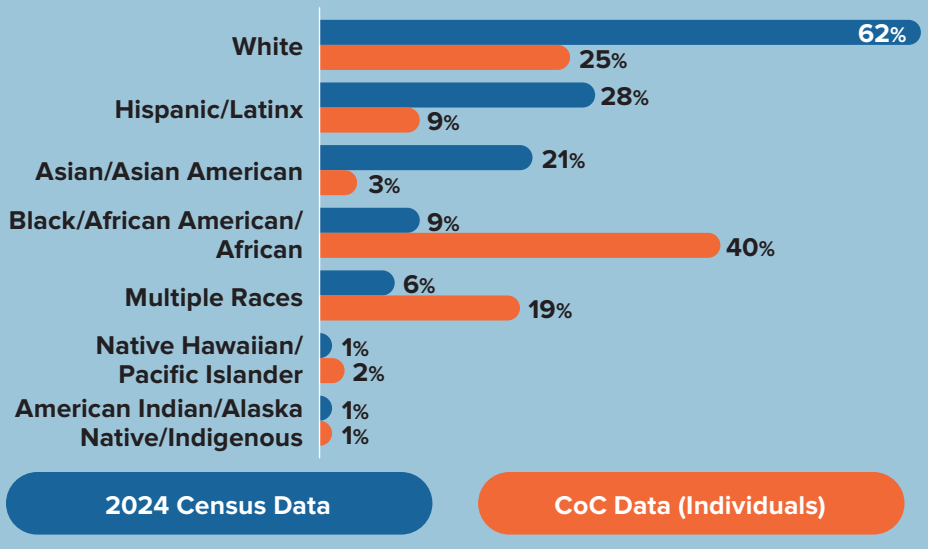


Figure 22: Race Distribution in the CoC* Compared to 2024 County Census Data Estimates



Household type varied across races and ethnicities. American Indian/Alaska Native/Indigenous had the lowest rate of households with children (1% of households), followed by Native Hawaiian/Pacific Islander (2%) then Asian/Asian American (3%). Households with a head-of-household that was Black/African American/African had the highest proportion of households with children (49%, **Figure 23**)

The proportion of households accessing the three program model categories also varied by race and ethnicity distribution.

- **Prevention and Diversion:** Black/African American/African households were more likely to use Prevention and Diversion (25%), followed by Native Hawaiian/Pacific Islander (24%). American Indian/Alaska Native/Indigenous were least likely to access Prevention and Diversion (9% of households).[3]
- **Crisis Response:** The proportion of American Indian/Alaska Native/Indigenous households who accessed Crisis Response (80%) was higher than all other races/ethnicities, followed by Hispanic/Latinx (79%). Black/African American/African households were least likely (62%).
- **Permanent Housing:** White individuals were most likely to access Permanent Housing (18%), followed by Asian American/Asian (14%). Hispanic/Latinx households were least likely to utilize Permanent Housing programs (2%, **Table 7**).

[3] This is likely an overcount due to changes in HUD data standards described on p. 63

Figure 23: Proportion of Households with Children in the CoC, by Race and Ethnicity, 2024

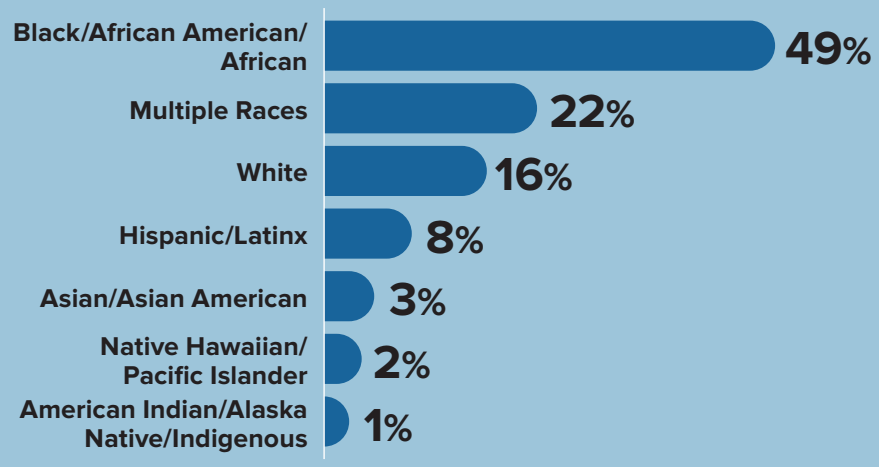


Table 7: Proportion of Households Served in Each Program Model Category, by Head of Household's Race/Ethnicity, 2024

Race/Ethnicity	Prevention & Diversion	Crisis Response	Permanent Housing
American Indian/Alaska Native/Indigenous (n=139)	9%	80%	10%
Asian American/Asian (n=253)	22%	64%	14%
Black/African American/African (n=3,865)	25%	62%	13%
Hispanic/Latinx (n=812)[4]	19%	79%	2%
Multiple Races (n=1,666)	20%	67%	13%
Native Hawaiian/Pacific Islander (n=126)	24%	63%	13%
White (n=3,033)	10%	72%	18%
Across CoC, Regardless of Race/Ethnicity (n=9,995)	19%	68%	14%

[4] This is likely an undercount due to changes in HUD data standards described on p. 63

Permanent Housing Outcomes

Permanent housing exit destinations from Prevention, Crisis Response and Permanent Housing varied slightly across race and ethnicity. The number of households for each race with exits to Permanent Housing are provided in **Table 8**.

- **Prevention and Diversion Outcomes:** Head of households who identified as American Indian/Alaska Native/Indigenous had the highest rates of exits to Permanent Housing from Prevention and Diversion (100%) than any other race/ethnicity. Native Hawaiian/Pacific Islander had the lowest exit rate to housing from Prevention and Diversion (94%).
- **Crisis Response Outcomes:** Asian American/Asian households had the highest rates of exits from Crisis Response to Permanent Housing (32%) followed by American Indian/Alaska Native/Indigenous households (31%). Native Hawaiian/Pacific Islander had the lowest (19%).
- **Permanent Housing Outcomes:** Native Hawaiian/Pacific Islander and Hispanic/Latinx households had the highest housing retention in Permanent Housing programs (100% respectively). Asian American/Asian households had the lowest rate of sustaining Permanent Housing (89%, **Table 8**).

Table 8: Number and Proportion of Households with Exits to, or Retention in, Permanent Housing from Each Program Model Category, by Race/Ethnicity, 2024

Race/Ethnicity	Prevention & Diversion		Crisis Response		Permanent Housing	
	n	% exited to permanent housing	n	% exited to permanent housing	n	% exited to permanent housing
American Indian/Alaska Native/Indigenous	13	100%	36	31%	14	93%
Asian American/Asian	56	95%	53	32%	33	89%
Black/African American/African	1,007	98%	731	29%	520	98%
Hispanic/Latinx	156	97%	181	28%	15	100%
Multiple Races	344	97%	352	30%	215	97%
Native Hawaiian/Pacific Islander	30	94%	16	19%	17	100%
White	311	96%	614	27%	529	97%
Across CoC, Regardless of Race/Ethnicity	1,956	97%	2,003	28%	1,361	97%

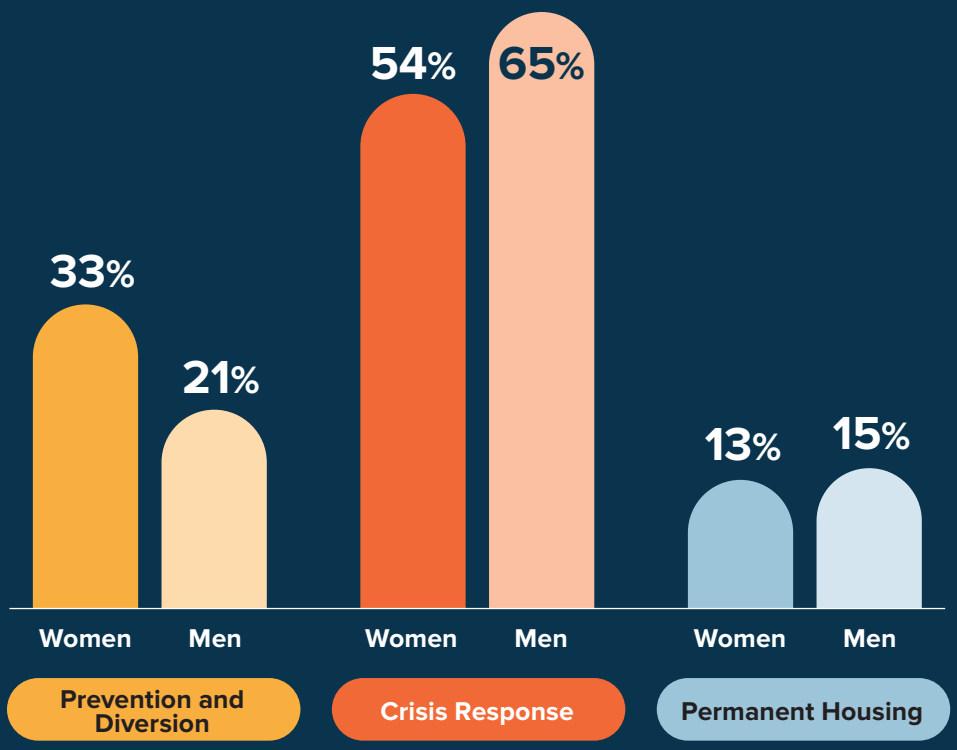
Gender

The CoC served slightly more men (50%) than women (49%) and less than 1% of people accessing services identified as transgender or gender non-conforming. Given the small number of people in the CoC who identified as transgender or gender non-conforming, their data was suppressed from this report and not disaggregated at the program model category to protect the confidentiality of those individuals.

Women were more likely than men to access Prevention and Diversion programs (33% of women served in the CoC compared to 21% of men served); men were more likely to access Crisis Response (65% versus 54%). Both genders accessed Permanent Housing at similar rates (13% of women and 15% of men, **Figure 24**).

Women were more likely to be in households with children; 15% of women compared to 3% of men **(Figure 25)**.

Figure 24: Program Model Category, by Gender, 2024



* Less than 1% reported transgender or gender non-conforming. Data suppressed to protect confidentiality.

Figure 25: Household Type, by Gender, 2024

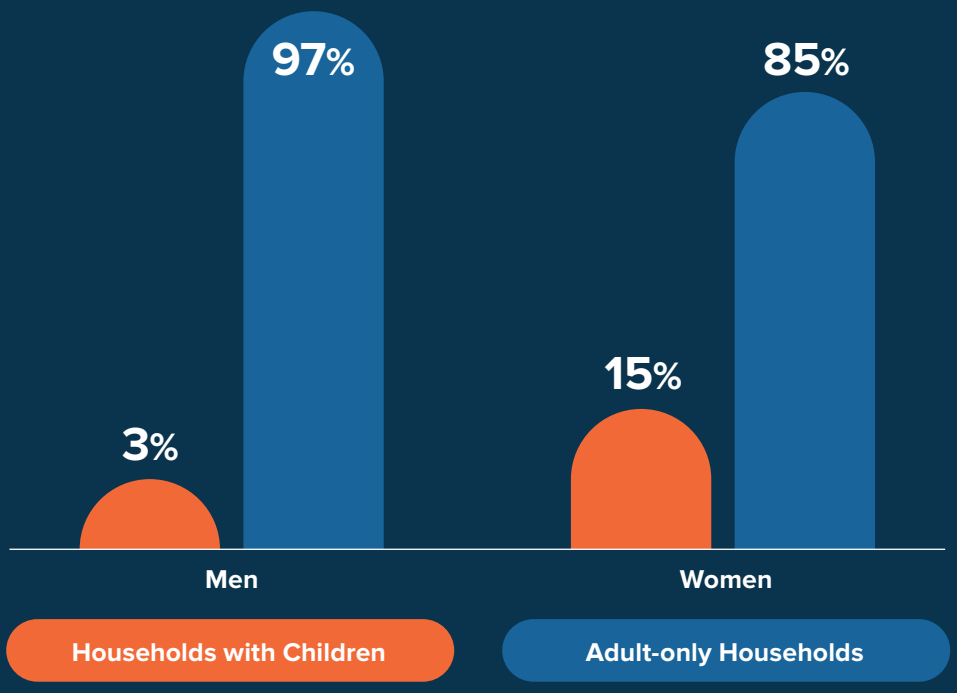
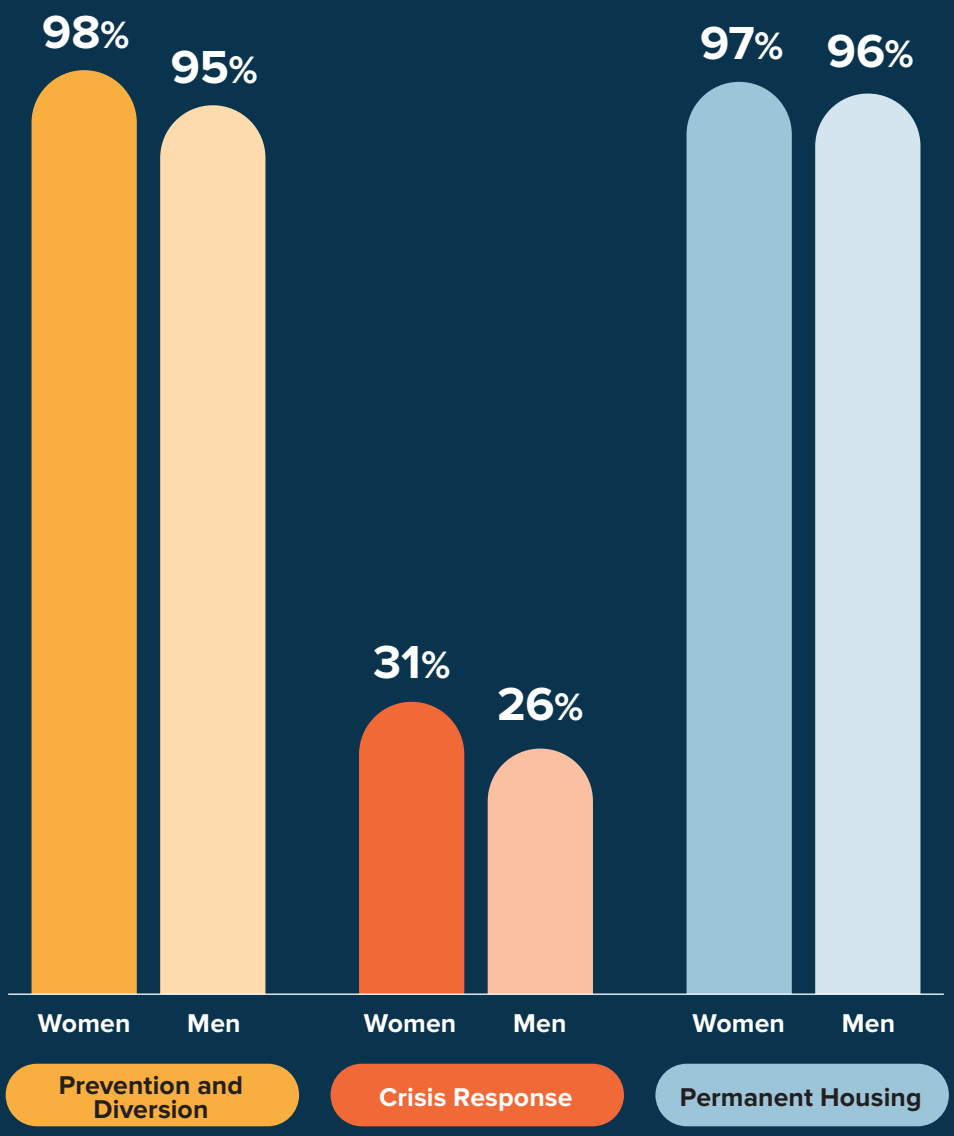


Figure 26: Proportion of Households with Exits to, or Retention in, Permanent Housing, by Program Model Category and Gender, 2024



Permanent Housing Outcomes

Women had better Permanent Housing rates compared to men for all program model categories. For Prevention and Diversion, 98% of women versus 95% of men exited to Permanent Housing. Thirty-one percent of women in Crisis Response exited to Permanent Housing, compared to 26% of men. Nearly all women (97%) in Permanent Housing program retained housing compared to 96% of men **(Figure 26)**.

Disabling Conditions

Sixty-eight percent of households across all CoC programs reported having a disabling condition. The HUD definition of a disabling condition is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug use, post-traumatic stress disorder (PTSD), or brain injury that is expected to be long-term and impacts the individual's ability to live independently, a developmental disability, or HIV/AIDS. Over three-quarters (79%) of households served in Crisis Response reported having a disabling condition, 73% of households in Permanent Housing programs and 41% in Prevention and Diversion **(Figure 27)**.

Mental health was the most common disabling condition among households served in the CoC with 48% of households served having a member with a mental health condition. Over one-third of households had a chronic health condition (39%) and/or a physical disability (39%). Thirty percent reported a substance use disorder and another 15% reported a developmental disability **(Figure 28)**.

Figure 27: Proportion of Households with at Least One Disabling Condition, by Program Model Category, 2024

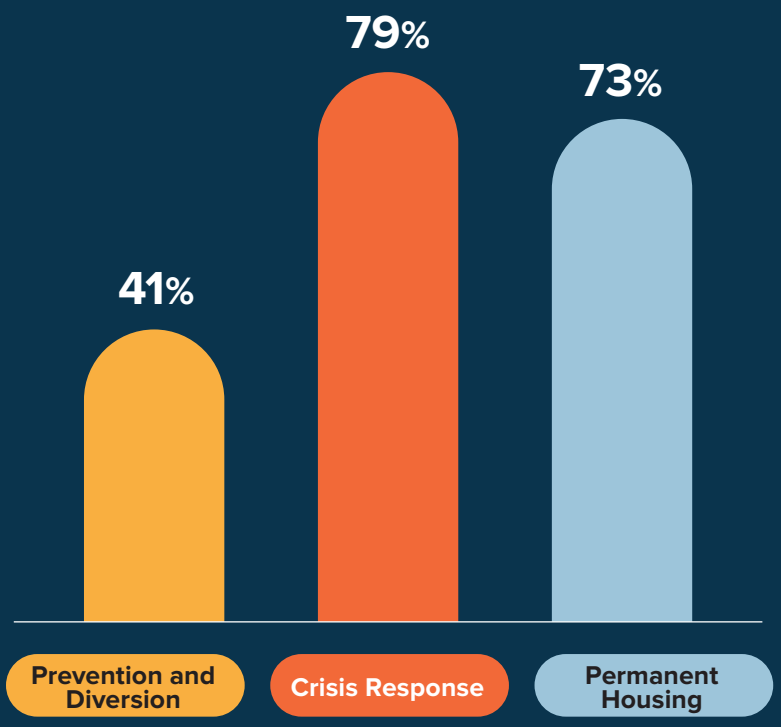
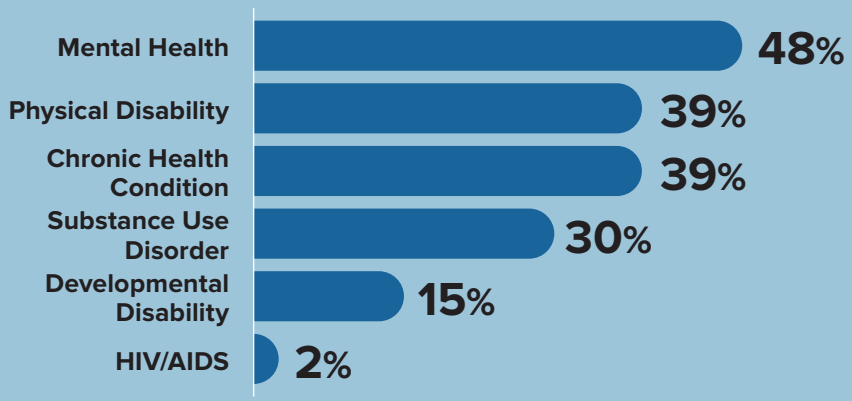


Figure 28: Proportion of Households with Disabling Conditions, 2024



Permanent Housing Outcomes

Households for people without a disabling condition had slightly better housing rates than households with people with a disabling condition.

- **From Prevention,** 98% of households without a disabling condition exited to Permanent Housing compared to 96% of households with disabling conditions.
- **From Crisis Response,** 35% percent for those without disabling conditions exited to Permanent Housing compared to 27% of those with a disabling condition.
- **From Permanent Housing,** 100% of households without a disabling condition exited to Permanent Housing compared to 97% of households with a disabling condition **(Figure 29)**.

DISABLING CONDITIONS SUCCESS STORY

*In October 2023, CORE mobile outreach connected with **John K**, a man in his early 60s living in a school bus on the streets of Rodeo with a number of beloved pets. Years of homelessness followed a divorce that left him without housing, compounded by significant health issues. After turning down a shelter that wouldn't allow his animals, John demonstrated his commitment to his pets and himself by buying a second motorhome where his pets could live (with his daughter providing their daily care) so he could pursue permanent housing.*

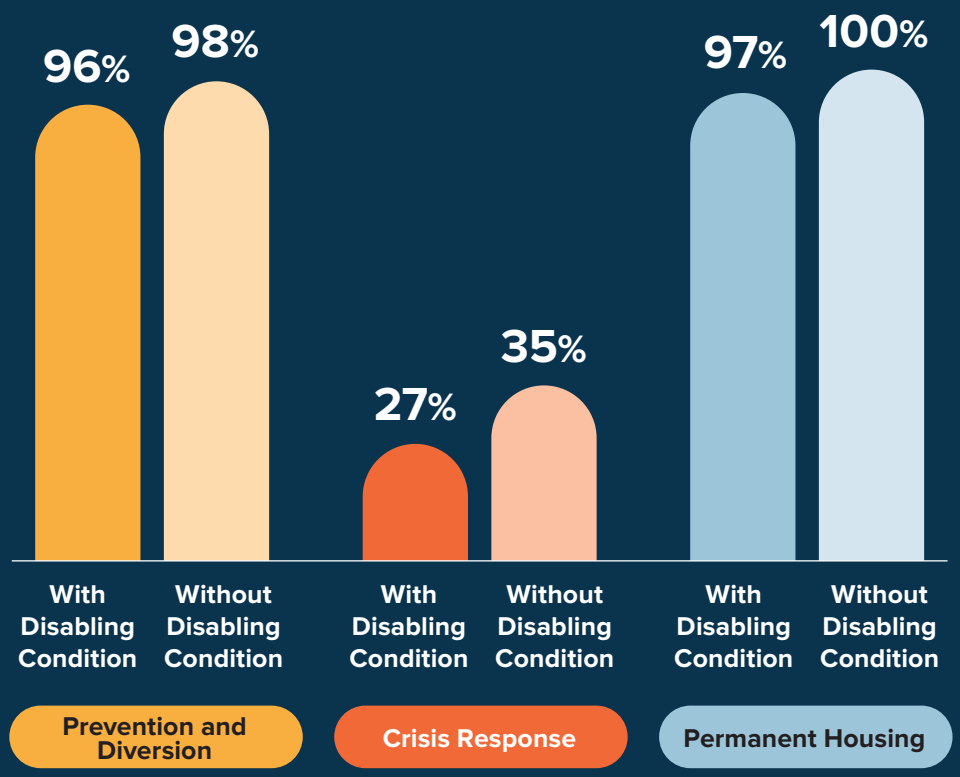
CORE supported John in obtaining key documents, such as a certification of disability and his birth certificate, enabling him to secure housing. In 2024, he became one of the first residents of El Portal. Now, John enjoys his new home—a space he affectionately calls his "man cave." He has his beloved pet with him and his vehicle, which he uses to assist others.

A retired bus driver, John is a dedicated advocate for unhoused individuals in Rodeo, often referred to as the "grandfather" of his former encampment community. He maintains close ties with Freewill Baptist Church, which was a vital support during his time of need. With a stable income, food stamps and help from a mental health case manager, John's story highlights resilience, compassion and the transformative power of community collaboration.

"This program has allowed me to pick my pride back up."

- John K

Figure 29: Proportion of Households with Exits to, or Retention in, Permanent Housing, 2024



Chronic Homelessness

An individual is defined by HUD as Chronically Homeless if they have a disabling condition and have lived in a shelter or place not meant for human habitation for 12 continuous months or for 4 separate occasions in the last three years (must total 12 months). These individuals are a subset of those with a disabling condition and were served in Crisis Response or Permanent Housing; Prevention programs do not serve Chronically Homeless individuals.

Over one third of all households served in Crisis Response during 2024 were Chronically Homeless (43%, n=3,067). From Crisis Response, the proportion of exits to Permanent Housing for Chronically Homeless (15%) is lower than the proportion for households who are not Chronically Homelessness (20%).

Survivors of Domestic Violence

History of domestic violence data is collected during program enrollment into Crisis Response programs and less consistently for people enrolling in Prevention and Diversion or Permanent Housing programs. This section includes data only on people accessing Crisis Response services.

Approximately one out of five of adults (22%) who accessed Crisis Response programs reported experiencing domestic violence at some time in their lives; for women, 38% had experienced domestic violence. Over one-third of those people (39%) were fleeing domestic violence at the time they enrolled into the program.

The majority of survivors of domestic violence were women (77%); 1% identified as transgender or gender non-conforming. Twenty-two percent of people in Crisis Response who were survivors of domestic violence exited to Permanent Housing.

Domestic violence data from STAND, SHELTER Inc. and Shepherd's Gate is not included in the report to protect the confidentiality of participants. Protecting their privacy is important in building trust and creates a safe space for survivors.

SUCCESS STORY

Sharon *[name changed to protect privacy], a 43-year-old single mother of five, overcame immense challenges with the dedicated support of various community partners. Initially homeless and living in an SUV in Richmond, Sharon and her family faced the lingering effects of domestic violence and lacked essential documents like birth certificates and Social Security cards. CORE mobile outreach and Coordinated Entry played vital roles in addressing these immediate barriers, paving the way for stability.*

The turning point came when the Contra Costa Housing Authority and Hope Solutions collaborated to secure a Housing Stability Voucher (HSV) for Sharon and her children. These organizations ensured all move-in costs were covered, enabling the family to transition seamlessly into a four-bedroom unit in October 2024. The landlord's generosity, including waiving application fees and covering utilities like water, sewer and garbage, further eased their financial burden. Additionally, the Employment & Human Services Department (EHSD) and family court resolved documentation issues and disputes, stabilizing the family's situation. With counseling support and the children now attending school regularly, the family has embraced a fresh start, showcasing the transformative power of community partnerships and coordinated care.

Sexual Orientation

Three percent of adults served in Crisis Response, identified as lesbian, gay, bisexual, transgender, or questioning/queer (LGBTQIA+). There is a large amount of missing data on sexual orientation among Prevention/Diversion and permanent housing and this report does not include those outcomes. Twenty-two percent of people who were LGBTQIA+ were between the ages of 18 and 24. Twenty-four percent of those served in Crisis Response who were LGBTQIA+ exited to Permanent Housing.

Veterans

The CoC served 912 veterans during 2024 (8% of the adult population served). There were more veterans in Permanent Housing than in Crisis Response or Prevention and Diversion programs during 2024 (552 in Permanent Housing programs, 402 in Crisis Response and 141 in Prevention/Diversion). Veterans made up 5% of adults served in Prevention/Diversion, 5% of adults served in Crisis Response and 34% of adults served in Permanent Housing programs **(Figure 30)**. The increase in Veteran's served across these programs can be attributed in part due to the Department of Veteran Affairs' continued support of Homeless Programs, such as the Supportive Services for Veteran Families and HUD-VASH programs, their 2022 initiative of placing 38,000 Homeless Veterans into Permanent Housing, increased outreach to the Veteran community and increased collaboration efforts between Contra Costa's Veteran Service Providers, the Coordinated Entry System and the larger network of providers in the CoC.

Ninety-four percent of veterans exited Prevention to Permanent Housing in 2024. More than half (54%) of veterans in Crisis Response exited to Permanent Housing (higher than any other sub-population in the CoC). Almost all (95%) remained in their Permanent Housing program or exited to another Permanent Housing destination **(Figure 31)**.

Figure 30: Percent of People Accessing Each Program Model Category who are Veterans, 2024

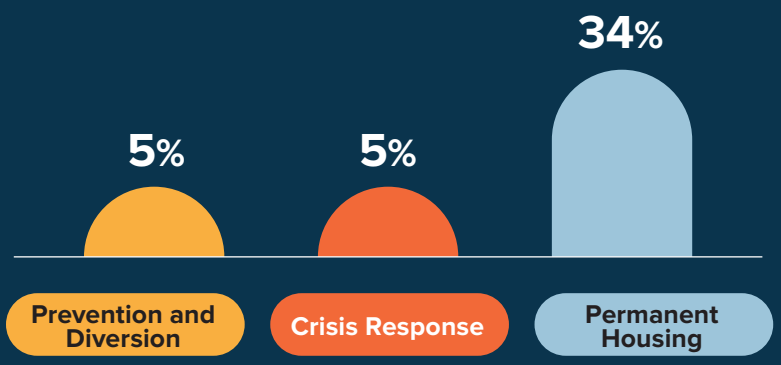
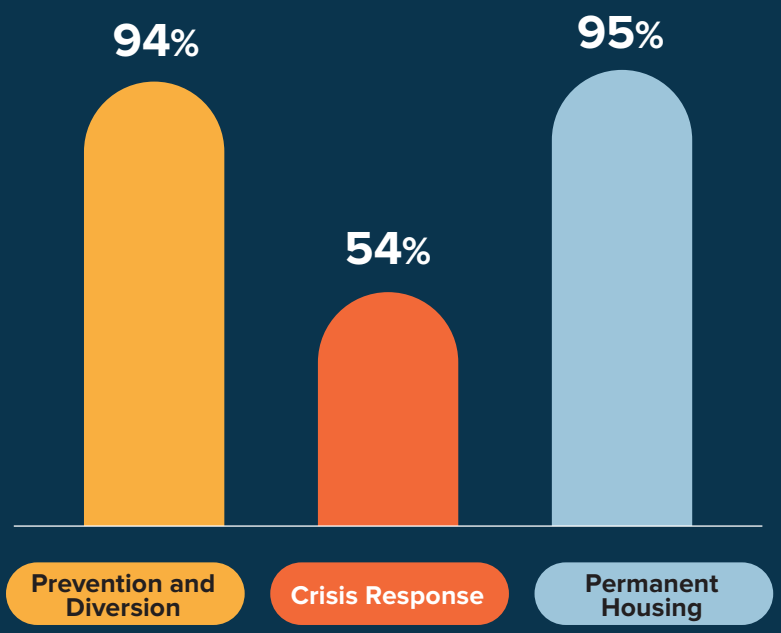


Figure 31: Percent of Veterans who Remain Housed or Exited to Permanent Housing, by Program Model Category, 2024



SUCCESS STORY

***Joe** [name changed to protect privacy], a U.S. Navy veteran, faced years of chronic homelessness in West Contra Costa County after losing his job and housing. As his health declined, daily survival grew increasingly difficult. His life changed when he connected with the CORE mobile outreach, which helped link him to the Insight Housing Supportive Services for Veteran Families (SSVF) program. This connection was a turning point — for the first time in years, Joe had access to the benefits and supportive services he had earned through his military service.*

Joe was prioritized for permanent supportive housing through the Coordinated Entry System and referred to Hacienda Heights, a senior housing site operated by Mercy Housing and Hope Solutions. Stable housing in a furnished unit and wraparound services transformed Joe's health and provided a sense of belonging. He often shares how much it means to him to remain in West County — the place he knows and loves.

The strong coordination among Continuum of Care providers, the Coordinated Entry System and Veteran Service providers showcases the role of partnership in housing veterans with dignity and care.

HACIENDA HEIGHTS

HOUSING OUTCOMES SUMMARY

Nearly one-third (29%, n=2,939) of all households served in the CoC during 2024 were housed on exit or maintained housing. Outcomes across sub-populations vary for those exiting from Prevention and Diversion and those exiting from Crisis Response while the proportion of people maintaining Permanent Housing or exiting to other Permanent Housing is consistent across all sub-populations.

Table 9 presents the percent of households (HH) or individuals (Ind) served during 2024 with exits to Permanent Housing from Prevention and Diversion and Crisis Response programs. This data was provided in previous sections and is now presented together for easy comparison. The overall exit rate to Permanent Housing for the CoC from Prevention and Diversion was 97% and 20% from Crisis Response.

Among race and ethnic groups, three groups had the highest exits to housing from Crisis Response: Black/African American/African (23%), Multiple Races (21%) and Asian American/Asian (19%). Native Hawaiian/Pacific Islander and American Indian/Alaska Native/Indigenous (17% respectively) and Hispanic/Latinx (16%) had the lowest. Among other sub-populations, Veterans had the highest rates of exits to Permanent Housing (42%) from Crisis Response, followed by Households with Children (39%). Chronically Homeless households had the lowest rates (15%, **Table 9**).

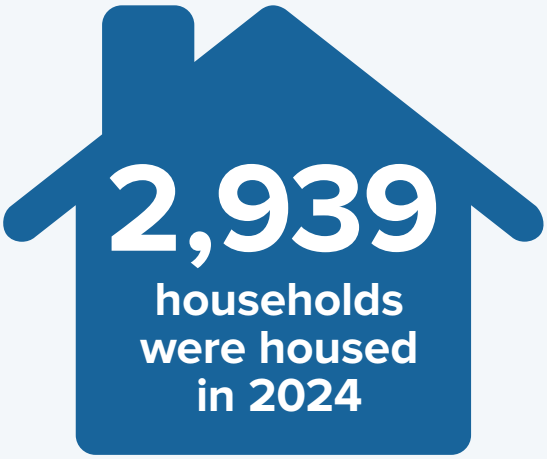


Table 9: Housed on Exit Rates by Sub-Populations, 2024 (excluding those still active)

Population	From Prevention (n=1,791)	From Crisis Response (n=1,219)
General Population	**97%**	**20%**
Race/Ethnicity		
American Indian/Alaska Native/Indigenous (HH)	100%	17%
Asian American/Asian (HH)	95%	19%
Black/African American/African (HH)	98%	23%
Hispanic/Latinx (HH)	97%	16%
Multiple Races (HH)	97%	21%
Native Hawaiian/Pacific Islander (HH)	93%	17%
White (HH)	95%	18%
Other Sub-Populations		
Chronically Homeless (HH)	N/A	15%
Households with Children (HH)	100%	39%
Households with Disabling Condition (HH)	95%	19%
LGBTQIA+ (Ind)	96%	24%
Survivors of Domestic Violence (Ind)	90%	22%
Veterans (Ind)	90%	42%

REGIONAL AND CITY DATA

People receiving services were asked in which city they lost housing and in which city they slept in the night before enrollment into a program. This provides city and regional data to help understand where people lost their housing and identify a greater need for Prevention services. Thirty-eight percent (n=3,786) of households accessing a program lost their housing in East County, 24% (n=2,415) in West County, 22% (n=2,174) in Central County and 14% (n=1,430) outside of Contra Costa County **(Figure 33)**.

When comparing the region where households lost housing with the region they slept in the night prior to enrolling into programming, it appears there is movement across the county. The proportion of households that lost housing in West County (24%) and Central County (22%) was lower than the proportion of households that slept in those regions the night prior to program enrollment (28% and 30%, respectively). In East County, when comparing the proportion of households that lost housing in the region to those who slept in the region before enrollment, the same outcome was reported (38% respectively, **Figure 34**).

Figure 33: Proportion of Households Losing Housing by Region, 2024

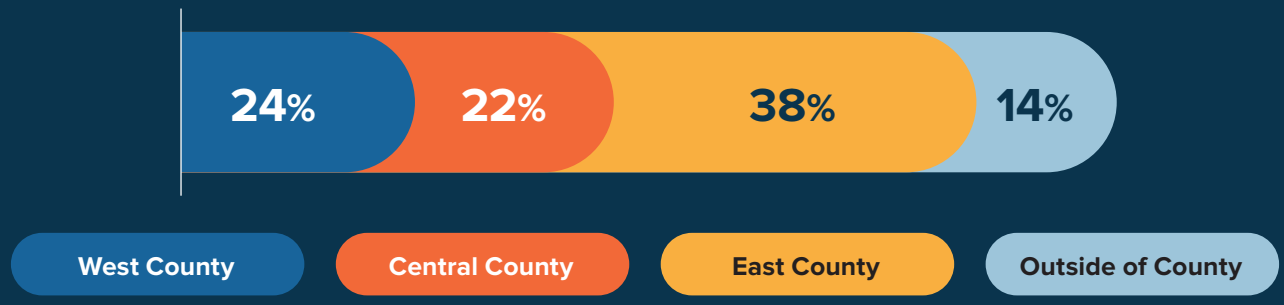
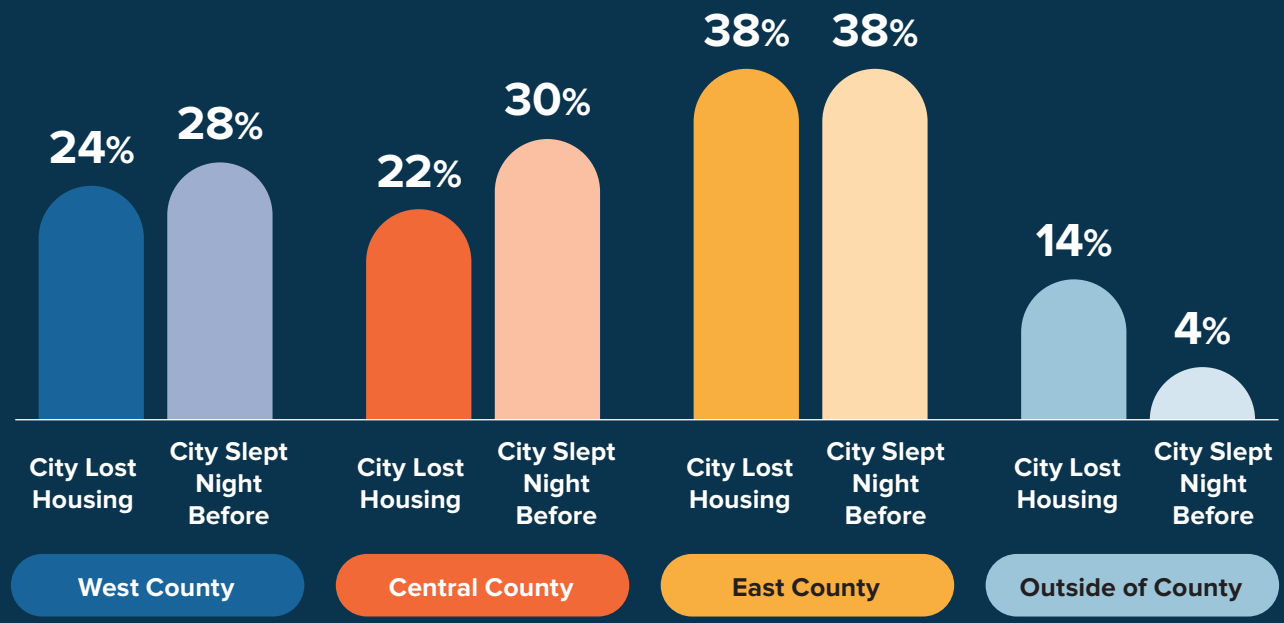


Figure 34: Where Households Lost Housing and City Where Slept Before Enrollment, by Region, 2024



The city data for where households lost their housing is provided in **Table 10**.

Table 10: Contra Costa Cities Where Households Lost Their Housing, 2024

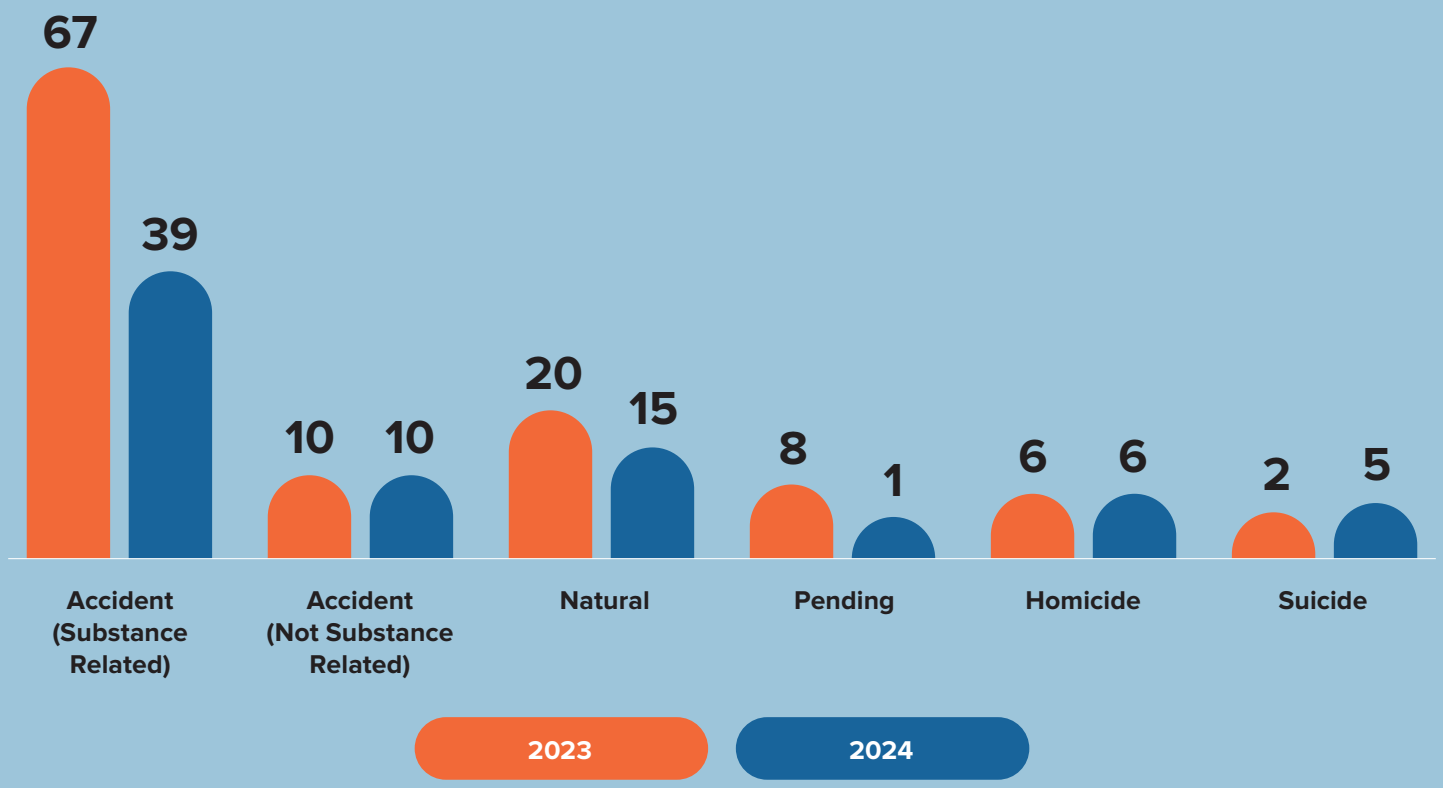
West County		Central County		East County		Outside of County	
Richmond	1,716	Concord	1,251	Antioch	2,049	County Not Listed	766
San Pablo	328	Martinez	385	Pittsburg	1,120	Alameda Co.	324
El Sobrante	112	Walnut Creek	232	Bay Point	301	Solano Co.	196
Rodeo	87	Pleasant Hill	195	Oakley	215	San Francisco Co.	85
Pinole	72	San Ramon	80	Brentwood	194	Sonoma Co.	22
El Cerrito	65	Pacheco	32	Bethel Island	53	Santa Clara Co.	22
Hercules	54	Clayton	23	Discovery Bay	27	Marin Co.	21
North Richmond	30	Danville	20	Byron	16	San Mateo Co.	18
Crockett	20	Lafayette	20	Knightsen	<5	Santa Cruz Co.	8
Port Costa	6	Alamo	13			Napa Co.	7
Kensington	<5	Moraga	12			Monterey Co.	<5
		Orinda	6				
		Clyde	<5				
		Blackhawk	<5				
Total	**2,492**		**2,272**		**3,979**		**1,470**

CAUSE OF DEATH PER CORONER

Our Continuum of Care marked Homeless Persons' Memorial Day (December 21st), with a community event to give dignity to those who lost their lives while still struggling with a housing crisis. Data from the Contra Costa County Coroner's Office is provided to Contra Costa Health to identify causes and trends in death rates among individuals experiencing homelessness. The coroner reported 76 people experiencing homelessness who died during calendar year 2024, a 33% decrease from 2023.

There was an 11% increase in the number of drug and alcohol related accidental deaths between 2020 and 2024. This increase in drug and alcohol related deaths coincides with an increase among the general population across the county. Conversely, there was a 42% decrease in the number of drug and alcohol related accidental deaths between 2023 and 2024 **(Figure 35)**.

Figure 35: Cause of Death Recorded by Coroner for People Experiencing Homelessness, 2023-2024



OTHER COC DATA

This annual report provides a comprehensive summary of the people and households that access the CoC and is meant to raise questions, identify successes and inform future programing and policies. Additional data sources help the CoC understand the population, needs and program successes.

System Performance Measures (SPMs)

System Performance Measures (SPMs) were established in 2015 by HUD Department of Housing and Urban Development (HUD) to help communities gauge their progress in preventing and ending homelessness. The seven measures focus on data captured during the federal fiscal year, October 1st through September 30th and look at entire system, not individual programs or project types. This data is used to help determine funding for the CoC at the federal level and is used at the local level to identify trends, understand impacts from program or policy changes and to guide decision-making. One limitation is that this source does not allow for understanding differences across subpopulations.

A full report on the SPMs is published by HUD annually and is available online → **HUDCoCSystemPerformanceMeasures | Tableau Public**

Point -in-Time (PIT) Count

The U.S. Department of Housing and Urban Development (HUD) requires all communities receiving federal dollars for their Homeless Continuum of Care (CoC) conduct a Point-in-Time (PIT) count every other year. This count of sheltered and unsheltered people experiencing homelessness on a single night in January helps the federal government measure homelessness across the Country and can help communities plan services and programs, measure progress and identify strengths and gaps in a community's current homelessness assistance system. Limitations include variations in methodology across communities, potentially excluding people who were not visible the night of the count and limited ability to capture survey data.

A PIT infographic and StoryMap are available on the H3 website at → **Health, Housing and Homelessness Data Reports | Contra Costa Health (cchealth.org)**.

MEMORIAL EVENT

APPENDIX A: PROGRAM NAMES AND AGENCIES, 2024

Agency	Program	# of Individuals	# of Households
EMERGENCY SHELTER			
Bay Area Community Services	Opportunity Village	102	87
Bay Area Community Services	Delta Landing	320	248
Bay Area Community Services	Don Brown Shelter	115	115
Bi Bett	Bi-Bett VA Residential CRS Program	8	8
City of Richmond - Encampment Resolution	ERF2 - Emergency Shelter	64	58
Contra Costa Behavioral Health(BH)	BHBH - Emergency Shelter (Interim Housing)	6	6
Contra Costa Health: H3	Brookside Shelter	98	98
Contra Costa Health: H3	Concord Shelter	167	166
Contra Costa Health: H3	Calli House	57	57
Contra Costa Health: H3	Concord Warming Center	664	664
Contra Costa Health: H3	Philip Dorn Respite Center	102	102
Greater Richmond Interfaith Program (GRIP)	GRIP Family Emergency Shelter	132	44
Greater Richmond Interfaith Program (GRIP)	GRIP Warming Center	342	316
Northern California Family Center	Northern California Family Center-Emergency Shelter	16	16
SHELTER, Inc.	Mountain View Family Shelter	84	31
Trinity Center	Trinity Center Evening Program	51	51
Winter Nights Family Shelter, Inc.	Winter Nights Family Shelter	77	27
RAPID EXIT			
Hope Solutions	Coordinated Entry Rapid Exit	181	99

*Note: Programs marked with an asterisk * began in 2024

Agency	Program	# of Individuals	# of Households
SERVICE ONLY (SSOs)			
City of Richmond - Encampment Resolution	ERF1 – Castro Encampment Transition Care Program	61	57
City of Richmond - Encampment Resolution	ERF2 – Brookside (Services Only)	3	3
Contra Costa Health: H3	Concord Service Center	614	614
Contra Costa Health: H3	Cal AIM - Outside Referrals	407	379
Contra Costa Health: H3	CORE Aftercare/Non-Homeless	85	78
Fresh Lifelines for Youth	Stay Fly	5	5
Greater Richmond Interfaith Program (GRIP)	West County CARE Center	249	228
Contra Costa Health: H3	HDAP- CORE Aftercare	140	139
Hope Solutions	Housing Navigation for Transition Age Youth	28	23
Hope Solutions	Housing Navigation for HDAP [5]	15	15
Hope Solutions	Holistic Intervention Partnership (HIP)-Homeless	135	135
Hope Solutions	Housing Navigation for HDAP Prevention*	34	34
Hope Solutions	Home Safe (Homeless)	44	41
Hope Solutions	TAY FYI Voucher Housing Navigation	66	42
Housing Consortium of the East Bay	Castro Housing Navigation Program	2	2
SHELTER, Inc.	HVRP Employment Services	30	30
Trinity Center	Trinity Center (CARE Center)	488	484
Trinity Center	Young Adult Program	58	58
Trinity Center	Trinity Center Post-housing Aftercare	31	31
Veterans Accession House	Legal Services for Veterans (LSV-H)	2	2
Winter Nights Family Shelter, Inc.	Winter Nights Safe Parking Program - Pittsburg	67	45
Winter Nights Family Shelter, Inc.	Winter Nights Safe Parking Program - Antioch	58	44

[5] Ended June 2024

*Note: Programs marked with an asterisk * began in 2024

Agency	Program	# of Individuals	# of Households
TRANSITIONAL HOUSING			
Bi Bett	Uilkema House	62	62
Contra Costa Health: H3	Mary McGovern	18	18
Contra Costa Health: H3	Pomona Apartments	25	22
Contra Costa Health: H3	Pomona RHY TLP	4	4
Hope Solutions	Hope Solutions - Probation Pre-Trial Program*	9	9
STREET OUTREACH PROGRAMS			
Contra Costa Health: H3	CORE Mobile Outreach	6,116	4,925
Contra Costa Health: H3	Contra Costa ERF3 - Street Outreach*	13	13
City of Richmond - Encampment Resolution	ERF2 - Street Outreach*	70	63
RAPID REHOUSING			
Bay Area Community Services	BACR HHAP4 Rapid Rehousing for Families*	147	45
Caminar	Bringing Families Home - Rapid Rehousing	324	93
City of Richmond - Encampment Resolution	ERF2 – Rapid Rehousing (Rental Assistance)*	38	38
Hope Solutions	City of Concord Rapid Rehousing	79	28
Hope Solutions	HDAP Rapid Rehousing*	132	132
Hope Solutions	HousingWorks	428	148
Hope Solutions	Parole Housing RRH Program	24	24
Hope Solutions	Probation Housing RRH Program	141	140
Hope Solutions	Probation TAY RRH	46	46
Hope Solutions	Singles RRH*	2	2
Hope Solutions	TAY Rapid Rehousing	67	40
Insight Housing (formerly Berkeley Food and Housing)	Insight Housing SSVF Rapid Rehousing	221	158

*Note: Programs marked with an asterisk * began in 2024

Agency	Program	# of Individuals	# of Households
Lao Family Community Development	Lao Family Measure X Rapid Rehousing	66	61
SHELTER, Inc.	ESG (County) RRH	15	6
SHELTER, Inc.	ESG (State) RRH	9	5
SHELTER, Inc.	Positive Futures Rapid Rehousing	28	26
SHELTER, Inc.	Rental Assistance (Homeless)*	22	11
SHELTER, Inc.	Restored Hope for Families	98	54
SHELTER, Inc.	SSVF Rapid Rehousing	148	113

PREVENTION AND DIVERSION

Bay Area Community Resources	Family Prevention	66	32
Bay Area Community Services	Shallow Subsidy*	21	21
Bay Area Community Services	Measure X Prevention*	103	100
Bay Area Community Services	Measure X Pilot Prevention	152	140
Caminar	Bringing Families Home - Eviction Prevention	80	26
Caminar	Prevention for Families*	180	55
Catholic Charities of the East Bay	Singles Prevention	175	133
Catholic Charities of the East Bay	Catholic Charities Prevention Program*	24	24
HDAP	HDAP Prevention*	34	34
Hope Solutions	HDAP Prevention	28	27
Hope Solutions	Coordinated Entry Family Prevention	398	153
Hope Solutions	Holistic Intervention Partnership (HIP) Prevention	51	51
Hope Solutions	Home Safe Prevention	127	120
Hope Solutions	HousingWorks Eviction Prevention	101	43
Hope Solutions	Parole Housing Prevention	10	10
Hope Solutions	Probation Housing Prevention	15	15

*Note: Programs marked with an asterisk * began in 2024

Agency	Program	# of Individuals	# of Households
Insight Housing[6]	Insight Housing Homeless SSVF Prevention	136	77
Northern California Family Center	Northern California Family Center-Prevention	23	23
SHELTER, Inc.	Rental Assistance (Prevention)	2,527	1,029
SHELTER, Inc.	SSVF Prevention	80	53
PERMANENT HOUSING			
Contra Costa Health: Behavioral Health	Veterans Square- HOPWA Units - PSH	2	2
Contra Costa Health: Behavioral Health	Veterans Square- No Place Like Home (NPLH) - PSH	12	8
Contra Costa Health: H3	Permanent Connections - PSH	13	13
Contra Costa Health: H3	Destination Home - PSH	14	12
Contra Costa Health: H3	HUMS - PSH	34	34
Department of Veterans Affairs	HUD VASH	627	508
Hope Solutions	CoC Rental Assistance Program (RAP) Ohio Street - PSH	8	6
Hope Solutions	Rental Assistance Program (RAP) PBRA*	17	15
Hope Solutions	CoC Rental Assistance Program (RAP) Tenant-Based Rental Assistance Program - PSH	414	266
Hope Solutions	CoC Rental Assistance Program (RAP) Villa Vasconcellos - PSH[7]	5	5
Hope Solutions	El Portal Place*	5	5
Hope Solutions	El Portal Place (HSV Units)*	18	18
Hope Solutions	ACCESS - PSH	49	49
Hope Solutions	Families in Supportive Housing (FISH) - PSH	82	22
Hope Solutions	Garden Park Apartments - PSH	70	29
Hope Solutions	Lakeside Apartments - PSH	30	11
Hope Solutions	Hacienda – PSH	28	26

[6] Formerly Berkeley Food and Housing
[7] Separate from RCD Villa Vasconcellos units

*Note: Programs marked with an asterisk * began in 2024

Agency	Program	# of Individuals	# of Households
Housing Authority of Contra Costa County	EHV Voucher	286	189
Housing Authority of Contra Costa County	FYI Vouchers	59	35
Housing Authority of Contra Costa County	Housing Stability Vouchers (HSV)*	45	12
RCD-Choice In Aging	Berrellesa Palms	58	53
RCD-Jewish Family and Community Services	Villa Vasconcellos - HOPWA units	3	3
RCD-Jewish Family and Community Services	Villa Vasconcellos (non-HOPWA)	19	19
RCD-Lifelong Medical	Idaho Apartments - HOPWA units - PSH	12	12
RCD-Lifelong Medical	Idaho Apartments - Non-HOPWA units - PSH	19	19
RCD-Trinity	St. Pauls Commons	19	16
Satellite Affordable Housing Associates	Columbia Park Manor	2	2
SHELTER, Inc.	Project Thrive - PSH	41	25
SHELTER, Inc.	Project Thrive 2.0 - PSH	105	38
SHELTER, Inc.	Tabora Gardens - PSH	2	2
SHELTER, Inc.	Tabora Gardens (MHP/VHHP) - PSH	12	11

*Note: Programs marked with an asterisk * began in 2024