



CITY OF CONCORD

Homeless

STRATEGIC
PLAN

DRAFT



February 2024

ACKNOWLEDGEMENTS

We extend our sincere appreciation to the members of the Strategic Planning Working Group ad hoc committee for their invaluable partnership throughout the development of this Plan. The Homeless Strategic Plan Working Group is a Council appointed special purpose Working Group to advise staff, the consultant team, and the Council on the development of the Homeless Strategic Plan. This Strategic Plan has been collaboratively crafted by City staff in conjunction with Thurmond Consulting, the City of Concord. A special acknowledgment is owed to the City of Concord and Concord City Council for their unwavering support in data collection and feedback provision. Gratitude also goes to the service providers, local government staff, business partners, and other community members whose participation in interviews, focus groups, and community meetings enriched this endeavor with their diverse experiences and insightful perspectives. Our heartfelt thanks go out to the Concord residents facing homelessness for generously sharing their time and expertise, guiding us with their invaluable input.

WORKING GROUP MEMBERS

- | | |
|---------------------|---|
| • Laura M. Nakamura | Chair |
| • Edi E. Birsan | Vice Chair |
| • Brandi Martinez | Lived Experience Representative |
| • Cora Mitchell | Mental Health Professional |
| • Dana Johnson | LGBTQI+ Community Representative |
| • David Litty | Owner/Manager of a Business Based in Concord Representative |
| • Eric Rehn | Business Community Representative |
| • Kelly McKinley | Nonprofit Homeless Services Provider |
| • Lance Goree | Concord Resident and Property Owner |
| • Leonard Ramirez | Veteran Homeless Services Provider |
| • Linda Jacob | Substance Abuse Professional |
| • Christy Saxton* | Contra Costa County Technical Assistance |

CITY COUNCIL

- | | |
|---------------------|---------------|
| • Edi Birsan | Mayor |
| • Carlyn Obringer | Vice Mayor |
| • Dominic Aliano | Councilmember |
| • Laura Hoffmeister | Councilmember |
| • Laura Nakamura | Councilmember |

CITY STAFF

- | | |
|---------------------|--|
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| • Valerie Barone | City Manager |
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Executive Summary

The Homeless Strategic Plan is intended to guide future City efforts and investments responding to the impacts from and the needs of Concord’s unsheltered population. The City Council established an eleven-member Working Group that acted as an advisory body to City Council, staff, and the project consultants throughout development of this Homeless Strategic Plan. On August 22, 2023, the Concord City Council endorsed the Homeless Strategic Plan vision recommended by the Working Group as follows.

“

The City of Concord envisions a community where every person has a safe, affirming, stable place to live. This vision endeavors to reduce homelessness through community involvement, collaboration with partner agencies (both government and non-government partners,) and enhanced services that are carried out in a dignified, compassionate, and equitable manner.

”

The City Council initiated this Strategic Plan with the goal of reducing the number of individuals experiencing homelessness in Concord and reducing the impact to the community. These were the two primary concerns voiced by residents in Concord, as confirmed by a statistically valid survey done by the City where most respondents identified homelessness as the most pressing issue facing Concord. Based on interviews with community members and refined by the Working Group, the six goals for the strategic plan were identified. Council endorsed the following goals on November 7th, 2023:

SIX GOALS FOR STRATEGIC PLAN



INCREASE
COORDINATION OF
EMERGENCY
RESPONSE EFFORTS



STRENGTHEN SYSTEM
SUPPORT WITH
GOVERNMENT & NON-
GOVERNMENT
AGENCIES



CREATE
IMMEDIATELY
ACCESSIBLE
TEMPORARY
HOUSING



EXPLORE AVENUES OF
EQUITABLE SUPPORT
FOR TARGET
POPULATIONS



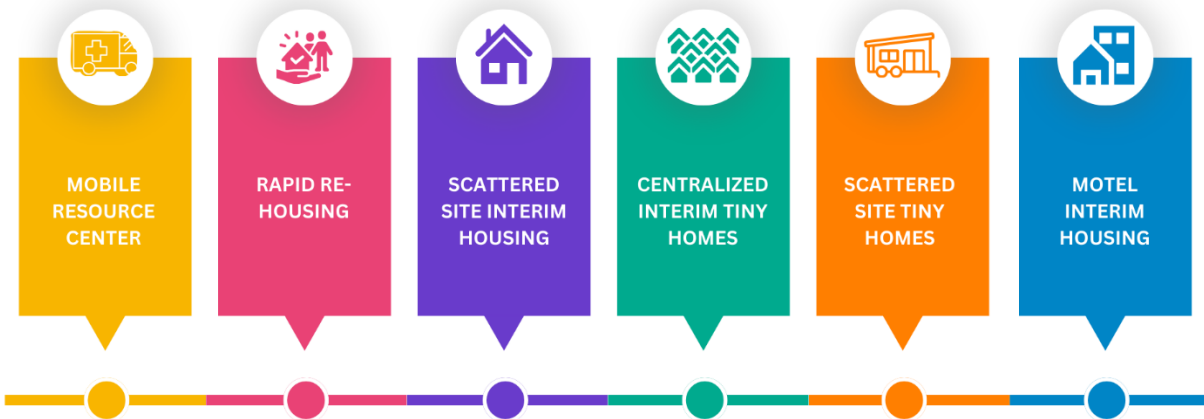
INCREASE
HOMELESS
PREVENTION
SERVICES



CREATE A SAFE
PLACE FOR THE
UNHOUSED TO
DWELL

The Working Group considered a wide range of projects and programs while developing a set of core strategies to carry out this Plan. The addition of staffing to seek out funding opportunities and partnerships, and to carry out programs is a key component of these strategies. The Working Group also highlighted the need for a project implementation approach that focuses on effective operational policies. While many strategies considered by the Working Group were not selected as priorities, they are listed in this document for background information and future consideration.

CORE STRATEGIES



The following table summarizes the estimated costs and number of persons served for all core strategies. It is estimated that around **444 - 616 persons** could be served, costing **\$4,795,686** for 1st-year costs and **\$3,018,686** for ongoing annual costs. For interim housing strategies, residents are expected to move out within 3-6 months (based on similar program structures.)

STRATEGY	ANTICIPATED PERSONS SERVED ANNUALLY	START-UP COST ESTIMATES	ANNUAL COST ESTIMATES	TOTAL 1ST-YEAR COST ESTIMATES
Mobile Resource Center	200 – 300 (unduplicated)	\$305,000	\$636,000	\$941,000
Rapid Re-Housing	20 – 30 (avg \$2,000 monthly)	\$0	\$620,000	\$620,000
Scattered Site Interim Housing	24 – 36 (6 month stay)	\$122,000	\$232,000	\$354,000
Centralized Interim Tiny Homes	60 – 75 (6 month stay)	\$850,000	\$522,000	\$1,372,000
Scattered Site Interim Tiny Homes	60 – 75 (6 month stay)	\$500,000	\$187,000	\$687,000
Motel Interim Housing	80 – 100 (6 month stay)	\$821,686	\$821,686	\$821,686

Scattered housing and scattered tiny homes refer to two different approaches to residential development, and their key differences lie in the scale, size, and often the philosophy behind the housing units. This term typically refers to individual houses or small groups of houses dispersed over a relatively large area. These houses are not clustered together but are spread out, creating a more suburban or rural feel. They may have larger plots of land and more space between each dwelling. While still scattered, tiny homes are generally characterized by their small size, often ranging from a few hundred to a few square feet. These homes may be part of a scattered housing approach, but the emphasis is on the compact size of the dwellings.

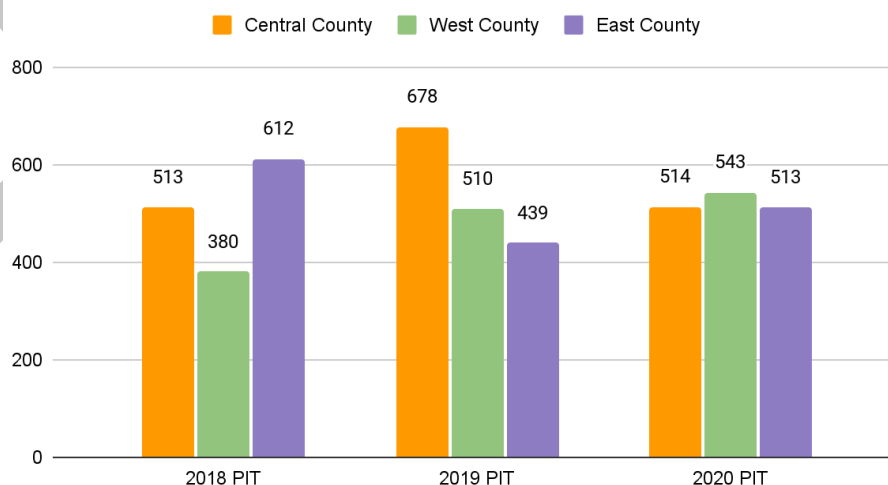
Data Relevant to Strategic Planning

As a precursor to drafting the goals and strategies, the Working Group and staff reviewed historic and current data to understand the background and current landscape of homelessness within the City of Concord. The full [Background Report on Homelessness](#) can be accessed via the City website. Within this report, a number of services already being provided in the City of Concord were identified and consolidated into an service map. The full list services identified are included in Attachment A and the interactive [Concord Service Map](#) is open to public review and can be accessed online or from the City website. The information below provides some additional key data utilized for the development of the plan goals and strategies.

2020 Contra Costa Point In Time Count

The Point-in-Time Count (PIT) is an annual survey that takes a snapshot of both sheltered and unsheltered individuals experiencing homelessness on a single night in January. The U.S. Department of Housing and Urban Development (HUD) mandates a sheltered count every year and an unsheltered count every other year (specifically in odd-numbered years). In the context of PIT, "sheltered" refers to those residing in emergency shelters, transitional housing, and Safe Havens. On the other hand, "unsheltered" includes individuals residing in places not intended for

Unsheltered Homeless According to PIT Count by Region



human habitation, such as vehicles, abandoned buildings, bus/train/subway stations, airports, or anywhere outdoors. The table above illustrates the dynamic nature of homelessness from 2018 to 2020. For the purposes of this report, data from the 2018-2020 Point-in-Time Count (PIT) are included, while the 2022 count is excluded due to inconsistencies in the data.

In 2020, the City of Concord contributed to approximately 10% of the total count of unsheltered individuals, totaling 160 unduplicated individuals. The 2023 homelessness numbers are comparable to the pre-COVID-19 era, showing a 4% increase since 2020. Notably, the unsheltered population saw the largest increase, with 1,653 individuals in 2023 compared to 1,570 in 2020. The sheltered portion of the PIT experienced a 12-person increase from 2020.

Among the surveyed adult-only households (without children), 71% were unsheltered, while approximately 50% of households with children were experiencing unsheltered homelessness. Additionally, within Contra Costa County, 49% of surveyed adults reported having a serious mental health condition, 51% had a substance abuse disorder, 30% were victims of domestic violence, 5% were Veterans, and 67% met the criteria for chronic homeless status.

2022 H3 Annual Report

Health, Housing, and Homeless Services (H3) produces an annual report each calendar year for the Council on Homelessness to describe the populations served and service utilization within the Continuum of Care (CoC). While the Annual Report is not directly related to unsheltered reporting, there is a great deal of useful information that can be gleaned from these reports. Specifically, they provide useful insight into regional physical and mental health trends and volume of persons utilizing public services. One-in-five residents in the county is covered by Contra Costa Health Plan; almost all members are on MediCal and 66% are people of color.

According to H3 CORE Outreach Team between the timeframe of January 1, 2022, and May 11, 2023, approximately 1,627 unduplicated clients were provided outreach services. Of the 1,627 clients, 643 stated that they lost housing in Concord, resulting in homelessness (39.52%). Throughout the County, 90.96% of the clients stated their prior living situation was a place not meant for habitation, and 5.59% stated their prior living situation was an emergency shelter (including hotel or motel paid for by a non-profit agency). Nearly 70% of clients the CORE Team made connections with reported sleeping in Concord the night prior to entering HMIS (1,133 individuals).

During 2022, the CoC served 7,725 households (10,600 individuals) during 2022, reflecting a 3% increase from 2019, the year before the COVID-19 pandemic greatly impacted the county. Concord was third highest City in the region for housing loss (909

persons.) 293 persons were served by the Concord Warming Center and 255 by the Concord shelter.

1,169 households were served through prevention and diversion for households at-risk of homelessness or newly homeless and not yet engaged in CoC services. 5,848 households were served in crisis response programs for households in sheltered and unsheltered sleep settings. 1,166 households were served in permanent housing programs for households that had been homeless and were subsequently placed into permanent housing through supportive services

Out of the 7,725 households served during 2022, 3,370 (44%) were able to retain or exit to permanent housing, 90% of household enrollments in prevention and diversion programs exited to permanent housing. 29% of household enrollments in crisis response programs exited to temporary or permanent housing and another 9% entered into emergency shelter. 96% of household enrollments in permanent housing programs either retained their housing or exited to other permanent housing

Methodology

The City Council appointed members of the community to the Working Group to guide and make recommendations regarding all elements of the Plan development and a consultant was hired to facilitate the process. The City Council provided oversight and final approval of the Plan. Creation of this Plan involved robust community participation that included residents, businesses, individuals with lived experience, service providers, and faith-based groups, etc. Preparing a detailed background report was the initial step that served as the Plan's foundation, as it outlines the current landscape of system and community services. This report delineated the service locations, associated strategies, challenges, and costs. Additionally, it delved into unmet needs, system gaps, and performance metrics, providing a comprehensive overview. Federal, state, and regional/county data were integral in understanding roles, funding sources, and strategic approaches. These insights served as pillars in the formulation of the Plan. The development phase centered on crafting a clear vision, establishing well-defined goals, and setting measurable performance targets. These elements are crucial for tracking progress and accountability. The strategy prioritizations and implementation timeline included herein are guiding principles, and City Council has full discretion to revise the Plan at any point.

Plan Development with Working Group

The Working Group was comprised of eleven members including: two City Councilmembers, one representative with lived experience of being homeless, one representative from a nonprofit homeless services provider, one substance abuse

professional, one mental health professional, one Concord resident and property owner, one representative from the Concord business community, one veteran homeless services provider representative, one representative with experience working with the LGBTQI+ community, and one representative that is an active owner or manager of a business based in Concord. All Working Group meetings were open to the public with opportunities for public comment.

During Phase One, the Working Group gathered information regarding existing structures for homeless services, Emergency Shelter concepts, City of Concord-supported initiatives addressing homelessness, overviews of Contra Costa Health Housing and Homeless (H3) Services and their coordination role in homeless response, as well as insights into California Advancing and Innovating Medi-Cal, also known as "CalAIM." The Working Group actively contributed input and feedback on preliminary surveys and the Background Report, offering perspectives on emerging trends and best practices. Additionally, the group received data from community and stakeholder meetings, encompassing participation rates, feedback, strategy recommendations, and general comments.

The Working Group received a presentation from Concord's Police Department on public safety responses in relation to homelessness within the City of Concord. The group reviewed emerging trends from the three ongoing surveys targeting Lived Experience, Service Providers, and the Community. Furthermore, they assessed the project timeline in alignment with the established Vision and Goals, preparing for the upcoming strategy development phase. The Thurmond Team facilitated a discussion within the Working Group, guiding them in crafting the Vision statement and outlining the process for Goal development.

During Phase Two, the Working Group examined drafts of the vision statement and examples of goals and strategies, aiming to refine and reach a final consensus. In the course of their deliberations, the Working Group was presented with two informative sessions: one detailing Trinity Center programs and services for individuals facing homelessness or at risk, and another discussing the programmatic and operational aspects of Camp Hope. The City Council received a condensed version of survey results then provided valuable feedback to the Working Group on proposed goals and strategies. Council feedback, along with evidence-based, results-driven components, including financial analysis and implementation scenarios, helped inform the finalization of the Plan's goals and strategies.

During Phase Three, the Working Group finalized the strategies and goals for the Plan, including strategy funding and implementation.

Stakeholder Participation & Community Meetings

Six public meetings were held specifically to receive feedback and input from stakeholders. This included four community meetings, one meeting with the business community, and one with service providers and faith-based organizations. City Council and Working Group meetings were open to the public, with each having the opportunity for the public to weigh in and were well attended.

In total, Thurmond Consulting conducted over 20 interviews, focus groups, and meetings with various stakeholders, including individuals with lived experience of homelessness, community leaders, government officials, business representatives, and non-profit organizations. Key interviews were conducted with H3/CoC Homeless Management Information System (HMIS) data staff, CORE/CIU/Police Department, Director of Contra Costa Health, Housing and Homeless Services, and representatives from various organizations contributing to homeless services.

City Council Input

The City Council received status updates and provided input on June 27, 2023, August 22, 2023, November 7, 2023, and February 6, 2024. These were public meetings with additional opportunity for the public to provide comment. In these public meetings, Council was able to provide guidance and input to the Working group on the Strategic Plan Vision Statement, Goals, and Strategies. The Plan was accepted by Council at the _____ meeting.

Community Surveys

As discussed previously, three surveys were conducted to provide another mode to solicit input: a survey of persons with lived experience of homelessness in Concord; a homeless service provider survey; and a general community survey (in both English and Spanish).

Respondents to the community survey included working residents (36%), business owners (18% accumulated), and retired/unemployed residents (46% accumulated). The top concerns that the community identified were trash and rubbish in homeless encampments (84%) and safety in parks or other public spaces (68%). Community members were invited to provide written comments to give additional information or context to their concerns. About half of respondents provided additional comments; primarily concerned for public safety due to use of illegal substances and disruptive behavior in public spaces.

Additional comments emphasized the need for immediate solutions to public behavior. Contrary to the lived experience and service provider surveys, community members felt that one of the largest barriers was unhoused persons unwillingness to access shelter or

housing. The survey results revealed that three most difficult barriers identified for unhoused persons to achieve stable housing were related to mental health (77%), substance use (67%), and refusal to access shelter (44%). It is worth noting that unaffordable housing cost was indicated as a significant barrier (42%) but did not take precedent over the previous mentioned areas.

Respondents to the survey completed by homeless service providers (shelter, health provider, food, and hygiene supplies, etc.) involved a majority of providers that serve individuals with substance use and mental health needs (66%), persons over the age of 60 (82%), and persons with a disability (76%). These service providers indicated that the three most difficult barriers unhoused persons face to achieve stable housing were related to household income (76%), unaffordable housing costs (70%), and mental health issues (64%). When asked what they believe are the most needed services for homeless in the City of Concord, they indicated the need for affordable housing with supportive services on site (88%), housing with affordable rent (82%), mental health services (58%), necessities such as food and clothing (42%), and help accessing these services (42%). These respondents identified the top services that were needed by persons of lived experience are: help locating a place to live (60%), housing with affordable rent (60%), and legal camping/parking (46%).

Goals and Strategies

The following provides an analysis of strategies developed by the Working Group. All recommended strategies are evidence-based practices as documented at the end of this report. It should be noted that there are nearly as many types of strategies to address homelessness as there are cities that are dealing with this issue.

The key to a successful plan to address homelessness will be to ensure that programs are operated by experienced and dedicated organizations with staff capacity and sufficient funding for proper administration. In addition, it is crucial that programs generate broad-based community support for future sustainability. The City will need to consider not just the best strategy, but whether there will be sufficient resources to effectively manage the program long-term. The Working Group emphasized the need for grant writing support for all the approved strategies so that ongoing funding can be secured and maintain long-term program sustainability. Operators of programs should be experienced and value the need for a person-centered approach that focuses on the individual's needs with an understanding of the lived experience of homelessness and of traumas that individuals may have experienced.

The success of any homelessness intervention hinges on a multifaceted approach that values diversity in experience and perspectives. It's imperative that programs are guided by a spectrum of voices and insights from individuals who have varied experiences and backgrounds. An equitable approach acknowledges the unique challenges faced by different communities within the homeless population, recognizing that solutions must be tailored to meet these diverse needs. Moreover, a commitment to equity ensures that strategies consider cultural competence, acknowledging the distinct circumstances and barriers faced by marginalized or underrepresented groups. By embracing diversity in both program design and implementation, we not only foster inclusive solutions but also cultivate a deeper understanding of the complex factors contributing to homelessness. This approach not only enhances the effectiveness of initiatives but also reinforces the broader fabric of our community, promoting fairness and inclusivity in our efforts to address homelessness.

By adopting and designing strategies to include fair policies and systems that aim to promote equality and eliminate obstacles, the City improves its chances of securing current and future funding. Starting a program with a focus on equity and fairness ensures that it remains in alignment with State and Federal funding programs.

STRATEGY: MOBILE DECENTRALIZED RESOURCE CENTER

A mobile, decentralized resource center is envisioned to provide services at three separate outreach locations to be determined by City staff and City Council. The program would operate like Healthcare for the Homeless (HCH). HCH currently provides mobile healthcare and behavioral health services to patients who are experiencing homelessness at several sites across the county. HCH mobile clinics are open and free to all who are experiencing homelessness, regardless of insurance or immigration status. County staff suggest a mobile service center operating three days per week at three separate sites in Concord. The City would allocate funding to a program operator to assist with staffing the direct services for the project. Additionally, the City would hire internal staffing to provide administrative coordination of services along with ongoing funds.

Delivery of mobile services to homeless individuals can be implemented more quickly than through the development of a traditional “brick and mortar” center, but services offered are more limited. Mobile programs provide services near areas where homeless individuals are currently residing (encampments, parking lots, or public properties), thereby increasing access and the likelihood that individuals will get the help they need to transition out of homelessness. A decentralized service program, such as a “street medicine” program, provides better equity when it comes to serving marginalized and hard to reach populations. According to the 2023 [California Street Medicine Landscape Survey and Report](#), street medicine is a critical access point for people of color, with 25% of patients utilizing this program identifying as Black and 23% identifying as Latino/x. Funding for street medicine programs is currently easier to identify and secure compared to other service models. Street medicine programs in California are sponsored by several different types of institutions, including Federally Qualified Health Centers (FQHC; 48%), 501c organizations (16%), hospitals (12%), government agencies (12%), and academic institutions (8%).

The development of a mobile, decentralized resource center received strong support from the Working Group, Contra Costa County, and community members. [HealthCare for the Homeless](#) program staff showed support for the strategy by indicating their willingness to partner and implement such a program to leverage and enhance existing services. The decentralized resource center model can be effective in getting persons experiencing homelessness into services and programs leading to housing.

The city would hire internal staffing to provide administrative coordination of services along with ongoing fund development. Services to be provided at the mobile resource center would likely include:

- Case management
- Shower/bathroom trailers
- Hygiene/food distribution
- Referrals to healthcare, income assistance, employment, and housing programs
- Basic medical care
- Tuberculosis testing and treatment
- Free, confidential, on-site infectious disease testing including STD and health screenings (such as for diabetes)
- Immunizations
- Assistance with wound and medication management
- Referral to mental health and substance use treatment
- One-on-one behavioral health therapeutic case management and referrals as needed
- Dental services (dental clinics only)
- Enrollment help for health insurance (Medi-Cal)
- Health education
- Connection to doctors and providers for ongoing primary care
- Outreach and community advocacy
- Linkages to General Assistance, CalFresh and other benefits
- Referrals to vision service

For those who do not find housing, they are off the street for at least a portion of the day and have their basic needs met. Long term homeless individuals and those struggling with substance abuse/mental health issues may consider having a meal, a safe place to rest, a shower and clean clothes on a regular basis to be a success.

START UP COST ESTIMATES	
Item	Cost Estimates
Mobile office space trailer	\$100,000
Mobile shower/bathroom trailers	\$200,000
Staff Supplies	\$5,000
Total Start Up Costs	\$305,000
ANNUAL OPERATING COST ESTIMATES	
City Staffing	\$300,000
County Staffing & Supplies	\$250,000
Trailer/vehicle maintenance	\$30,000
Other operational cost	\$50,000
Insurance - general, workers comp	\$6,000
Total Annual Operating Cost	\$636,000

STRATEGY: RAPID RE-HOUSING

HUD defines Rapid Re-Housing (RRH) as the provision of rental assistance and supportive services to households experiencing homelessness. HUD funded RRH may be limited to short-term (up to 3 months) or medium term (4-24 months) assistance. The goal of RRH is to help persons who have recently become homeless to obtain housing quickly, increase self-sufficiency, and stay housed. When HUD funding is used, assistance is offered without preconditions such as employment, income, absence of criminal record, or sobriety.

Programs using non-HUD funding sources to provide rental assistance are sometimes referred to as Rapid Re-Housing but may adopt their own rules. It should be noted that Rapid Re-Housing may not be effective for many persons living in encampments. These persons may have difficulty locating a rental unit even with the support of rental assistance. These individuals usually have significant barriers to housing, such as insufficient income (most property owners require renters to have income at 2-3 times the monthly rent amount), poor rental/credit history, and lack of furniture and other items.

The City of Concord contracts with Hope Solutions to operate a Rapid Re-Housing program using Permanent Local Housing Allocation (PLHA) state funding. During the COVID pandemic, Shelter Inc provided one-time rental assistance to 124 Concord residents using CDBG-CV funding for the City which sunsets in 2024. Hope Solutions facilitates outreach for potential clients, community organizations, local property owners and the public, as well as referring partners in identifying unhoused individuals and households who are residents of Concord and confirm eligibility for program services. The Rapid Re-Housing point of entry in Concord is CORE and the program serves 10-12 families a year. In addition, there are County programs that provide short term rental assistance.

Since this program is an existing service in the City and this strategy is about expanding the existing program, no startup costs are listed below.

OPERATIONAL COST ESTIMATES	
1 Full time Case Manager	\$100,000
Rental assistance	\$480,000
Deposit assistance	\$40,000
Total Annual Operating Cost	\$620,000

INTERIM HOUSING SUPPORT

The following four strategies focus on interim housing support. The term “Interim Housing” means temporary housing for persons exiting homelessness. In general, HUD considers persons living in temporary housing to be still “homeless” as they have not secured a permanent housing situation. “Scattered Site Housing” is the use of owned or leased low-density residential buildings (single-family homes or very small multi-family buildings) scattered across several neighborhoods throughout the City.

The goal of Interim Housing programs is to provide a place for a homeless individual to live while working towards housing by getting identification documents, accessing income sources, finding a job, saving money, seeking counseling, or overcoming other barriers. Normally, residents are expected to move out within 3-6 months, but some programs allow longer stays. Provision of supportive services varies depending on the program.

Other programs in Contra Costa have generally seen success with the implementation of Interim Housing projects. [Delta Landing](#) in Pittsburg is a state-of-the-art 172-unit interim housing facility with basic healthcare, housing navigation, and case management provided on-site to help residents recover from homelessness and find permanent housing. This program has led to very successful housing placement, with 8 out of 10 persons in the program moving into permanent housing.

There are state and federal funding sources for ongoing operations; however, these funding sources may not allow projects to limit tenants to Concord residents only, and do not allow agencies to require tenants to participate in services. Supportive services are not always included with Interim Housing or Rapid Re-Housing. Many programs help tenants prepare for permanent housing options by offering case management, housing search assistance, meal/food distribution, substance use/mental health counseling, employment assistance, life skills classes, or recreational activities.

STRATEGY: SCATTERED SITE INTERIM HOUSING

When offered as “scattered site,” interim housing is provided in separate homes managed under a single program. A household may occupy its own home or may share a home with other individuals. The purchase and maintenance of scattered site housing usually has a high cost per person served.

It is anticipated that start-up costs will be fully funded by the City. Over the last few months, the Working Group has deliberated about various options for an interim housing project, such as financing the purchase of homes and/or leasing. It was agreed that a complete purchase of the homes would not be the best utilization of available funding, and this strategy would work best under a leasing model.

START UP COST ESTIMATES	
Item	Cost Estimates
Lease of 3 homes (Assuming MHP)	\$122,000
Total Start Up Costs	\$122,000
ANNUAL OPERATING COST	
1 full time and one half time case manager	\$120,000
1 half time administrative staff	\$50,000
Utilities, water, sewer, trash	\$17,000
Maintenance and repair of homes	\$45,000
Insurance	\$10,000
Total Annual Operating Cost	\$232,000

STRATEGY: CENTRALIZED TINY HOME HOUSING

The typical tiny homes used for interim housing offer full facilities, but a location and utility access will be needed for this type of development. Tiny homes used for people experiencing homelessness are normally operated by non-profits or faith-based organizations and funded through private sources. Most are located on properties that are owned by government entities or faith-based organizations. Examples can be seen at [Pallet Shelter](#), [14 Forward](#), [Dignity Moves](#) and [Better Way](#). Long-term sustainability can be challenging as tiny homes may not be eligible for many of the traditional homeless funding sources.

[Goodness Village](#), located in Livermore, [Dignity Moves](#) and [Veterans Community Project](#) are examples of tiny home developments that offer units with kitchen and bathroom facilities. Dignity Village and Veterans Community Project are examples of interim housing. Goodness Village is not interim housing; it is a permanent supportive housing project for persons with disabilities who are exiting homelessness. “Permanent Supportive Housing” is affordable housing offering supportive services on site to encourage housing stability and is normally limited to assisting households with at least one member with a disability.

Contra Costa County considered the development of a Tiny Home community in a neighboring community that would provide temporary housing units for 50 single person and 12 two-person units (serving 74 individuals total, using Pallet Shelter homes). However, the project did not get underway. The Pallet Shelter units offer electricity and air conditioning, and the project was to have shower/ bathroom trailers on site. The initial plan had the community located on a vacant parcel to be improved with landscaping, fencing, walkways, storage containers, picnic areas, bike racks and community rooms. Total cost for purchase and installation of the units, bedding, electric and air conditioning was \$990,450 (\$13,385 per person). Site development was estimated at \$3,300,000 for a total cost of \$4,290,450 (\$57,979 per unit).

Operational costs are not available. The following budget is based on a much smaller project than the Tiny Home community that Contra Costa County designed, and the proposed strategy is envisioned to use a site that does not require infrastructure development, other than the items noted below.

START UP COST	
Item	Cost Estimates
Purchase and installation	\$300,000
Heating/Cooling	\$200,000
Mobile bathroom/shower trailer	\$250,000
Fencing and lighting	\$100,000
Total Start Up Cost	\$850,000
ANNUAL OPERATING COST	
2 Full time case managers	\$160,000
1 Half time administrative staff	\$50,000
Security staff	\$300,000
Electricity	\$12,000
Insurance	\$10,000
Total Annual Operating Cost	\$522,000

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STRATEGY: SCATTERED SITE TINY HOMES

One example of a scattered site tiny home program is [A Tiny Home for Good](#) in Syracuse. A Tiny Home for Good disperses slightly larger tiny homes, across Syracuse. All tiny home projects will have kitchens and bathrooms. Residents' rent is based on their individual circumstances. The organization provides ongoing support by staff and partners with other organizations on care management to encourage long-term, safe, and permanent housing. One person per home is radically different from the typical affordable housing model that often forces difficult roommate situations.

The County of San Diego recently announced the creation of [new emergency housing program](#) to address unsheltered homelessness by creating public-private partnerships through the Building Partnerships Grant Program. Awarded partner organizations must utilize funds for a one-time purchase directly to the County contracted vendor for sleeping cabins which will be used as emergency housing for persons experiencing homelessness within San Diego County. The vendor will deliver the sleeping cabins to the partner site. Site preparation, shelter assembly, ongoing operation and maintenance, indirect, and other administrative costs are not available through this grant program. The budget estimates and resource mapping for Scattered Site Interim Housing were informed from new and existing programs located in San Diego, Woodland, and Sutter County.

START UP COST	
Item	Cost
Purchase and installation	\$300,000
Heating/Cooling	\$200,000
Total Start Up Cost	\$500,000
ANNUAL OPERATING COST	
1 Full time case manager	\$120,000
1 Half time administrative staff	\$50,000
Utilities	\$17,000
Total Annual Operating Cost	\$187,000

STRATEGY: MOTEL INTERIM HOUSING

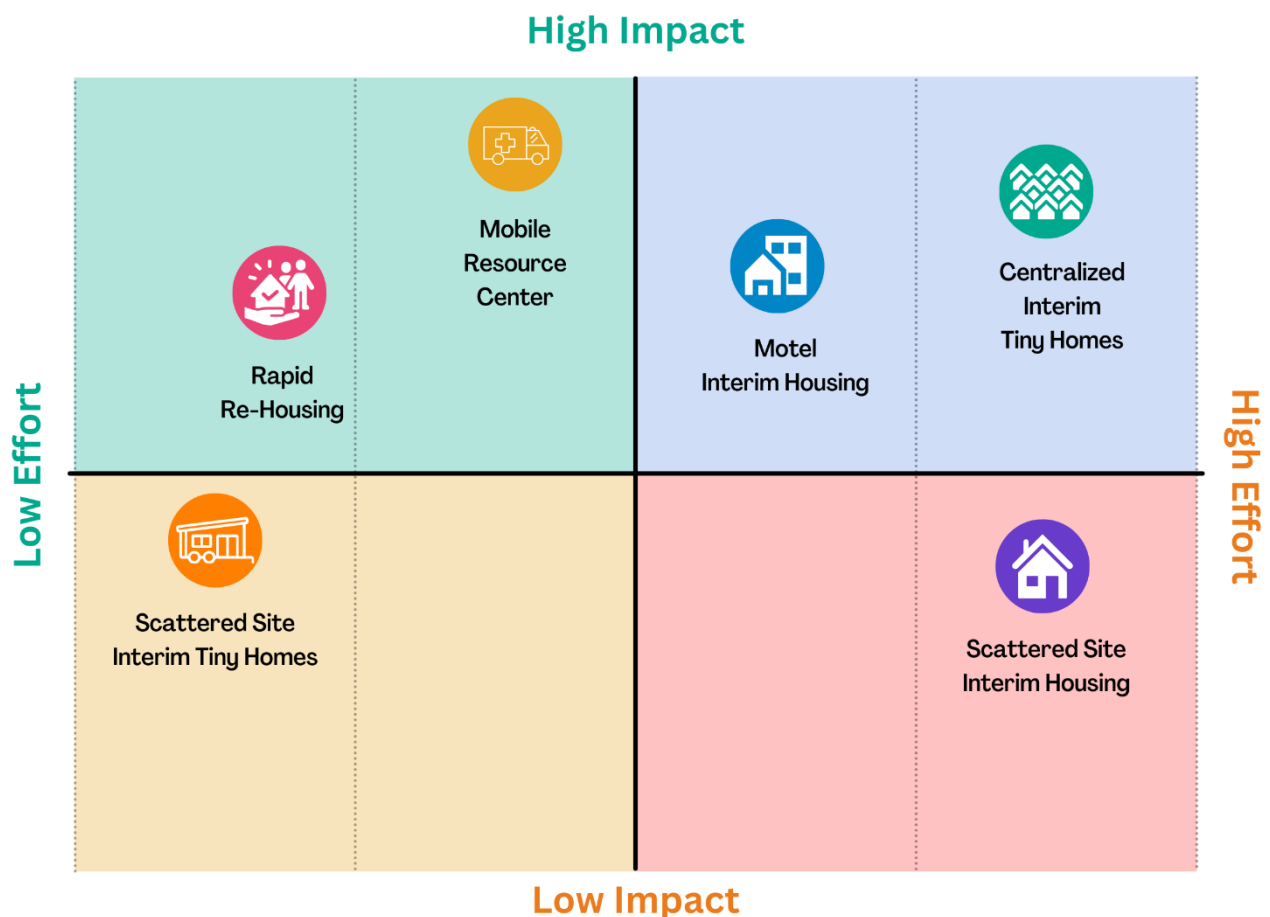
At the November 7, 2023 Council meeting, City Council requested the Working Group investigate and consider adding the development of a motel interim housing as a strategy for the strategic plan. This request was a result of community members sharing interest in the development of a Motel concept. City Council expressed interest in the development of this concept. Further discussion have begun between the City and County about a potential partnership for the development of such a project. The estimated annual cost will be approximately \$68,473.90 per unit.

While many options are being considered, based on current proposals, property would be leased to the City and operations and services would be facilitated by an organization via a City RFP process. Based on informal conversation of a partnership between the City and County, the City of Concord will hold their own lease with the motel for “Concord resident” rooms. The county will have a similar lease for “county” rooms. The City of Concord would enter into a Service Agreement with the County to support clients living at the project site. The draft budget below was drafted based on a similar Motel project the County has been developing in another community. The \$87 a night for the lease is based on that motel/owners and can be negotiated. This budget is based on 12 rooms that would each house four individuals (families).

ANNUAL OPERATING COST ESTIMATES	
Support Services Staff - 1 FTE Care Coordinators, 1 FTE Admin/HMIS, 0.5 FTE Site Supervisor, 1 FTE Program Director	\$50,593
Operations staff - 2 FTE Shelter Specialists	\$91,853
Fringe (35%) - leave, insurance, pensions, unemployment benefit	\$49,856
Leasing and Property Management	\$381,060
Operating expenses (utilities, phone, etc.)	\$15,600
Food (\$25/2 meals/day)	\$87,600
Security - evening coverage 8-hour shifts (\$32/hr)	\$22,426
Maintenance and repairs - if required	\$48,000
Indirect (10%)	\$554,686
Total Annual Operating Cost	\$821,686

Implementation Plan

The impact matrix below outlines an overview of the effort and reach for the proposed strategies included in this plan. The priorities below were informed based on conversations with the Working Group and City staff. Additionally, data in the charts on pages 3 and 23 were used as a part of the determination. In the matrix below, impact is the measurement of persons served, services provided, and total cost. Similarly, effort relates to the amount of funding, staffing, and time it would take to implement these strategies. This will be utilized by city staff to discern the effectiveness and order that the strategies will be implemented. This matrix is not designed to indicate which strategies will be implemented first, but used as a guide and reference point for which strategies can be implemented based on further discussion and commitment from key stakeholders.



Successful plan outcomes will require sufficient staff which the City does not have. As a result, the City will rely on partnerships to help facilitate project development. Contra Costa County has a strong internal infrastructure to manage projects and can add additional in-kind resources to most initiatives. A non-profit or faith-based organization is also a viable option as an operator of homeless programs or projects. Nonprofits and

faith-based organizations (Non-profit Operators) are able to solicit donations and are eligible for funding sources that are not available to governmental agencies or to a for-profit developer. They may also help leverage City funding by bringing existing resources and community support to the project.

Rapid Re-Housing will be the lowest effort strategy to implement with the highest impact on persons experiencing homelessness. Namely, this is an existing program that the City operates, and would be providing additional funding to expand and continue the project. There would be no additional implementation needed and would be handled as a contract with the agency providing rapid re-housing services. The budget below anticipates assisting 20 households for one year. The one-year timeline is an estimate. The City may opt for a shorter or longer term of assistance. The budget is based on the average cost of monthly rental assistance provided by the City's current Rapid Re-Housing program operated by Hope Solutions. In addition to rental assistance, Hope Solutions provides supportive services to their clients. The City may choose to expand upon the current contract with Hope Solutions or create a new program with available funding. The average cost per assisted family in the current program is approximately \$2,000 per month, plus assistance for deposits. The budget estimates and resource mapping for Rapid Re-Housing were informed from the existing City program. The level of County partnership will greatly impact the level of "effort" needed to implement the **Mobile Resource Center** and **Motel Interim Housing** project. The County has access to a number of existing services that can be coupled with the mobile center, including staffing and health supplies. Cost and oversight needs would be further reduced if Health Care for the Homeless (HCH) was a key component of the implementation. HCH provides high-quality health services to patients who are experiencing homelessness in Contra Costa County. Their team includes bilingual medical, dental, behavioral health, social support and administrative professionals who provide direct care and referrals for many services.

Both the Tiny Home concepts (**Scattered Site Interim Tiny Housing** and **Centralized Interim Tiny Housing**) will likely require a Request for Proposal (RFP) process, where the City will issue a notice to the public for a qualified agency to design and implement a program. City staff will need to design a framework for operators to respond to, including identifying any program requirements, City funding, and anything additional that will support the selected proposal(s). It is likely that only one (tiny home) concept will be chosen, as implementing both would be expensive and require an extensive amount of oversight. Contra Costa County considered the development of a Tiny Home community that would provide temporary housing for 50 single person units and 12 two-person units (serving 74 individuals), using Pallet Shelter homes. The Pallet Shelter units offer electricity and air conditioning and the project budget included shower/ bathroom trailers on site. The initial plan had the community located on a vacant parcel to be improved with landscaping, fencing, walkways, storage containers, picnic areas, bike racks and

community rooms. Total cost for purchase and installation of the units, bedding, electric and air conditioning was \$990,450 (\$15,975 per unit). Site development was estimated at \$3,300,000 for a total cost of \$4,290,450 (\$69,200 per unit).

Scattered Site Interim Housing is a strategy with high merits but can be expensive and yield less results for effort when compared with other strategies. It can be more challenging to allocate resources efficiently when dealing with scattered sites. Budgeting, staffing, and the distribution of essential services like counseling or medical aid become more intricate when spread across multiple locations. Providing consistent support services, such as counseling or job assistance, can be harder in scattered sites due to varying distances and accessibility issues. Residents might find it more challenging to access these crucial resources.

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STRATEGIES	GOALS SUPPORTED						SCOPE	LONGEVITY		RESOURCES (FINANCIAL & PARTNERSHIP)				
	1 Prev Svc	2 Safe Dwel	3 Emer Coor	4 Temp Hsg	5 Equi Sup	6 Syst Supp	Number of Persons Annually	Short Term Solution	Long Term Solution	High Resource Activity	Low Resource Activity	Potential Partnership Identified	Additional Resources Identified	Need to Identify Resources
Mobile Decentralized Resource Center			X		X	X	200 - 300		X	X		X		
Rapid Re-Housing	X	X		X		X	20 - 30		X		X	X		
Scattered Site Interim Housing	X	X		X		X	24 - 36	X		X			X	
Centralized Interim Tiny Homes	X	X		X		X	60 - 75	X		X			X	
Scattered Site Interim Tiny Homes	X	X		X		X	60 - 75	X			X		X	
Motel Interim Housing	X	X		X		X	80 - 100	X		X		X		X

STRATEGIES (CONTINUED)	PARTNERS NEEDED			ESTIMATED COST		TIMELINE FOR IMPLEMENTATION		
	City Can Implement	Partners Needed	Program Operator Needed	One Time Cost	Annual Cost	Less than 6 Months	6-12 Months	1-2 Years
Mobile Decentralized Resource Center	X	X	X	\$305,000	\$636,000	X		
Rapid Re-Housing	X			\$0	\$620,000	X		
Scattered Site Interim Housing	X	X	X	\$122,000	\$232,000		X	
Centralized Interim Tiny Homes	X	X	X	\$850,000	\$522,000			X
Scattered Site Interim Tiny Homes	X	X	X	\$500,000	\$187,000	X		
Motel Interim Housing	X	X	X	\$25,000	\$771,093		X	

MOBILE RESOURCE CENTER IMPLEMENTATION – 9 MONTHS

A mobile resource center offers advantages in terms of speed and simplicity compared to establishing a traditional brick-and-mortar center. There is no requirement to undergo the time-consuming process of securing a permanent location, which can involve complex negotiations, zoning considerations, and regulatory approvals. Secondly, the need for potentially costly building rehabilitation or construction is eliminated, saving both time and financial resources. This streamlined approach allows for a more rapid response to community needs, making vital resources and services accessible to vulnerable populations more swiftly and efficiently.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Governance Structure	X	X		
Site Selection		X		
Purchase Trailers/Equipment			X	
Hire Staff		X	X	

Determine & Codify Governance Structure

This initial phase involves the crucial task of defining the governance structure for the mobile resource center. Establishing a partnership, particularly with the County, may require time for negotiations, legal agreements, and consensus building. There may be additional opportunities to partner with other agencies/faith-based organizations willing to provide equipment, supplies or volunteers for the program.

Select Sites

Identifying suitable sites is a pivotal step. It involves assessing the needs of the target population, zoning regulations, accessibility, and community input. The three-month duration allows for thorough site selection while maintaining project momentum.

Purchase Trailers and Other Equipment

Acquiring the necessary trailers and equipment involves procurement processes, vendor selection, and logistics planning. This step ensures that the mobile center is equipped with the resources needed to provide comprehensive services.

Hire Staff

Building a skilled and dedicated team is essential for the center's success. This time allows for recruitment, interviews, training, and onboarding of staff with the required expertise in social services, counseling, and outreach. Staffing could occur through an agreement with Contra Costa County or another third-party operator.

Project Opening in 9 Months

This final milestone marks the culmination of the planning and preparation phase. By the eighth month, all components, from governance to staffing and equipment, should be in place, and the mobile resource center can begin its vital work, serving the homeless population and providing much-needed support.

RAPID RE-HOUSING IMPLEMENTATION – 6 MONTHS

The City currently contracts with a service provider to offer rapid re-housing services. The following outlines an expansion of this program.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Existing Program Continuation	X			
Program Expansion	X	X		
Full Implementation		X		

Continuation of Existing Program

Expansion of the City's current contract with the current service provider could take place in 1-2 months.

Program Expansion

Selecting non-profit-profit via RFP and developing a new program will take approximately 6-8 months.

Full Implementation

The program will operate on an annual basis, with the number of active years being dependent on the amount of reserved funding.

SCATTERED SITE INTERIM HOUSING IMPLEMENTATION – 12 MONTHS

Successful implementation of scattered site interim housing depends on identifying homeowners who are willing to lease properties to the project developer.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Preparation	X			
Funding		X	X	
Program Launch			X	
Full Implementation				X

Preparation

Conduct a thorough needs assessment to identify the specific requirements and challenges of the target population. Develop a detailed plan outlining the strategy for housing acquisition and support services. Begin the hiring process for key staff members including case managers, housing specialists, and administrative personnel. Advertise positions, conduct interviews, and finalize the hiring within the first six months.

Funding

Identify and Secure Funding: Research and apply for grants, government funding, and potential partnerships to secure financial resources. Create budgets and financial projections for the housing program.

Begin the process of identifying suitable homes or properties for purchase. Collaborate with real estate agents, assess properties, negotiate prices, and finalize the purchase of the first home within six months.

Program Launch and Early Operations

Provide comprehensive training to the hired staff on the program's objectives, policies, and methodologies. Develop program guidelines, protocols, and operational procedures. Start the intake process for homeless individuals with significant barriers to housing. Assess participants' needs, establish case files, and create individualized housing plans.

Scaling and Full Implementation

Continue acquiring additional homes or properties suitable for accommodating more participants. Increase housing capacity based on the demand and success rate of the initial phase.

Monitor participant progress and adapt support services based on their needs. Conduct regular reviews of the program's effectiveness and make necessary adjustments.

Establish collaborations with local organizations, government agencies, and community stakeholders to enhance support networks and resources.

CENTRALIZED INTERIM TINY HOME IMPLEMENTATION – 9 MONTHS

The development of a tiny home community requires identification of a project site. Funding for operations can be difficult as tiny homes are not eligible for many traditional homeless funding sources.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Site Identification	X	X		
Site Preparation			X	
Staffing			X	
Installation of Homes			X	

Site Identification

Initiate a comprehensive search for suitable sites for the tiny home community. Engage with real estate agents, local authorities, and stakeholders to identify and acquire the site. Complete the land purchase or lease agreement within the initial 3-6 months.

Site Preparation

Installation of any utilities needed such as electricity, preparation of foundations or areas where homes will be situated, fencing, lighting, security.

Staffing

Commence the hiring process for staff members, including administrative personnel, community managers, maintenance staff, and security personnel. Develop security protocols and procedures in collaboration with local law enforcement or private security firms to ensure community safety.

Installation

Once the site is secured, proceed with the installation of tiny homes and necessary infrastructure such as utilities, roads, and communal facilities. Collaborate with contractors and construction teams to ensure timely and quality installation.

SCATTERED SITE TINY HOMES IMPLEMENTATION – 9 MONTHS

Models for implementation of scattered site tiny homes can vary widely.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Site/Partner Identification	X			
Identify funding	X			
Home Purchase/Installation		X		
Program Launch			X	

Site and Partner Identification

Identify suitable homes or properties for purchase. Collaborate with real estate agents, assess properties, negotiate prices, and finalize the purchase of the first home within six months. Identify owners of properties suitable for installation of individual tiny homes that are willing to participate in the program. This may be individuals, governmental agencies, faith-based organizations or non-profit agencies.

Funding

Identify and Secure Funding. Tiny homes are not eligible for many traditional operational funding sources for homeless programs. Create budgets and financial projections for the housing program.

Home Purchase and Installation

Research unit types that will be acceptable to property owners. Purchase and install units.

Program Launch and Early Operations

Provide comprehensive training to the hired staff on the program's objectives, policies, and methodologies. Develop program guidelines, protocols, and operational procedures. Start the intake process for homeless individuals with significant barriers to housing. Assess participants' needs, establish case files, and create individualized housing plans.

Scaling and Full Implementation

Continue acquiring additional homes or properties suitable for accommodating more participants. Increase housing capacity based on the demand and success rate of the initial phase.

Monitor participant progress and adapt support services based on their needs. Conduct regular reviews of the program's effectiveness and make necessary adjustments. Establish collaborations with local organizations, government agencies, and community stakeholders to enhance support networks and resources.

MOTEL INTERIM HOUSING IMPLEMENTATION – 10 MONTHS

The Timeline for a Motel concept will depend highly on the availability of an available motel and the buy-in of key stakeholders, including the County and local non-profits.

Tasks	Months 1-3	Months 4-6	Months 7-9	Months 10-12
Define the Project	X			
Legal/Regulatory Compliance	X			
Design and Planning		X		
Renovation			X	X
Full Implementation				X

Project Initiation/Define the Project

The City will need to define the project objectives, goals, and budget. This will include assembling a project team, including stakeholders, architects, engineers, and contractors. Depending on current discussions, the team will need to identify potential motels suitable for conversion to interim housing and conduct feasibility studies and site evaluations.

Legal and Regulatory Compliance

The motel will need necessary permits and approvals from local authorities, ensuring compliance with zoning regulations and building codes. The legal agreements with motel owners or stakeholders will also need to be finalized.

Design and Planning

The City will likely put out a bid for architects, engineers, and contractors for design development. Once under contract, they will need to develop detailed renovation plans and designs for any motel conversion.

Renovation

Depending on the extent of the need, there will be some renovation work, including structural modifications, plumbing, electrical, and HVAC systems on the Motel. Any renovations must follow safety standards and accessibility requirements.

Scaling and Full Implementation

Once renovations are complete, staff will need to set up kitchen facilities, laundry rooms, and other amenities as well as test and ensure functionality of all systems. Staff will also need to procure and install furniture, fixtures, and equipment for the rooms and common areas. This stage will also include recruitment and training of staff for managing the program.

Strategies for Future Consideration

The Working Group deliberated on many different strategies. All proposed strategies were considered and discussed over the course of multiple meetings. Members of the Working Group supported the following ideas but determined to focus on the strategies noted above. The selected strategies based on relevance to the goals, the strategies' ability to have a direct impact towards moving homeless individuals towards housing sustainability, the interest level of the County for partnership to leverage resources, and the number of persons that can be served with existing funding. It should be noted that the recommended strategies address certain criteria. However, the recommendations of the Six Strategies do not preclude any person or organization from developing a project not identified as one of the City's selected activities. The following strategies are worthy of consideration as more resources become available. The City may choose to undertake them in addition to the recommended strategies or may opt to reconsider them in the future.

CENTRALIZED RESOURCE CENTER

The development of a "brick and mortar" Centralized Resource Center is the most complicated strategy considered and would require a robust commitment from the City and the Concord community to be successful. Discussions with H3 staff do not indicate an interest in partnering with a new centralized resource center in the central area of the County. The County currently operates the Concord Emergency Shelter that acts as a resource center, in addition to Trinity Center in Walnut Creek. Both sites actively serve the Concord homeless population. Without support from H3, provision of all services needed to serve persons living in encampments will be difficult and costly.

Anticipated outcomes of this type of facility vary. Since it is a "drop in" program, it does not require individuals to attend on a regular basis. Those individuals attending regularly who are actively engaged in counseling/classes are much more likely to achieve a higher level of self-sufficiency and housing success. For example, Trinity Center in Walnut Creek typically sees 150-200 individuals per year who attend regularly, although there are many more that drop in for a few days for a meal. In the past year, 82 participants secured temporary or permanent housing (approximately 40% success rate for those attending regularly).

Centers require significant upfront costs (including acquisition, renovation, and supplies) as well as ongoing operational costs (building upkeep, staff salaries, and equipment). It is estimated that the minimum startup cost would be \$600,000. This could be higher, depending on the rehabilitation needs of the selected site. Annual operating costs are estimated at \$846,000. The Working Group determined that developing a Decentralized

Resource Center, in cooperation with the County, would be a quicker and more cost-effective service delivery model.

BASIC/GUARANTEED INCOME

A basic guaranteed income (BGI) program would provide recipients with unrestricted funding in regular installments to help elevate income inequality. A BGI program can help alleviate poverty by providing a financial safety net, especially those in vulnerable or low-income groups. There are a few current programs that have been initiated across the State and nationally. [The California Guaranteed Income Pilot Program](#) was established to provide grants to eligible entities for the purpose of administering pilot programs and projects that provide a guaranteed income to participants. The department prioritizes funding for pilot programs and projects that serve California residents who age out of the extended foster care program at or after 21 years of age or who are pregnant individuals. Implementing and managing a BGI program on a large scale presents administrative challenges, including identifying eligible recipients and preventing fraud. Additionally, with the limited funding available, a universal approach may not address the specific needs of marginalized or disadvantaged groups as effectively as targeted programs and may even divert needed resources from these programs to a BGI program.

PREVENTION SERVICES

The Working Group had a robust discussion regarding the need for services for the prevention of homelessness. However, this strategy was not pursued by the Working Group at this time. Prevention services can vary. Examples include legal services to avoid eviction, financial assistance to pay back rent, financial assistance to a household in crisis (car repairs, medical expenses), or housing search assistance for persons who must seek a new housing situation. Most of these services are already funded by the City and operated by local agencies. The City operates a re-housing program providing rental assistance to recently homeless households and recently enacted a residential tenant anti-harassment ordinance and a residential tenant protection program, in addition to other prevention services.

FOSTER YOUTH/TRANSITIONAL AGE YOUTH (TAY) INTERVENTION

It is recommended that this component be considered for a future endeavor. Although this target population has specific needs, current funding will be focused on the general homeless population. Regional and statewide organizations like Fred Finch Youth and Family Services and Environmental Alternatives may be potential future partners for this focus area.

SAFE CAMPING/SAFE PARKING

Camp Hope was opened in Martinez during the pandemic and served approximately 50 individuals. It closed in late 2022. Safe camping/parking sites are generally temporary as there are no state or federal funding sources dedicated to these types of programs. Although some safe camping sites offer limited support services, many do not, as these types of programs are simply intended to provide homeless individuals a safe place to dwell. They are not geared towards moving people towards sustainable housing solutions. In discussions with the Working Group, County staff echoed the sentiment that safe camping/parking sites are difficult to keep running and are often seen as a temporary solution.

PERMANENT SUPPORTIVE HOUSING

Permanent supportive housing (PSH) is affordable rental housing with supportive services onsite and is limited to persons with a disabling condition. The Working Group contemplated PSH in a scattered site format, but it was removed from consideration due to the small number of persons that could be served with the limited resources available (estimated 12-18 persons). As it is permanent housing, there is very little turnover. Once units are filled, it is rare for additional units to become available.

PSH units are limited to persons with a disability. The HUD definition of disability includes persons experiencing physical or mental impairment that substantially limits one or more major life activities. Some projects also limit tenancy to persons exiting homelessness. Projects have lower barriers to entry than most affordable housing. For example, they may accept tenants with poor rental or credit history. Due to the requirements of most funding sources, projects are not able to limit tenants to Concord residents only and cannot require tenants to attend services.

Supportive services offered often include case management, meal/food distribution, substance abuse/mental health counseling, employment assistance, life skills classes, and recreational activities. Studies show that PSH helps to promote housing stability and reduces the costs associated with hospital and institutional care for persons with disabilities. For individuals with chronic patterns of homelessness, PSH provides a significant reduction in the use of expensive acute care services such as emergency shelters, hospital emergency rooms, and detoxification and sobering centers. [Fourth and Hope](#), a non-profit based in Woodland, has operated a financially sustainable scattered site PSH program for nearly 30 years. [Goodness Village](#) in Livermore offers 28 tiny home, single occupancy PSH units.

The [UCSF study](#) notes that permanent supportive housing can be very helpful when working to house persons with complex behavioral health needs. However, long term funding for supportive services can be difficult to secure. In a report entitled [Permanent](#)

Supportive Housing as a Solution to Homelessness: The Critical Role of Long-Term Operating Subsidies published in June 2023, the Turner Center for Housing Innovation at UC Berkeley notes, “how PSH is managed influences the success of the model; the “supportive” component of PSH is critical to keeping people stably housed.” When compiling the report, the authors conducted extensive interviews with staff operating a number of PSH sites, and the report continues, “Interviews with staff at these organizations highlight that the current level of resources are insufficient for providing the staffing and supports that are needed to manage these properties effectively and meet residents’ needs.”

On its website, the Center for Evidence-Based Solutions to Homelessness states, “Providing permanent affordable housing to individuals with chronic patterns of homelessness has also proven to significantly reduce use of expensive acute care services such as emergency shelters, hospital emergency rooms, and detoxification and sobering centers.”

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Next Steps

Funding Sources

There are many federal and State funding sources for homeless services and affordable housing development that may be available for implementation of strategies in the final Concord Plan. Some funding sources are available to the City, however there are some that are limited to non-profit service providers, Contra Costa County, the CoC or other types of agencies. Leveraging City funds with these types of funding would require partnerships. HDAP and HHAP are two sources that are not direct allocations to Concord. Most funding sources are limited to certain activities such as operating costs, outreach, direct service delivery, housing assistance or housing development. The chart below provides a brief overview of the most common funding sources, along with the types of programs allowed. The chart is followed by more detailed information on each funding source.

There are a few funding sources that are awarded to jurisdictions on an annual basis, but most are awarded through a competitive application process. In addition, some funding sources require matching local funds. The City's local funding can be used to leverage federal or State grants to maximize impact.

One-Time Funding Sources for Homeless Housing and Services.

 **City Can Apply**

 **City Will Need Partnership**

Program Name	Operating Costs	Rapid Re-Housing	Street Outreach	Permanent Housing	Homeless Prevention	Interim Housing
Affordable Housing and Sustainable Communities (AHSC)				✓		
Adaptive Reuse Incentive Grant			✓	✓		
Challenge Grants & Technical Assistance Funding	✓		✓			
Caltrans Encampment Coordinators	✓	✓	✓		✓	✓
Encampment Resolution Funding (ERF)	✓		✓	✓	✓	
State of CA HOME-ARP <i>(Federally allowed activities. HCD may not allow all activity categories)</i>			✓	✓	✓ (and other supportive services)	✓ (Non-congregate shelter only)
Homekey (Round 3)	✓	✓	✓	✓	✓	✓

Infill Infrastructure Grant Program	✓			✓		
CalHFA Mixed-Income Program (MIP)	✓			✓	✓	
Mobile home Park Rehabilitation and Resident Ownership Program	✓			✓	✓	
Portfolio Reinvestment Program	✓			✓	✓	
State Excess Sites Development	✓			✓	✓	
Ongoing Funding Sources for Homeless Housing and Services						
Program Name	Operating Costs	Rapid Re-Housing	Street Outreach	Permanent Housing	Homeless Prevention	Interim Housing
California Advancing and Innovating Medi-Cal (CalAIM)			✓		✓	
Community Development Block Grant (City receives funding annually from HUD)	✓	✓	✓	✓	✓	✓
DHCS Homelessness and Housing Instability (HHIP)	✓		✓			

DSS Homelessness Supports	✓	✓		✓		
Homeless Housing, Assistance and Prevention (HHAP 3 & 4)	✓	✓	✓	✓	✓	✓
State of CA Home Investment Partnership Program (HOME) (*for Prevention, can only be used for rental assistance)				✓	✓*	
Housing and Disability Advocacy Program (HDAP)	✓			✓	✓	
Housing for Healthy California <i>(includes State of CA NHTF)</i>	✓			✓		
Infill Infrastructure Grant Program (IIG)				✓		
Joe Serna, Jr. Farmworker Housing Grant (FWHG) Program				✓	✓	
Multifamily Housing Program (MHP)				✓		
No Place Like Home Program (NPLH)	✓	✓	✓	✓	✓	✓

Permanent Local Housing Allocation (PHLA)	✓			✓	✓	
Portfolio Reinvestment Program (PRP)	✓			✓	✓	
Excess Sites Local Government Matching Grants Program (LGMG)				✓	✓	
Veterans Housing and Homelessness Prevention Program (VHHP)	✓		✓	✓	✓	✓

EXPANDED LIST OF POTENTIAL FUNDING SOURCES

OPERATING SOURCES

Behavioral Health Continuum Infrastructure - \$750 million one-time from the State of California for competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources.

California Advancing and Innovating Medi-Cal (CalAIM) - New program that allows Medi-Cal to fund coordinated access to services including physical, behavioral, developmental, dental, and long-term care needs. May be used to provide enhanced case management services to persons experiencing or exiting homelessness.

Homelessness and Housing Instability (HHIP) - This funding provides \$1.288 Billion statewide to address social determinants of health and health disparities; Medi-Cal managed care plans would be able to earn incentive funds for making investments and progress in addressing homelessness and keeping people housed.

California Department of Social Services (DSS) Homelessness Support - \$475 million of State funding in 2021-22 and 2022-23 dedicated to expanding the existing CalWORKs Housing Support program. This will assist CalWORKs families experiencing homelessness in securing permanent housing.

Caltrans Encampment Coordinators - \$2.7 million one-time State funding for Caltrans Encampment Coordinators to mitigate safety risks at encampments on state property and coordinate with the HCFC and local partners to connect these individuals to services and housing.

Challenge Grants & Technical Assistance - \$40 million one-time State funding available over five years for the Homeless Coordinating Financing Council (HCFC) to provide grants and technical assistance to local jurisdictions to develop action plans addressing family homelessness and moving the state closer to attaining functional zero family homelessness.

Encampment Resolution Grant - \$50 million one-time State funding for the HCFC to partner with local governments and assist with resolving critical encampments and transitioning individuals into permanent housing.

Homeless Housing, Assistance and Prevention (HHAP) – State funds awarded to Continuums of Care and Counties meeting the state’s criteria. Awards for HHAP 1, 2, and 3 have been announced. HHAP4 is anticipated soon. May be used for development of shelter, housing and/or services addressing homelessness.

Home Safe - \$100 million State funding annually through 2022-23 for the Home Safe program to provide access to health, safety, and housing support for individuals involved in or at risk of involvement in Adult Protective Services.

Housing and Disability Advocacy Program - \$175 million State funding allocation annually through 2023-24 to better reach and house individuals eligible for but not currently receiving SSI/SSP through benefits advocacy and housing assistance.

Housing for Healthy California - can fund up to 49% of a project’s housing units within a development as well as provide an operating subsidy for up to 15 years. The target population must be high users of local hospital or emergency room services, homeless, and have income not exceeding 30% AMI.

Non-Congregate Shelter Transition to Permanent Housing - \$150 million one-time State funding to support the stability of the state’s FEMA-funded non-congregate shelter population and transition of individuals from Project Roomkey into permanent housing following the September 2021 sunset of the federal reimbursement availability from the pandemic.

No Place Like Home Program (NPLH) - Can fund up to 49% of a project’s housing units within development and provide an operating subsidy for up to 15 years. The target population must be severely mentally ill and homeless who have income not exceeding 30% AMI.

DEVELOPMENT SOURCES

Behavioral Health Continuum Infrastructure - \$750 million one-time State funding for competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources.

Community Care Expansion - \$500 million in funding to support successful acquisition and rehabilitation of Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).

Community Development Block Grant (CDBG) – Concord receives approximately \$1 million annually from HUD. Funds may be used for acquisition and/or rehabilitation of facilities such as service centers, shelters, or transitional housing; and for acquisition and/or infrastructure for the development of affordable housing. A limited amount of funding may be used for planning purposes, operating costs, or direct services.

Federal Home Loan Bank Affordable Housing Program (AHP) - Provides funding for the development of affordable rental housing and can be used to finance homeless-focused housing in recent years.

Home Investment Partnership Program (HOME) – HUD funds available through the State to cities and counties to fund housing activities, including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people.

HOME-ARP (American Rescue Plan Act) - The State of California will receive a one-time allocation of an estimated \$155 million for housing development that primarily service persons experiencing or at risk of homelessness. Initial indications from HCD show this funding will focus on shovel-ready housing projects that can be completed within 24 months. A NOFA is expected in early 2024. Additional details to follow from HCD.

Homekey - \$2.75 billion in one-time State and federal funds to acquire and rehabilitate facilities through the program. Of this amount, \$1 billion is targeted for families experiencing homelessness or at risk of being homeless. Two funding rounds have been completed, with another two rounds of funding expected in 2023 - 2024.

Homeless Housing, Assistance and Prevention (HHAP) - Funds awarded to Continuums of Care and Counties meeting the State's criteria. Awards for HHAP 1, 2, 3, and 4 have been announced. May be used for development of shelters, housing, and/or services addressing homelessness.

Housing for Healthy California - can fund up to 49% of a project's housing units within a development as well as provide an operating subsidy for up to 15 years. The target population must be high users of local hospital or emergency room services, homeless, and have income not exceeding 30% AMI.

Multifamily Housing Program (MHP) - The funds awarded under this NOFA will be allocated annually as permanent financing for affordable multifamily rental and transitional new construction, acquisition, rehabilitation, and conversion housing developments.

No Place Like Home Program (NPLH) - Can fund up to 49% of a project's housing units within development and provide an operating subsidy for up to 15 years. The target population must be severely mentally ill and homeless who have income not exceeding 30% AMI.

Permanent Local Housing Allocation (PLHA) - Eligible uses for PLHA are broad, including the development of Permanent Supportive Housing and homeless rental assistance. It can also be used for the development of Transitional Housing and Navigation Centers for homeless, in addition to a wide variety of services.

State Excess Sites Development - \$100 million one-time State funding (\$25 million in 2022-23 and \$75 million in 2023-24) to expand affordable housing development and adaptive reuse opportunities on state excess land sites.

Veterans Housing and Homelessness Prevention Program (VHHP) - Long-term loans for the acquisition, construction, rehabilitation, and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability. Assisting projects that serve homeless veterans is a priority of this program. Requires partnerships with veterans' organizations.

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