

# Contra Costa Consortium 2005–2009 Consolidated Plan Executive Summary



Public Review Draft (April 2005)

# Contra Costa Consortium

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### Consortium Representatives

*County of Contra  
Costa*  
Robert T. Calkins  
(925) 335-1260  
Kara Douglas  
(925) 335-1253

*City of Antioch*  
Janet Kennedy  
(925) 779-7013

*City of Concord*  
Amy Hodgett  
(925) 671-3455  
Teri House  
(925) 671-3283

*City of Pittsburg*  
Annette Landry  
(925) 439-0622

*City of Walnut Creek*  
Margot Ernst  
(925) 943-5899 x208  
Laura Simpson  
(925) 943-5899 x236

P&D Consultants

TCB | AECOM

## Introduction

### Purpose of the Plan

*The Consolidated Plan directs the Consortium's investment of federal funds to meet priority needs for housing, public services, and community and economic development*

The Contra Costa Consortium, a partnership of four cities (Antioch, Concord, Pittsburg, and Walnut Creek) and Contra Costa County<sup>1</sup>, receives funds each year from the federal government for housing and community development activities.<sup>2</sup> These funds are intended to meet priority needs locally identified by Consortium members.

To receive federal funds, the Consortium must submit a strategic plan—the Consolidated Plan—every five years to the U.S. Department of Housing and Urban Development (HUD) that identifies local needs and how these needs will be addressed. The Consolidated Plan must also demonstrate how the Consortium will meet national goals set by the U.S. Congress to develop viable communities by providing decent housing, a suitable living environment, and economic opportunities, principally for persons of very-low and low-income<sup>3</sup> (lower-income).

The Consolidated Plan is guided by three overarching goals:

- To provide a suitable living environment through safer, more livable neighborhoods, greater integration of lower-income residents throughout Contra Costa County communities, increased housing opportunities, and reinvestment in deteriorating neighborhoods.
- To provide decent housing by preserving the affordable housing stock, increasing the availability of affordable housing, reducing discriminatory barriers, increasing the supply of supportive housing for those with special needs, and transitioning homeless persons and families into housing.
- To expand economic opportunities through more jobs paying self-sufficiency wages, homeownership opportunities, development activities that promote long-term community viability, and the empowerment of lower-income persons to achieve self-sufficiency.

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<sup>1</sup> Contra Costa County is the representative of the Urban County. The Urban County includes the unincorporated County and the cities/towns of Brentwood, Clayton, Danville, El Cerrito, Hercules, Lafayette, Martinez, Moraga, Oakley, Orinda, Pinole, Pleasant Hill, San Pablo, and San Ramon.

<sup>2</sup> Federal programs covered by the Consolidated Plan are: Community Development Block Grant (CDBG), HOME Investment Partnerships (HOME), Emergency Shelter Grant (ESG), and Housing Opportunities for Persons with AIDS (HOPWA).

<sup>3</sup> Very-low income households are defined as earning 50 percent or less of the Contra Costa-Alameda County area median income (AMI), as defined by the federal government. Low income households earn equal to or less than 80 percent AMI.

## Focus of the Plan

As required by the federal government, the identification of needs and the adoption of strategies to address those needs must focus primarily on lower-income individuals and households. The Plan must also address “special” needs identified by the federal government or locally, such as the needs of the elderly, persons with disabilities, large families, single parents, homeless individuals and families, and persons with HIV/AIDS.

## Priority Needs and Strategies

The Consortium’s overall priority is to increase economic opportunity and self-sufficiency for lower-income residents and individuals with special needs so that they can achieve a reasonable standard of living. This priority can be achieved through a combination of:

- Affordable housing;
- Supportive services to maintain independence;
- Education and technical skills that allow individuals to obtain jobs paying self-sufficiency wages; and
- Investment in lower-income and deteriorating neighborhoods, and in facilities that serve lower-income populations.

*The housing affordability gap leads to high rates of overcrowding, overpayment, and substandard housing conditions among lower-income households*

The Consortium, by focusing on these overall priorities, seeks to address community concerns such as:

- A need for additional affordable housing to address the growing gap between housing costs and local incomes, which leads to rising rates of overcrowding, overpayment, and substandard housing conditions for the County’s lowest income residents;
- Supportive services that increase the ability of seniors, persons with disabilities, and others with special needs to live independently and avoid institutions; and
- A network of shelter, housing, and support services to prevent homelessness, move the homeless to permanent housing and independence, and eliminate homelessness within ten years.
- Programs that promote economic development and increase the job skills level of potential employees, such as job training and job readiness programs.

Specific priorities and how these priorities were established are described below.

One of the main obstacles to meeting community needs is inadequate resources for programs that could address these needs. Although California voters approved dedicated funding for mental health services through a 2004 voter initiative, other State and federal funding sources for housing and

community development programs are expected to be limited for the foreseeable future.

## Housing Needs

*Although rents have moderated since 2000, the gap between home prices and local incomes continues to grow*

High housing costs reduce economic opportunities, access to jobs and services, and the ability of lower-income households to live in the communities and neighborhoods of their choice. The affordability gap results in a concentration of lower-income households in older neighborhoods that have higher levels of substandard housing and overcrowding. Some of the indicators of housing need and the challenges facing the Consortium are described below.

- Although rents have moderated since 2000, housing prices continue to rise faster than incomes. The median home price in Contra Costa County in December 2004 (\$435,500) was nearly 15 percent higher than in December 2003 (\$379,100).
- Few lower-income households can afford to purchase homes. Most households earning less than 50 percent of the area median income face difficulties in finding affordable rental housing, as well.
- Approximately 61,800 lower-income households in the Consortium did not have adequate housing in 2000.<sup>4</sup>
- There are only approximately 10,200 assisted rental units affordable to lower-income households, of which over 950 are at risk of converting to market rate housing.
- Nearly 7,000 rental housing vouchers are provided by the housing authorities of Pittsburg and Contra Costa County. The County Housing Authority reports over 4,300 applicants on its waiting list for public housing and over 3,100 on the waiting list for rental housing vouchers.
- According to the Association of Bay Area Governments (ABAG) 1999 – 2006 regional housing plan, jurisdictions within the Consortium should accommodate 9,860 new housing units affordable to lower-income households between 1999 and 2007 (1,160 per year).
- Over 7,000 beds in 473 residential care facilities are available for individuals with special needs, (such as frail elderly and persons with disabilities) who cannot live independently in conventional housing. However, this is significantly less than the population of frail elderly, disabled, and others who may need a supportive housing environment.

*Households most affected by the cost of housing are those earning 30 percent of median income, large families, senior renters, and others with special needs*

Due to the ongoing gap in the availability of affordable housing, the Consortium has assigned a high priority to new housing construction,

<sup>4</sup> Based on calculations provided by HUD from the 2000 Census on overpayment, overcrowding, and substandard housing conditions.

homeownership assistance, and housing rehabilitation, particularly for households earning less than 50 percent of the area median income. Despite the high cost, it is essential to expand the supply of affordable housing and supportive housing, because the affordability gap cannot be addressed solely through existing housing.

Priorities H-1 to H-8 uses of CDBG, HOME, and HOPWA funds for addressing affordable housing needs follow.

*Priority H-1 Rental Housing: Expand housing opportunities for lower-income households through an increase in the supply of decent, safe and affordable rental housing and rental assistance.*

#### Strategies

- ∅ Expand the supply of affordable housing by supporting affordable housing providers in accessing State, federal, and private funds for affordable housing construction. Local redevelopment agencies and below market rate (inclusionary) housing programs may also assist in expanding the supply of affordable housing.
- ∅ Seek to incorporate new affordable housing in residential developments through below market rate (inclusionary) housing requirements.<sup>5</sup>

*Priority H-2 Homeownership: Increase homeownership opportunities for lower-income households.*

#### Strategies

- ∅ Assist first-time homebuyers with financial assistance for down payments and closing costs, homebuyer counseling, and referrals to State, federal, and private industry homebuyer assistance programs.

See also strategies for Priority H-1 above.

*Priority H-3 Preservation: Maintain and preserve the affordable housing stock.*

#### Strategies

- ∅ Provide low-interest loans for single-family homeowner rehabilitation, with an emphasis on seniors and homeowners earning 50 percent or less of area median income.

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<sup>5</sup> Not all members of the Consortium have adopted inclusionary housing programs.

- Ø Provide low-interest loans to rental property owners with lower-income tenants who agree to maintain affordable rents for those tenants during the life of the loan or a specified period of time.
- Ø Provide emergency home repair grants to lower-income homeowners to address urgent health and safety issues.
- Ø Provide lead-based paint testing and abatement, and correction of mold and other health issues, in housing occupied by lower-income households.
- Ø Support the efforts of owners of assisted rental housing properties in accessing State or federal programs that seek to preserve affordable rental units.
- Ø Assist nonprofit housing providers with an interest in acquiring at-risk rental properties in accessing State, federal, or private funding for the acquisition and/or rehabilitation of these units.

*Priority H-4 Public Housing: Improve the public housing stock.*

Strategy

- Ø Adopt a Consolidated Plan that is consistent with the Housing Authority's five-year plan.

*Priority H-5 Continuum of Care: Adopt the Continuum of Care Plan and the "Ending Homelessness in Ten Years" Plan as the overall approaches to addressing homelessness in the Consortium.*

Strategy

- Ø Adopt a Consolidated Plan that is consistent with the Contra Costa County Health Services Department McKinney-Vento funding goals.

*Priority H-6 Housing for Homeless People: Assist the homeless and those at risk of becoming homeless by providing emergency, transitional, and permanent affordable housing with appropriate supportive services.*

Strategies

See strategies for Priorities H-1, H-3 and H-5 above, and for Priority H-7 below.

*Priority H-7 Supportive Housing: Increase the supply of appropriate and supportive for special needs populations.*

*It is important to link access to supportive services with affordable and appropriate housing*

Strategy

- Ø Support the efforts of affordable housing providers in accessing State, federal, and private funds for housing that includes supportive services for special needs individuals.

*Priority H-8 Constraints: Remove constraints to affordable housing development.*

Strategy

- Ø Implement the recommendations in the Analysis of Impediments to Fair Housing Choice.

### Community Development Needs

To achieve the Consortium’s goals for economic opportunity leading to self-sufficiency, a suitable living environment, and decent housing, a network of support services is needed to ensure that lower-income residents:

*Many individuals with special needs require access to a coordinated network of support services to achieve economic self-sufficiency and independent living*

- Are trained and educated for the labor needs of today and tomorrow;
- Have access to transportation between work, home, and other daily activities;
- Have access to health care to remain self-sufficient;
- Can live as independently as possible within their physical and developmental abilities;
- Can be secure in their homes without the threat of violence; and
- For working parents, have access to child care and/or programs for their school-age children.

Throughout the County, in various degrees, there is an ongoing gap in the availability of services across most categories of special need, including



seniors, at-risk youth, working parents, persons with disabilities, individuals with chronic illness, and persons with other conditions affecting their ability to function independently and productively.

In addition, there is a need to link access to supportive services to affordable and appropriate housing. More coordination and collaboration is needed between housing providers and service providers.

Priorities CD-1 to CD-9 uses of funds for addressing community development needs follow.

*Priority CD-1 General Public Services: Ensure that opportunities and services are provided to improve the quality of life and independence for lower-income persons, and ensure access to programs that promote prevention and early intervention related to a variety of social concerns such as substance abuse, hunger and other issues.*

*General public services are intended to improve the quality of life and independence of lower-income persons, and promote prevention and early intervention on a variety of social concerns*

Priority needs for supportive services include:

- A coordinated network of services linked to housing and economic opportunities to move individuals and families from homelessness to permanent housing and self-sufficiency;
- Family and youth services (education, health care, counseling, mentoring, skills training, etc.);
- Emergency food provision and meals for lower-income and special needs groups;
- Supportive services that allow seniors and persons with disabilities to live independently and avoid institutional settings and group homes;
- Legal assistance and advocacy; and
- Prevention of domestic violence and support for victims of such violence.

Strategies

- Ø Provide food and meals for lower-income persons seeking emergency food assistance.
- Ø Enable lower-income families to create and maintain a stable home environment by providing first-time parents with a strong foundation of skills and support.
- Ø Increase family self-sufficiency through the provision of mental and physical health services and job training services.
- Ø Assist lower-income individuals/families by providing trauma intervention services, crisis hotline access, grief counseling, child abuse hotline, mental health hotline, suicide prevention outreach, services to victims of

rape and their families, and home care and assistance to terminally ill lower-income residents.

- Ø Assist residents in accessing health care and community services by providing Spanish language translation and literacy assistance.
- Ø Assist in bringing together seniors, youth and families in a variety of literacy, tutoring and mentoring programs.

*Priority CD-2 Seniors: Enhance the quality of life of senior citizens and frail elderly, and enable them to maintain independence.*

#### Strategies

- Ø Provide a wide variety of services, including counseling services, in-home care, on-site crisis intervention, and case management services.
- Ø Provide meals to lower-income frail, disabled and homebound seniors.
- Ø Enable frail, isolated and disabled seniors to stay in their homes and remain independent by providing free non-medical in-home assistance.
- Ø Assure that institutionalized elderly residing in nursing homes and residential care facilities have their personal rights protected by providing for investigation of complaints, advocacy, training on rights, family support groups, and training for volunteers who serve this population.
- Ø Provide day care services for lower-income frail elderly residents and sheltered day care and support services to Alzheimer's patients and their caregivers.

*Priority CD-3 Youth: Increase opportunities for children/youth to be healthy, succeed in school, and prepare for productive adulthood.*

#### Strategies

- Ø Provide a variety of prevention services for youth (e.g., substance abuse, assault, sexual abuse, rape, etc.).
- Ø Provide comprehensive youth substance abuse intervention counseling services.
- Ø Provide quality, affordable child care for lower-income residents by supporting programs that train people to become child care providers,

offering ongoing training to service providers, and funding capital improvements for child care centers.

- Ø Assist lower-income children with severe disabilities to communicate.
- Ø Provide an opportunity for lower-income youth to participate in youth recreational programs, including programs with volunteer and work experience activities.

*Priority CD-4 Homeless Services: Reduce incidence of homelessness and assist in alleviating the needs of the homeless.*

The priorities for ending homelessness are based on the recognition that homelessness results from more than just a lack of affordable housing, although providing housing is the ultimate objective.

An estimated 15,000 people experience homelessness in Contra Costa County at some point during the year. In addition, an estimated 17,000 households in Contra Costa County have extremely low incomes and are at risk of homelessness, paying an excessive portion of their income for rent. An unexpected job loss, illness, or eviction can force these individuals and families onto the streets because high rents and other financial problems preclude them from accumulating a savings cushion to protect themselves.

*An estimated 15,000 persons in the County become homeless each year, and another 17,000 are at-risk of becoming homeless*

A homeless count conducted on January 26, 2005 found over 7,000 homeless persons countywide, 1,463 living outdoors and the rest in shelters, transitional housing, soup kitchens, and other programs serving the homeless. Of the people found in programs, 1,800 were members of homeless families, 5,200 were single adults, and 162 were youths under age 21.

The Consortium has participated in countywide planning to move individuals and families from homelessness to permanent housing and independent living through a network of supportive services linked to housing. The primary strategy documents are the Continuum of Care and Ending Homelessness in Ten Years.<sup>6</sup>

#### Strategies

- Ø Move homeless people into housing as soon as possible.
- Ø Provide integrated, "wraparound" services to facilitate long-term residential stability.

<sup>6</sup> In spring 2004, Consortium members, other public agencies, and private service providers adopted a countywide homeless plan to address chronic homelessness: Ending Homelessness in Ten Years: A County-Wide Plan for the Communities of Contra Costa County.

- Ø Help people to access jobs that pay wages that sustain self-sufficiency.
- Ø Conduct outreach to link chronically homeless people with housing, treatment and services.
- Ø Prevent homelessness from occurring in the first place.

*Priority CD-5 Non-Homeless Special Needs: Ensure that opportunities and services are provided to improve the quality of life and independence for persons with special needs, such as disabled persons, battered spouses, abused children, persons with HIV/AIDS, illiterate adults and migrant farmworkers.*

*Many individuals with special needs require access to a coordinated network of support services to achieve economic self-sufficiency and independent living*

#### Strategies

- Ø Increase employment opportunities for residents with disabilities by providing counseling, pre-employment training, and job placement assistance.
- Ø Establish and maintain safe, secure and independent living arrangements for persons with disabilities.
- Ø Provide independent living skills training for newly blind and physically/mentally disabled clients.
- Ø Ensure that homebound disabled persons and persons with HIV/AIDS have home-delivered meals and access to meals and groceries, preventing premature institutionalization.
- Ø Provide a variety of emergency services to battered women and their children, including transitional housing and supportive services.
- Ø Provide advocacy and mentoring services to abused and neglected children in the juvenile dependency court system.
- Ø Provide therapy for children of lower-income families experiencing or at risk of abuse and neglect.
- Ø Provide literacy and skill remediation services to functionally illiterate adults.
- Ø Provide services to migrant farmworkers.

Also, see strategies for Priorities CD-1 to CD-4 above.

*Priority CD-6 Fair Housing: Continue to promote fair housing activities and affirmatively further fair housing.*

#### Strategies

- Ø Priority needs for fair housing include the education of consumers and property owners in landlord/tenant laws and responsibilities.
- Ø Implement the recommendations in the Analysis of Impediments to Fair Housing Choice.

*Priority CD-7 Infrastructure and Accessibility: Maintain quality public facilities and adequate infrastructure, and ensure access for the mobility-impaired by addressing physical access barriers to public facilities.*

*Lower-income residents and those with special needs face the greatest barriers to economic opportunity and self-sufficiency*

Lower-income residents and those with special needs face the greatest barriers to economic opportunity, self-sufficiency, and community access. Many of these residents live in neighborhoods with blighted conditions (as defined in California redevelopment law). Targeted investments in infrastructure and public facilities improvements can significantly reduce these barriers and reduce blight. Lower-income residents are concentrated along the border of Contra Costa County in and near Pittsburg and Antioch; along the I-80 corridor in San Pablo, North Richmond, and El Cerrito; and along the I-680/SR-242 corridors in Concord (Monument Boulevard), Walnut Creek, and Pleasant Hill.

Targeted infrastructure and public facility investments can improve opportunities and living conditions for lower-income residents by reducing visual blight and attracting private investment, and by increasing business activity, jobs, and the availability of commercial goods and services in lower-income areas. They can also improve neighborhood health and safety, and reduce crime and increase the perception of personal safety in lower-income neighborhoods. Finally, public facility investments can increase access to support services and lead to better coordination among service providers (such as investments in multi-service centers).

Public facility and improvement needs include:

- Access improvements in public areas to increase mobility for persons with disabilities;
- Multi-service community centers in lower-income neighborhoods to serve special needs; and
- Public works improvements that increase health and safety, reduce blight, and create a positive environment for businesses and job growth in lower-income neighborhoods.

### Strategies

- Ø Increase community access through targeted public improvements such as handicapped curb cuts, the removal of physical barriers in public rights-of-way, and the removal of architectural barriers that impede access to and within public buildings.
- Ø Provide street and sidewalk repairs on a priority basis to increase safety and access in lower-income neighborhoods.
- Ø Construct, improve, or replace infrastructure such as curbs, gutters, sidewalks, water and sewer lines, storm drains, and utilities in lower-income areas to improve community health and safety.
- Ø Provide or expand public facilities and community centers, such as senior centers, child care facilities, and youth centers, that serve special needs. Seek to develop multi-agency, multi-service centers to deliver services more efficiently and effectively.

*Priority CD-8 Economic Development: Reduce the number of persons with incomes below the poverty level, expand economic opportunities for very low- and low-income residents, and increase the viability of neighborhood commercial areas.*

A 2003 report by the California Budget Project showed that, to support a modest standard of living, the yearly income for a Bay Area family of four needed to be at least \$70,204. Yet, the U.S. Department of Housing and Urban Development estimated in 2005 that a family of four in Contra Costa County with an income at 80 percent of the area median earned just \$66,250. This is less than the income required for a “modest living standard” in 2003.

Nearly 30 percent of Contra Costa households have incomes equal to, or less than, 80 percent of area median income. Special needs individuals are even more likely than the population at large to have lower incomes. A major concern is the ability of lower-income households to afford a reasonable standard of living, which requires access to well-paying jobs, with the skills and education necessary for those jobs. Self-sufficiency also depends on affordable housing within reasonable distance to jobs, reliable and affordable public transportation for those who cannot afford their own vehicles, and child care and after-school programs for working parents.

Between 2000 and January 2005, the unemployment rate in the County rose from 2.7 percent to 5.3 percent. Although the number of employed persons has increased, so has the number of individuals seeking jobs. However, many of the jobs being created pay lower wages.

*The unemployment rate in Contra Costa County has doubled since 2000, while many of the new jobs pay lower wages*

Job and life skills training combined with other support services could allow many lower-income individuals to better prepare for the current and future job markets. Financial assistance to businesses that create jobs for lower-income persons will also increase opportunities for economic self-sufficiency.

Priority needs to foster economic self-sufficiency include:

- Job and vocational training;
- Life skills training, including English language instruction;
- Support services (child care, health care, transportation, etc.);
- Financial and management training for individuals seeking to start their own businesses; and
- Assistance to small businesses to create jobs and provide economic opportunities for lower-income individuals.

#### Strategies

- Ø Support programs that provide job and skills training, including training for youth in construction trades; jobs in information technology, health care, and biotechnology; and vocational training for persons with disabilities.
- Ø Assist business and job creation by providing technical assistance, training, forgivable loans to start and/or expand micro-enterprises and businesses, and technical assistance to sustain and/or increase existing businesses.
- Ø Develop and deliver workplace English instruction and basic computer skills training to low-level English speaking residents to improve job capacity and retention and to increase employment opportunities.

*Priority CD-9 Administration/Planning: Support development of viable urban communities through extending and strengthening partnerships among all levels of government and the private sector, and administer federal grant programs in a fiscally prudent manner.*

#### Strategies

- Ø The Consortium members will continue to collaborate in administering their respective programs, including developing standardized forms, reports and monitoring protocols in order to streamline and minimize paperwork.
- Ø Continue to support the Housing Authority of Contra Costa County and Pittsburg Housing Authority five-year plans, and support the Continuum of Care Board.

## How Priorities Were Established

Priorities for the Consolidated Plan derive from the primary goals described at the beginning of this Executive Summary:

- To provide a suitable living environment;
- To expand economic opportunities; and
- To provide decent housing.

Priorities are also based on the Consortium's belief that, by increasing economic opportunity and self-sufficiency, many of the housing, social service, educational, and other needs can be addressed more readily.

Members of the Consortium are committed to allocating funds that serve the needs of the lowest-income and most disadvantaged residents. Households with incomes less than 50 percent of the area median income, particularly those with extremely low incomes (less than 30 percent of area median income), are particular priorities. The Consortium has also identified special needs individuals as among those who face the greatest challenges and who should receive high priority in the expenditure of federal funds, including at-risk children and youth, lower-income families, the homeless and persons threatened with homelessness, the elderly (especially frail elderly), and persons with disabilities.

As described below, the Consortium undertook an extensive outreach process to public and private organizations and individuals to identify priority needs and methods establishing those priorities.

## The Planning Process

The preparation of the Consolidated Plan began with "in-reach" among public agencies in the County and staff members of each of the participating jurisdictions. The Consortium sought first to identify potential needs, service gaps, and key issues on which to focus the community outreach process.

Following the initial consultation with public agency staff, the Consortium conducted eight focus group meetings during the month of January 2005. Individuals and representatives of community organizations and service providers from throughout Contra Costa County were invited to these meetings. These focus group meetings covered the following topics:

- Persons with disabilities and special needs;
- Single parents (particularly female heads of households);
- Neighborhood revitalization (conducted in the Monument Corridor in Concord);
- Homeless;
- Youth and families;
- Child care providers
- Seniors; and



- Economic development.

The Consortium also solicited input through the distribution of service provider questionnaires and resident surveys in each of the entitlement jurisdictions.

After the eight focus group meetings, the Consortium invited representatives of the 14 non-entitlement cities to a follow-up meeting in February 2005 to obtain additional input on priority needs and ensure that the Consolidated Plan reflects those needs.

To obtain further public input on the identification of priority needs and proposed strategies to address those needs, the County and the four entitlement cities conducted public hearings on the draft Consolidated Plan and their individual fiscal 2005 - 2006 action plans in March and April of 2005.

## Funding to Implement the Plan

Consortium members have identified several potential funding sources to implement the strategies contained in the 2005 – 2009 Consolidated Plan. These sources include, but are not limited to:

- Federal funds covered under the Consolidated Plan: CDBG, HOME, ESG, and HOPWA (provided through an agreement with the City of Oakland as a recipient of HOPWA funds);
- Funds provided under other HUD programs, the Department of Commerce, the Federal Emergency Management Agency, and other federal agencies;
- State funds provided under various programs of the California Department of Housing and Community Development and the California Housing Finance Agency;
- State and federal tax credits and mortgage credit certificates;
- Tax-exempt bond proceeds;
- Redevelopment tax increment funds and the low/moderate income set-aside from those funds (for those jurisdictions with active redevelopment project areas);
- Affordable housing in-lieu and impact fees (for those jurisdictions with inclusionary housing programs or commercial linkage fees);
- Jurisdictional general funds;
- Child Care Developer Fees; and
- Private industry sources such as the Federal Home Loan Bank Board's Affordable Housing Program.

# Five-Year Strategic Plan

## Portion of the FY 2005-2009 Consolidated Plan For the Contra Costa County Consortium

Lead Agency:  
Contra Costa County  
Community Development Department  
651 Pine Street, Fourth Floor, North Wing  
Martinez, CA 94553

### Points of Contact:

Robert Calkins  
Contra Costa County  
(925) 335-1260

Teri House  
City of Concord  
(925) 671-3283

Kara Douglas  
Contra Costa County  
(925) 335-1253

Annette Landry  
City of Pittsburg  
(925) 439-0622

Janet Kennedy  
City of Antioch  
(925) 779-7013

Laura Simpson  
City of Walnut Creek  
(925) 943-5899 x236

Amy Hodgett  
City of Concord  
(925) 671-3455

Margot Ernst  
City of Walnut Creek  
(925) 943-5899 x208



# 5 Year Strategic Plan

This document includes Narrative Responses to specific questions that grantees of the Community Development Block Grant, HOME Investment Partnership, Housing Opportunities for People with AIDS and Emergency Shelter Grants Programs must respond to in order to be compliant with the Consolidated Planning Regulations.

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## GENERAL

### Executive Summary

*The Executive Summary is optional, but encouraged. If you choose to complete it, please provide a brief overview that includes major initiatives and highlights that are proposed throughout the 5-year strategic planning period.*

5-Year Strategic Plan Executive Summary:

The Executive Summary for the Consolidated Plan is presented as a separate document for public review.

### Strategic Plan

*Due every three, four, or five years (length of period is at the grantee's discretion) no less than 45 days prior to the start of the grantee's program year start date. HUD does not accept plans between August 15 and November 15.*

Mission:

The Consortium is adopting a five-year Consolidated Plan covering the fiscal years 2005-2009. The preparation of the Consolidated Plan is guided by three major commitments and priorities:

- To provide a suitable living environment through safer, more livable neighborhoods, greater integration of lower-income residents throughout Contra Costa County communities, increased housing opportunities, and reinvestment in deteriorating neighborhoods.
- To provide decent housing by preserving the affordable housing stock, increasing the availability of affordable housing, reducing discriminatory barriers, increasing the supply of supportive housing for those with special needs, and transitioning homeless persons and families into housing.
- To expand economic opportunities through more jobs paying self-sufficiency wages, homeownership opportunities, development activities that promote long-term community viability, and the empowerment of lower-income persons to achieve self-sufficiency.

### General Questions

1. *Describe the geographic areas of the jurisdiction (including areas of low income families and/or racial/minority concentration) in which assistance will be directed.*
2. *Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA) (91.215(a)(1)) and the basis for*

*assigning the priority (including the relative priority, where required) given to each category of priority needs (91.215(a)(2)).*

3. *Identify any obstacles to meeting underserved needs (91.215(a)(3)).*

5-Year Strategic Plan General Questions response:

### 1. Geographic Areas

The Consortium consists of the Contra Costa Urban County and the cities of Antioch, Concord, Pittsburg and Walnut Creek. The Urban County includes the unincorporated area of Contra Costa County and the cities/towns of Brentwood, Clayton, Danville, El Cerrito, Hercules, Lafayette, Martinez, Moraga, Oakley, Orinda, Pinole, Pleasant Hill, San Pablo and San Ramon.

Assistance within the Consortium will be targeted to populations residing in areas of low-income and minority concentrations. Refer to Attachments A and B of the Consolidated Plan, which contains maps of these areas. However, while projects and programs will target low-income and minority populations, they will not necessarily be limited geographically to areas where these populations are concentrated. The Consortium is encouraging a deconcentration of lower-income households by providing housing opportunities for these households in areas with a mix of income levels. New housing projects may also be located near jobs, transportation and/or services.

### 2. Basis for Allocating Investments

CDBG, HOME, ESG and HOPWA<sup>1</sup> funds are awarded to projects and programs on a competitive allocation basis. A Notice of Funding Availability (NOFA) is sent to jurisdictions, public agencies, affordable housing developers, community-based organizations, and interest groups active in the Consortium area. Projects are reviewed and funding allocations are made based upon several criteria, including the project's ability to reach and serve its target population. Consideration is given to project location, to ensure that funds are allocated throughout the Consortium area, while services are directed to those areas and persons with the greatest need.

The basis for assigning priorities to needs for which funding may be allocated is the National CDBG Objectives established by HUD. The National Objectives are to develop viable urban communities by the following:

- Providing decent housing.
- Providing a suitable living environment.
- Expanding economic opportunities, principally for lower-income persons.

Priorities were assigned locally based upon the established need and the urgency of the need, which in turn were based upon identified gaps in service as set forth in the HUD tables. Priorities were also based upon comments and correspondence from interested agencies and organizations, and from the general public. Priorities are generally consistent among all Consortium members. The specific priorities for the Consortium are in the following sections of this document:

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<sup>1</sup> The County does not receive HOPWA funds directly, but is a subrecipient from the City of Oakland. Refer to the Housing Opportunities for People with AIDS (HOPWA) section in this document.

- Housing priorities - Priority Housing Needs, pages 18-19.
- Homeless priorities - Priority Homeless Needs, page 31.
- Community development priorities - Community Development, pages 37-38.
- Non-homeless special needs priorities - Priority Housing Needs and Community Development.

In all cases, applicants must demonstrate that they will be able to serve a minimum of 51 percent lower-income persons or households. However, it has been the practice to fund projects that serve a minimum of 75 percent extremely low-, very low- and low-income persons or households.<sup>2</sup> Furthermore, established policy gives priority to housing projects that provide units affordable to and occupied by households with extremely low incomes.

### 3. Obstacles to Meeting Underserved Needs

The primary obstacle to meeting underserved needs is availability of funding. The availability of funding from both federal and State sources is a primary determinant in the ability of the local jurisdictions to address identified needs. Federal funding of housing and community development programs has been reduced in recent years, and more reductions are anticipated in the future. Budget problems experienced by the State of California have affected State funding of programs.

Another obstacle, as discussed in the Housing Market Analysis section, is the generally high cost of housing and the provision thereof, which increases the difficulty of meeting affordable housing needs. As described in the Barriers to Affordable Housing section, a third obstacle is ordinances and regulations that could limit the provision of housing for lower-income households and special needs groups.

## Managing the Process (91.200 (b))

1. *Lead Agency. Identify the lead agency or entity for overseeing the development of the plan and the major public and private agencies responsible for administering programs covered by the consolidated plan.*
2. *Identify the significant aspects of the process by which the plan was developed, and the agencies, groups, organizations, and others who participated in the process.*
3. *Describe the jurisdiction's consultations with housing, social service agencies, and other entities, including those focusing on services to children, elderly persons, persons with disabilities, persons with HIV/AIDS and their families, and homeless persons.*

*\*Note: HOPWA grantees must consult broadly to develop a metropolitan-wide strategy and other jurisdictions must assist in the preparation of the HOPWA submission.*

5-Year Strategic Plan Managing the Process response:

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<sup>2</sup> An "extremely low-income" household earns less than 30 percent of the area median income (AMI). A "very low-income" household earns from 30 to 50 percent of AMI. A "low-income" household earns from 50 to 80 percent of AMI. These definitions are associated with the Comprehensive Housing Affordability Strategy (CHAS) by HUD. "Lower-income" households, as used in this Consolidated Plan, refer to households at all three income levels mentioned here.

### 1. Lead Agency

The Consolidated Plan is being prepared by the Consortium, which includes Contra Costa County, as the Urban County representative, and the cities of Antioch, Concord, Pittsburg and Walnut Creek. Contra Costa County is the lead agency. Antioch, Concord, Pittsburg and Walnut Creek are CDBG entitlement cities that participate in the Consortium, but prepare their own annual action plans for the expenditure of their CDBG funds. The County represents the unincorporated area and all cities/towns within the County except Richmond and the CDBG entitlement cities.

### 2. Plan Development Process

Significant aspects of the Consolidated Plan development process included meetings with representatives from Consortium members. At these meetings, requests were made for the provision of information from their respective jurisdictions. A file containing two tables used in the CPMP tool developed by HUD - Community Development Needs and Regulatory Barriers - was distributed to members of the Consortium, with a request to complete the tables with information pertinent to their jurisdictions. The development of the Consolidated Plan also included citizen and agency participation, as described in the Citizen Participation section.

### 3. Consultations

Federal regulations include the requirement that a jurisdiction consult extensively with community service providers, other jurisdictions, and other entities with a potential interest in or knowledge of that jurisdiction's housing and non-housing community development issues, as part of the Consolidated Plan development process. The primary methods by which Consortium members consulted with service providers were through focus group meetings and service provider questionnaires. Service providers that were consulted included the following:

- Housing Services/Affordable Housing. Consulted with affordable housing providers and supportive service agencies.
- Social Services. Consulted with the County Department of Social Services and nonprofit social service agencies.
- Health Services. Consulted with County Health Services and nonprofit health service providers.
- Homeless Services. Consulted with County Health Services' Homeless Program and with the Continuum of Care Board.
- Lead-Based Paint Hazards. Conferred with County Health Services' Community Wellness and Prevention Program.
- Local Governments. Conducted, on an ongoing basis, collaboration among the Consortium member jurisdictions.
- State of California. Requested information from the State on housing and non-housing community development concerns, and provided drafts of the Consolidated Plan for review.



- Public Housing Agencies. Provided annual input into the Comprehensive Grant Plan of the Housing Authority of the County of Contra Costa (HACCC). In addition, jurisdictions are required to consult with the local Housing Authority regarding the completion of its Agency Plan. The HACCC contributed to several Consolidated Plan sections related to its activities, and it reviewed the overall draft document. In addition, the County Community Development Department reviewed the HACCC's Five-Year Public Agency Plan to ensure consistency. Consultations were also made with the Pittsburg Housing Authority.

## Citizen Participation (91.200 (b))

1. *Provide a summary of the citizen participation process.*
2. *Provide a summary of citizen comments or views on the plan.*
3. *Provide a summary of efforts made to broaden public participation in the development of the consolidated plan, including outreach to minorities and non-English speaking persons, as well as persons with disabilities.*
4. *Provide a written explanation of comments not accepted and the reasons why these comments were not accepted.*

*\*Please note that Citizen Comments and Responses may be included as additional files within the CPMP Tool.*

### 5-Year Strategic Plan Citizen Participation response:

#### 1. Summary of Citizen Participation Process

The community and agency outreach and participation process involved focus group and community meetings, service provider questionnaires, and resident surveys distributed by each of the participating entitlement jurisdictions. Eight focus group meetings were conducted during January 2005 on the following topics: disabled/special needs, seniors, female-headed households, economic development, lower-income neighborhood strategy needs (conducted in the Monument Corridor between Concord and Pleasant Hill), youth, homeless, and child care. Attachment F summarizes comments from these focus group meetings. Attendees included representatives of public agencies and nonprofit organizations and individuals interested in the Consolidated Plan.

The Contra Costa County Board of Supervisors held a public hearing on the Consolidated Plan. At this hearing, public comments were taken and a decision was made on adoption of the Consolidated Plan for the Consortium. Each of the participating entitlement cities also conducted their own public hearings on the draft Consolidated Plan.

#### 2. Summary of Citizen Comments

Attachment F of this document provides a summary of comments by citizens made during several public meetings. A brief summary of these comments is presented below:

- The lack of affordable housing is an important issue for most citizens, particularly for special needs groups such as seniors and disabled.
- Coordination between housing providers and service providers needs improvement.
- Training for job skills is an important issue, especially for youth. Training in business skills, such as budgeting and management, was also suggested.
- Transportation to jobs and services is difficult for lower-income persons and special needs groups such as seniors and disabled persons, due to lack of available transportation options and lack of accessibility.
- There is a need for more multilingual and multicultural staff among service providers, particularly Spanish-speaking staff, to better communicate with clients and to inform potential clients of available services, particularly immigrant populations.
- Child care is a significant issue, primarily the lack of available and affordable child care.
- Programs targeting youth, particularly those "at risk", were mentioned frequently as something needed. After school programs were frequently suggested.

### 3. Summary of Efforts to Broaden Participation

As discussed in the response to Item #1 above, the Consortium sponsored a series of focus group meetings that solicited input from various special needs groups on housing and non-housing community development needs. These groups included the disabled, the homeless, female-headed households, seniors and youth.

### 4. Comments Accepted

The Consortium accepted all public comments on the Consolidated Plan.

## Institutional Structure (91.215 (i))

1. *Explain the institutional structure through which the jurisdiction will carry out its consolidated plan, including private industry, non-profit organizations, and public institutions.*
2. *Assess the strengths and gaps in the delivery system.*
3. *Assess the strengths and gaps in the delivery system for public housing, including a description of the organizational relationship between the jurisdiction and the public housing agency, including the appointing authority for the commissioners or board of housing agency, relationship regarding hiring, contracting and procurement; provision of services funded by the jurisdiction; review by the jurisdiction of proposed capital improvements as well as proposed development, demolition or disposition of public housing developments.*

5-Year Strategic Plan Institutional Structure response:

## 1. Institutional Structure

### State Institutions

The Department of Housing and Community Development (HCD) oversees the State housing planning process and provides technical assistance and review of local Housing Elements. HCD also administers State housing programs.

The California Housing Finance Agency is a primary funding vehicle for affordable housing. The Agency issues mortgage revenue bonds, and it finances rehabilitation and new construction programs for both rental and owner-occupied housing.

The California Debt Limit Allocation Committee is responsible for allocating authority for mortgage credit certificates, mortgage revenue bonds and tax-exempt bonds, subject to the annual volume cap for the State.

The California Tax Credit Allocation Committee coordinates the award of federal and State low-income housing tax credits for low-income housing projects through a competitive process.

### County Institutions

The County Community Development Department maintains overall responsibility for the development of housing and community development plans, policies and strategies, including the Consolidated Plan. In addition, the Community Development Department implements programs designed to increase and maintain affordable housing, revitalize declining neighborhoods, and expand economic and social opportunities for lower-income, homeless and special needs populations.

County Health Services is responsible for the development of plans and programs to assist homeless individuals and families throughout the County, by providing emergency and interim housing and support services. This includes operation of the County's homeless shelters. County Health Services coordinates the activities of and provides staff support to the Contra Costa Continuum of Care Board (CoC Board). Responsibilities of the CoC Board include serving in an advisory capacity to the Board of Supervisors on issues related to homelessness, and participating in long-range planning and the development of strategies to alleviate homelessness in Contra Costa County. The CoC Board works with County Health Services to develop and refine the Continuum of Care Plan, develop the County's annual McKinney Act application, educate the public with respect to homeless issues, and advocate for increased funding for homeless programs.

The County Building Inspection Department conducts building inspection and code enforcement activities designed to ensure the safety of the County's housing stock. It also operates a weatherization and energy conservation program that assists lower-income households through the provision of resources for rehabilitation and other improvements designed to increase efficiency in energy use. In addition, the Building Inspection Department operates the Neighborhood Preservation Program, a housing rehabilitation loan program for low-income homeowners.

The County Employment and Human Services Department operates the Temporary Assistance for Needy Families (TANF), General Assistance, and Food Stamp

programs, and coordinates the provision of a variety of support services for lower-income households.

The County Redevelopment Agency (RDA) was created to assist the County in eliminating blight from designated areas, and to achieve desired development, reconstruction and rehabilitation of residential, commercial, industrial and retail activities within these areas. RDA resources are used for the installation and/or rehabilitation of infrastructure, job training and placement, incubator programs, commercial facade improvement, and other business assistance. The RDA supports and provides resources for affordable housing development in the County's redevelopment areas, including the maintenance and expansion of affordable homeownership and multifamily rental opportunities.

In addition to the specific departments and agencies discussed, the County and the cities of Antioch, Concord, Pittsburg and Walnut Creek established the Contra Costa HOME Program Consortium for purposes of participation in HUD's HOME Investment Partnerships Act Program.

### City Institutions

The City of Antioch Community Development Department is responsible for both housing and non-housing community development activities. The City reorganized several departments in order to enhance the working relationship among Planning, Building, Engineering, Housing and Code Enforcement. The Antioch Development Agency oversees four project areas.

The City of Concord Building and Neighborhood Services Department is the agency responsible for housing programs, neighborhood preservation and code enforcement, and community services. The City also has a redevelopment agency responsible for redevelopment project areas. The Housing Division administers an extensive Housing Rehabilitation program, as well as the Fair Housing and Tenant/Landlord program. The Neighborhood Preservation Division administers the citywide Multi-Family Housing Inspection program, as well as code enforcement activities, neighborhood partnerships, and neighborhood cleanups. The Community Services Division administers the CDBG federal funds, as well as general funds and Child Care Developer funds that are used to provide services for low-income residents.

The City of Pittsburg's Department of Housing and Community Programs administers the Housing Rehabilitation Loan Program, the CDBG Program, and Housing Authority activities. The City contracts with outside agencies to provide housing counseling programs, investigate complaints of illegal housing discrimination, and assist with the development of affordable housing for very low- and low-income families. The City also has a Redevelopment Agency.

The City of Walnut Creek's Community Development Department is responsible for its affordable housing programs and non-housing community development activities. The Housing Program Manager maintains overall responsibility for the development of the City's housing plans and policies and plays a lead role in pursuing resources and strategies to implement housing programs, including CDBG and redevelopment programs. The Housing Program Manager administers the City's First-Time Homebuyer Assistance Program, the Homeowner Rehabilitation Loan and Grant Program, and the new construction and rehabilitation programs for affordable

housing. Staff also implements the inclusionary housing and commercial linkage fee ordinances for the development of new workforce housing.

The Urban County cities each have a planning department or a community development department that is responsible for planning and housing activities. In addition, all but three of them (Martinez, Moraga and Orinda) have redevelopment agencies with housing responsibilities.

#### Nonprofit Organizations and Special Groups

There are over 500 nonprofit organizations and individuals whose activities are related to the provision of affordable housing and community development in Contra Costa County. These include housing providers, public service providers, and providers of supportive services for special needs groups such as disabled persons and domestic violence victims. The County maintains a mailing list of these organizations that is available upon request. In addition, a number of groups have been formed in Contra Costa County so that local jurisdictions, applicable service providers, and advocacy organizations can coordinate their efforts in addressing certain problems.

#### Developers

There are numerous housing developers who have worked with the members of the Consortium to produce both single family and multifamily affordable housing. These developers have utilized the mortgage revenue bond and mortgage credit certificate programs, Low Income Housing Tax Credits (LIHTC), density bonus programs, and funds from the various redevelopment agencies to assist them in housing development.

#### Lenders

Lender participation in Contra Costa County has included provision of construction and permanent loans, and participation in the County's mortgage revenue bond and mortgage credit certificate programs. In an effort to meet federal Community Reinvestment Act requirements, lenders are more actively seeking out local jurisdictions and offering their services and expertise in the development and operation of affordable housing projects. Some lenders are waiving bank fees and reducing points on first mortgages for eligible lower-income homebuyers.

#### Public Housing Authorities

The Housing Authority of the County of Contra Costa (HACCC) is responsible for the County's public housing and rental assistance programs (e.g., Section 8 vouchers), operates rental housing rehabilitation programs for several jurisdictions, and is the project sponsor for selected affordable housing projects. The HACCC retains ongoing responsibility for maintenance of the County-operated homeless shelters.

The City of Pittsburg Housing Authority is governed by the Housing Commission, which consists of the five City Council members and two resident members, one of which is over the age of 62. The Housing Commission consists of meets monthly (at the beginning of the City Council meeting) to review City of Pittsburg Housing Authority staff reports, disbursement lists, and recommendations relating to Housing

Authority business. The Pittsburg Housing Authority administers 948 Section 8 vouchers, but operates no public housing units.

## 2. Strengths and Gaps in Delivery System

One of the strengths in the delivery system is the existence of the Consortium. The Consortium allows for greater coordination among its members for the delivery of housing and community development services. In addition to the Consortium, local governments have formed collaboratives with nonprofit groups on issues related to housing and economic development. The most notable of these collaborations is the Homelessness Inter-Jurisdictional Inter-Departmental Work Group, which is an outcome of the County's "Ending Homelessness in Ten Years" Plan. Nonprofit organizations have also formed groups among themselves, such as the Contractor's Alliance, to coordinate activities on issues of common interest. These working groups have assisted in bringing together various organizations to share knowledge and to coordinate activities, thereby ensuring more efficient and effective services to targeted populations.

However, this structure also presents one of the gaps in the delivery system. Coordination among these various groups is difficult, which can lead to inefficiencies in the delivery of services. In addition, despite the comprehensive nature of the delivery system, there remains some geographic areas in the Consortium area that are not being adequately served.

## 3. Strengths and Gaps in Public Housing Delivery System

The Housing Authority of the County of Contra Costa (HACCC) is governed by a Board of Commissioners, composed of the Contra Costa County Board of Supervisors plus one resident representative. This Board of Commissioners appoints the Housing Authority's Advisory Housing Commission (AHC), which includes both private sector community leaders and resident leaders. The AHC reviews staff reports and recommendations on hiring, contracting and procurement for HACCC, and makes recommendations to the Board of Commissioners for approval. The Board of Commissioners ultimately authorizes the execution of all major contracts and agreements, reviews and approves proposed development sites, approves comprehensive planning, and approves any proposed demolition or disposition of public housing developments.

The HACCC, in its PHA Five-Year Plan for Fiscal Years 2005-2009, outlined its capital improvements plans. Refer to the Needs of Public Housing and the Public Housing Strategy sections of this document for a description of the proposed capital improvements.

In its Five-Year Plan, the HACCC states the following goals regarding its operations and management:

- Improve internal and external communication and customer service.
- Increase organizational effectiveness, efficiency and staff accountability.

As noted in the Managing the Process section, the City of Pittsburg Housing Authority is governed by the City's Housing Commission. The Pittsburg Housing Authority does not operate or manage any public housing units; therefore, it has no capital improvement plans.

## Monitoring (91.230)

1. *Describe the standards and procedures the jurisdiction will use to monitor its housing and community development projects and ensure long-term compliance with program requirements and comprehensive planning requirements.*

5-Year Strategic Plan Monitoring response:

The Consortium's monitoring procedures for housing development projects consist of the following:

- Prior to funding consideration, all project applications are reviewed to ensure consistency with federal regulations, the Consolidated Plan, the Analysis of Impediments to Fair Housing Choice (AI), and the local Housing Element.
- Following funding approval, project sponsors are required to attend a meeting with the appropriate staff to discuss the project funding and implementation process, applicable federal regulations, affordability restrictions, and procedures during the compliance period.
- Following this meeting, the local jurisdiction and project sponsor enter into project agreements, which specify project objectives, scope of work, eligible activities, performance targets, project budget, implementation time frame, federal regulatory requirements, and monitoring and reporting requirements. In addition, all housing development funds are provided to projects in the form of a loan, with applicable federal regulations and affordability and use restrictions incorporated into the loan documents that are effective throughout the loan term.
- During project implementation, project sponsors are required to submit quarterly progress reports detailing project progress, significant development problems, project funding and expenditures, outreach to women-owned and minority-owned businesses, and affirmative marketing activity. In addition, projects are monitored for compliance with federal accounting and procurement standards, labor and construction standards, relocation, affirmative marketing, equal opportunity, fair housing, and other federal requirements as applicable. Projects are also subject to an onsite performance and/or financial audit review on a selective basis.
- Following project completion, project sponsors are required to submit project completion reports identifying: project accomplishments; population served, including data on household characteristics; rent and/or housing affordability; and total sources and uses of funds.
- Affordable housing development projects must also submit annual compliance reports throughout the period of required affordability. These reports are designed to ensure continued compliance with federal regulations, affordability and use restrictions, and other requirements as specified in project loan documents. In addition, all HOME and CDBG-assisted projects will be subject to periodic onsite inspections to ensure continued compliance with federal housing quality standards.

For non-housing projects and programs, Consortium monitoring procedures include:

- Prior to funding consideration, all applications are reviewed for consistency with federal regulations, the Consolidated Plan, and local policies. Following funding approval, new subrecipients are required to attend a mandatory meeting to become familiar with program standards, local requirements, and federal

regulations. Project sponsors are also required to enter into agreements that specify objectives; scope of work; applicable timelines and performance targets; budget; federal, State and local regulatory requirements; and monitoring and reporting requirements.

- During project implementation, project sponsors are required to submit periodic progress reports detailing project progress toward objectives, problems and/or resolutions to meeting goals, and quantitative participation data by ethnicity, income and household status. In addition, project sponsors are also required to provide updated sources and uses budgets subsequent to the completion of the second quarter. Projects are also subject to an onsite performance and financial audit review on a selective basis. Priority is given to high-risk programs for onsite performance and/or audit review.
- Periodic reports and payment requests are reviewed for compliance with the project agreement, budget consistency, and documentation of expenditures. Project sponsors are advised of any procedural errors and/or ineligible activities, and provided with technical assistance as needed.
- Upon project completion, project sponsors are required to submit completion reports identifying program/project accomplishments; quantitative data, including number of persons or households served, ethnicity, and income level; and a final sources and uses budget.

The Consortium continues to seek to coordinate activities for the efficient provision of services in the following ways:

- Where applicable, Consortium members have developed standardized forms, including reporting forms and applications, in order to streamline and minimize paperwork.
- The Consortium follows a strategy of supporting programs that provide a variety of complementary and integrated services to targeted areas, and ensures that service providers are aware of other organizations that may augment their program.
- The Consortium participates with other County and city departments and nonprofit organizations in efforts to collaborate on the provision of services.

The Consortium members are working together to refine and implement the Performance Outcome Measurement System framework. The effort is in response to HUD consolidated planning guidelines for the measurement of outcomes for the CDBG, HOME, ESG and HOPWA programs. The system includes objectives, outcomes and indicators for each type of activity undertaken with funds made available from these programs.

### Priority Needs Analysis and Strategies (91.215 (a))

1. *Describe the basis for assigning the priority given to each category of priority needs.*
2. *Identify any obstacles to meeting underserved needs.*

5-Year Strategic Plan Priority Needs Analysis and Strategies response:



## 1. Basis for Assigning Priorities

Refer to response to Item #2 in the General Questions section. Priorities for specific housing and community development issues are listed in other sections of this document.

## 2. Obstacles to Meeting Underserved Needs

Refer to response to Item #3 in the General Questions section.

## Lead-Based Paint (91.215 (g))

- 1. Estimate the number of housing units that contain lead-based paint hazards, as defined in section 1004 of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and are occupied by extremely low-income, very low-income, and low-income families.*
- 2. Outline actions proposed or being taken to evaluate and reduce lead-based paint hazards and describe how lead-based paint hazards will be integrated into housing policies and programs.*

5-Year Strategic Plan Lead-Based Paint response:

### 1. Number of Housing Units with Lead-Based Paint Hazards

This estimate is based on the number of housing units constructed prior to 1970, as indicated in the HUD CHAS table for the Consortium. As of 2000, there were 4,350 housing units occupied by extremely low-income households (renters only), 14,281 units occupied by very low-income households (owners and renters), and 27,250 units occupied by low-income households (owners and renters). National studies indicate that approximately 75 percent of these housing units contain a lead-based paint hazard. Therefore, a worst-case estimate is that a lead-based paint hazard exists in 3,263 housing units occupied by extremely low-income households, 10,711 units occupied by very low-income households, and 20,438 units occupied by low-income households (Source: HUD CHAS Data Book). The Consortium is in the process of more clearly defining the nature and magnitude of the health and safety problems associated with the presence of lead-based paint in the older housing stock of the Consortium area.

### 2. Actions to Evaluate and Reduce Lead-Based Paint Hazards

The Consortium members have incorporated the requirements of the lead-based paint regulations (24 CFR Part 35) into their affected programs, including the homeowner (if applicable) and rental rehabilitation programs. These programs have prepared implementation plans that include procedures for the following: testing for lead-based paint, determining a scope of work to address lead-based paint hazards, ensuring qualified contractors are performing the required work, and obtaining a clearance examination at project completion. All jurisdictions provide information for the community on lead-based paint hazards. The County and the City of Concord provide grants to homeowners who have received rehabilitation loans and need to abate lead hazards. The City of Pittsburg conducts special outreach to the Spanish-speaking community through a lead education program.

## HOUSING

### Housing Needs (91.205)

*\*Please also refer to the Housing Needs Table in the Needs.xls workbook*

- 1. Describe the estimated housing needs projected for the next five year period for the following categories of persons: extremely low-income, very low-income, low-income, and middle-income families, renters and owners, elderly persons, persons with disabilities, including persons with HIV/AIDS and their families, single persons, large families, public housing residents, families on the public housing and section 8 tenant-based waiting list, and discuss specific housing problems, including: cost-burden, severe cost-burden, substandard housing, and overcrowding (especially large families).*
- 2. To the extent that any racial or ethnic group has a disproportionately greater need for any income category in comparison to the needs of that category as a whole, the jurisdiction must complete an assessment of that specific need. For this purpose, disproportionately greater need exists when the percentage of persons in a category of need who are members of a particular racial or ethnic group is at least ten percentage points higher than the percentage of persons in the category as a whole.*

5-Year Strategic Plan Housing Needs response:

#### 1. Estimated Housing Needs

Data for extremely low-, very low- and low-income households were provided by the Comprehensive Housing Affordability Strategy (CHAS) tables for the Consortium prepared for HUD, based on U.S. Census data. The CHAS tables contain information on households experiencing housing problems, defined by HUD as overcrowding, without adequate kitchen or plumbing facilities, and paying over 30 percent of household income for housing costs (cost burden). A subcategory of cost burden is extreme cost burden, defined by HUD as paying over 50 percent of household income for housing costs.

The Housing Needs table in this Consolidated Plan contains the CHAS data, which provide an estimate of the number of households in need of housing assistance. Attachment I of this document contains the Housing Needs table for the Consortium. A summary of the Housing Needs table is presented below:

- Households with Incomes Less than 30 Percent of AMI (Extremely Low Income). There were 27,431 households within this income category in the Consortium. Of these households, 76.4 percent experienced housing problems. Approximately 78.3 percent of renter households reported having housing problems, compared with 73.4 percent of owner households. Cost burden was the most common housing problem. Large related households, both renter and owner, experienced high rates of housing problems.

- Households with Incomes between 30 and 50 Percent of AMI (Very Low Income). There were 26,838 households within this income category in the Consortium. Of these households, 72.7 percent experienced housing problems. Approximately 84.9 percent of renter households reported having housing problems, compared with 60.7 percent of owner households. Again, cost burden was the primary housing problem. As in the extremely low income category, large related households experienced high rates of housing problems.
- Households with Incomes between 50 and 80 Percent of AMI (Low Income). There were 35,672 households within this income category in the Consortium. Of these households, 56.9 percent experienced housing problems. Approximately 57.8 percent of renter households reported having housing problems, compared with 56.3 percent of owner households. Cost burden, while significant, was less of a housing problem than in the other income categories. Again, large related households had a significantly higher rate of housing problems than other households.

In addition, housing needs were assessed for special groups. The Non-Homeless Special Needs and Community Development tables provide information on the housing needs of some of these groups. The Non-Homeless Special Needs section discusses housing needs for seniors, frail elderly, the physically and mentally disabled, and persons with HIV/AIDS. A summary of housing needs for other groups is presented below:

- Female-Headed Households. The 2000 U.S. Census indicated that about 32,736 households were female-headed households, which represented 10.6 percent of all Consortium households. Female-headed households increased by approximately 20 percent from 1990 to 2000. Needs often identified with female-headed households include child care and after-school care/programs.
- Large Households. The CHAS tables report that 35,838 households in the Consortium contain five or more members, representing 11.7 percent of the total households. According to CHAS data, approximately 73.5 percent of large renter households experienced housing problems (approximately 7,519 households), while 43.9 percent of large owner households experienced the same (approximately 11,241 households). Most of these large households experiencing housing problems had cost burden problems, but other households were dealing with overcrowding and/or inadequate facilities.

Priorities were established for housing needs based in part on this housing needs assessment. These priorities are listed in the Priority Housing Needs section of this document.

## 2. Disproportionate Need by Racial/Ethnic Group

There are three specific ethnic groups that have a disproportionate level of housing problems. HUD defines a "disproportionate level" as a level ten percent or greater than the overall percentage of housing problems experienced by households in a specific income category.

- Pacific Islanders. There were 70.8 percent of Pacific Islander low-income households that reported having housing problems, compared to 56.9 percent for all households in the low-income category.

- Asians. There were 84.2 percent of Asian very low-income households that reported having housing problems, compared with 72.7 percent for all households in the very low-income category. 70.7 percent of Asian low-income households reported having housing problems, compared to 56.9 percent for all households in the low-income category.
- Hispanics. There were 68.5 percent of Hispanic very low-income households that reported having housing problems, compared to 56.9 percent for all households in the very low-income category.

### Priority Housing Needs (91.215 (b))

1. *Identify the priority housing needs in accordance with the categories specified in the Housing Needs Table (formerly Table 2A). These categories correspond with special tabulations of U.S. census data provided by HUD for the preparation of the Consolidated Plan.*
2. *Provide an analysis of how the characteristics of the housing market and the severity of housing problems and needs of each category of residents provided the basis for determining the relative priority of each priority housing need category.*

*Note: Family and income types may be grouped in the case of closely related categories of residents where the analysis would apply to more than one family or income type.*

3. *Describe the basis for assigning the priority given to each category of priority needs.*
4. *Identify any obstacles to meeting underserved needs.*

5-Year Strategic Plan Priority Housing Needs response:

#### 1. Priority Housing Needs

The Consortium has assigned a high priority to housing needs for extremely low- and very low-income households. The Housing Needs table (Attachment I) contains specific numeric goals for affordable housing development. All non-senior households are represented in the "All Other Household" category. The Consortium encourages the development of small and large housing units, suitable for all family types.

More specifically, the Consortium establishes the following priorities for affordable housing programs and projects:

H-1 Rental Housing: Expand housing opportunities for lower-income households through an increase in the supply of decent, safe and affordable rental housing and rental assistance.

H-2 Homeownership: Increase homeownership opportunities for lower-income households.

H-3 Preservation: Maintain and preserve the affordable housing stock.

H-4 Public Housing: Improve the public housing stock.

H-5 Continuum of Care: Adopt the Continuum of Care Plan and the "Ending Homelessness in Ten Years" Plan as the overall approaches to addressing homelessness in the Consortium.

H-6 Housing for Homeless People: Assist the homeless and those at risk of becoming homeless by providing emergency, transitional, and permanent affordable housing with appropriate supportive services.

H-7 Supportive Housing: Increase the supply of appropriate and supportive housing for special needs populations.

H-8 Constraints: Remove constraints to affordable housing development.

## 2. Influence of Housing Market on Priorities

As discussed in the Housing Market Analysis section, housing costs in the Consortium area are so high as to make homeownership unaffordable to extremely low-income and very low-income households. Persons in the low-income group also cannot afford homeownership and must rent housing instead. Therefore, the construction of affordable rental housing is a high priority.

## 3. Basis for Assigning Priorities

Refer to response to Item #2 in the General Questions section.

## 4. Obstacles to Meeting Underserved Needs

Refer to response to Item #3 in the General Questions section. In addition, refer to the Housing Market Analysis section below.

## Housing Market Analysis (91.210)

*\*Please also refer to the Housing Market Analysis Table in the Needs.xls workbook*

- 1. Based on information available to the jurisdiction, describe the significant characteristics of the housing market in terms of supply, demand, condition, and the cost of housing; the housing stock available to serve persons with disabilities; and to serve persons with HIV/AIDS and their families.*
- 2. Describe the number and targeting (income level and type of household served) of units currently assisted by local, state, or federally funded programs, and an assessment of whether any such units are expected to be lost from the assisted housing inventory for any reason, (i.e. expiration of Section 8 contracts).*
- 3. Indicate how the characteristics of the housing market will influence the use of funds made available for rental assistance, production of new units, rehabilitation of old units, or acquisition of existing units. Please note, the goal of affordable housing is not met by beds in nursing homes.*

5-Year Strategic Plan Housing Market Analysis responses:

## 1. Characteristics of Housing Market

Attachment J of this document contains a summary of housing market conditions in the Consortium area. California Department of Finance figures indicate that, as of January 2004, the Consortium had 335,038 housing units. Of that total, single-family dwelling units comprised 76 percent, multi-family units comprised 22 percent, and mobile homes accounted for only 2 percent. Approximately 25 percent of the Consortium housing stock is 50 years or older, and 64.6 percent of the housing stock is 30 years or older. There were 1,057 units in the Consortium that lacked complete plumbing, and 1,521 units that lacked complete kitchen facilities (Source: 2000 U.S. Census).

The median home price in Contra Costa County in December 2004 was \$435,500. In December 2003, the median home price was \$379,100; thus, there was a 14.9 percent increase in the median home price from 2003 to 2004. The median home price varied significantly throughout Contra Costa County, ranging from \$339,000 in San Pablo to \$937,000 in Orinda. (Source: California Association of Realtors)

Persons in the extremely low-income and very low-income categories cannot afford homes in the Consortium area due to the high home prices. Often persons in this group seek housing assistance from the HACCC or non-profit housing assistance programs offered throughout the County. Housing options for persons in the low-income category are limited due to the high cost of housing. As such, rental housing is typically the housing option available for persons in this income group. In certain instance, low-income households may purchase condominiums, older homes and smaller housing units, since these housing units are typically less expensive than newer single-family homes.

State and federal laws recognize that people have many various needs and that certain members of society have more difficulty finding decent and affordable house or receiving fair housing treatment due to special circumstances. In Contra Costa County, these "special needs groups" include seniors, persons with disabilities, female-headed households, large families, persons with HIV/AIDS and persons with substance abuse problems. Some of these groups are served by community care facilities. There are 473 licensed community care facilities in the County, with a combined capacity of 7,008 beds or service slots. Attachment C to this document lists these facilities and shows their locations. Of these facilities:

- 20 are small family homes for children with 109 beds.
- 71 are group homes of various types and sizes with 438 beds.
- 344 are elderly residential care facilities of various types and size with 5,077 beds.
- One licensed transitional housing facility with 15 beds.
- 38 adult day care, foster care, and other licensed, non-residential day facilities for special needs groups with 1,369 slots (Source: State of California Department of Social Services, Community Care Licensing Division, November 2004).

The HACCC provides assistance with rent for both elderly and disabled persons. The HACCC indicated that there is currently a three- to six-year waiting period for senior and disabled housing assistance.

Consortium members offer housing incentive programs for the production of affordable housing for lower-income and senior households. The incentives include a 20 to 35 percent increase in the maximum allowed residential density in the General Plan and, under certain circumstances, additional incentives. A density bonus will be provided to housing developers who agree to construct the minimum percentage of affordable housing required by State law.

Consortium members offer housing programs to assist low-income persons with HIV/AIDS. The HOPWA Program provides affordable housing and housing counseling and advocacy programs for low-income persons with HIV/AIDS who are either homeless or have unstable housing. The County represents all Contra Costa jurisdictions for purposes of administering the HOPWA program. In addition, persons with HIV/AIDS whose income meet HUD guidelines are eligible to apply for public housing or Section 8 rental assistance available to the general community.

## 2. Assisted Housing Units

"Assisted housing units" are defined as units with rents subsidized by federal, State or local governmental programs. Attachment E contains a list of assisted housing units in the Consortium area.

The Urban County has 4,777 assisted housing units. There are currently 94 units at risk of converting to market-rate housing. Of these, 56 units are in a complex owned by a non-profit organization, so these units are not at high risk of conversion. The other 38 units are considered at high risk.

Antioch has 1,663 assisted housing units. None of these units are considered at risk of conversion.

Concord has 1,947 housing units assisted by City, State and federal programs. Of these units, 761 are at risk of conversion to market-rate housing.

Pittsburg has 1,240 assisted housing units. Of these, only 25 units are considered at risk of conversion to market-rate housing.

Walnut Creek has 647 assisted housing units, of which 79 are considered at risk of conversion to market-rate housing.

## 3. Influence of Housing Market on Funding Allocations

Housing market conditions in the Consortium area do not have a significant influence on funding allocation decisions regarding housing. Decisions are based primarily on identified housing needs and the availability of funding to meet these needs. Consortium members seek the most cost-effective use of their resources in meeting identified housing needs.

## Specific Housing Objectives (91.215 (b))

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that*

*are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

5-Year Strategic Plan Specific Housing Objectives response:

#### 1. Priorities and Specific Housing Objectives

According to the Association of Bay Area Governments (ABAG) Regional Housing Needs Determination, a regional housing allocation plan for the period 1999-2007<sup>3</sup>, the Consortium should accommodate 9,860 new housing units affordable to lower-income households during the 8.5 years covered by the plan. The annual number of affordable units that the Consortium should accommodate is 1,160. The Consortium will use this annual need as its estimate of new construction need for the 2005-2009 Consolidated Plan period.

The Consortium has established its proposed housing objectives, along with their priorities, in its Community Development table, available in this document as Attachment G. Individual jurisdictions have established their own objectives in their own Community Development tables, which are found in Attachment H of this document.

In accordance with the priorities established in the Priority Housing Needs section (pages 18-19), the Consortium proposes the following strategies to address affordable housing needs:

- Expand the supply of affordable housing by supporting affordable housing providers in accessing State, federal, and private funds for affordable housing construction. Local redevelopment agencies and below market rate (inclusionary) housing programs may also assist in expanding the supply of affordable housing. (Priority H-1, H-2, H-6)
- Seek to incorporate new affordable housing in residential developments through below market rate (inclusionary) housing requirements. Not all members of the Consortium have adopted inclusionary housing programs. (Priority H-1, H-2, H-6)
- Assist first-time homebuyers with financial assistance for down payments and closing costs, homebuyer counseling, and referrals to State, federal, and private industry homebuyer assistance programs. (Priority H-2)
- Provide low-interest loans for single-family homeowner rehabilitation, with an emphasis on seniors and homeowners earning 50 percent or less of area median income. (Priority H-3, H-6)
- Provide low-interest loans to rental property owners with lower-income tenants who agree to maintain affordable rents for those tenants during the life of the loan or a specified period of time. (Priority H-3, H-6)
- Provide emergency home repair grants to lower-income homeowners to address urgent health and safety issues. (Priority H-3)
- Provide lead-based paint testing and abatement, and correction of mold and other health issues, in housing occupied by lower-income households. (Priority H-3)

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<sup>3</sup> The original ABAG plan covered the period 1999 to 2006. Subsequent to the adoption of the ABAG plan, the California Legislature extended the deadline for the next update to 2007.



- Support the efforts of owners of assisted rental housing properties in accessing State or federal programs that seek to preserve affordable rental units. (Priority H-3, H-6)
- Assist nonprofit housing providers with an interest in acquiring at-risk rental properties in accessing State, federal, or private funding for the acquisition and/or rehabilitation of these units. (Priority H-3, H-6)
- Adopt a Consolidated Plan that is consistent with the Housing Authority's five-year plan. (Priority H-4)
- Adopt a Consolidated Plan that is consistent with the Contra Costa County Health Services Department McKinney-Vento funding goals. (Priority H-5)
- Support the efforts of affordable housing providers in accessing State, federal, and private funds for housing that includes supportive services for special needs individuals. (Priority H-6, H-7)
- Implement the recommendations in the Analysis of Impediments to Fair Housing Choice. (Priority H-8)

## 2. Use of Federal, State and Local Resources

As indicated in its Community Development table, the Urban County is expected to utilize HOME and HOPWA funds and local bond revenues to support the proposed housing construction. CDBG, HOME and ADDI funds and mortgage credit certificates will be used for the direct homeownership assistance programs. CDBG funds primarily will be used for single-unit rehabilitation projects, while multi-unit rehabilitation projects will use local bond revenues and CDBG, HOME and HOPWA funds.

Individual jurisdictions have identified the resources they will use in their Community Development tables. Antioch will finance its rehabilitation program with funds from its local redevelopment agency. Concord will utilize CDBG and redevelopment agency funds for its new housing construction and rehabilitation projects. Pittsburg proposes to use both CDBG funds and funds from its redevelopment agency to fund proposed new construction and rehabilitation activities. Walnut Creek will use funds from its redevelopment agency for its housing activities, except for single-unit residential rehabilitation. For this activity, redevelopment and CDBG funds will be used. The proposed direct homeownership assistance would be funded by redevelopment and other funds. Walnut Creek also has adopted an inclusionary housing ordinance and a commercial linkage fee program. The inclusionary housing ordinance requires a certain percentage of housing units in a project to be affordable housing. The linkage fee program generates funds that would be used for affordable housing projects.

## Needs of Public Housing (91.210 (b))

*In cooperation with the public housing agency or agencies located within its boundaries, describe the needs of public housing, including the number of public housing units in the jurisdiction, the physical condition of such units, the restoration and revitalization needs of public housing projects within the jurisdiction, and other factors, including the number of families on public housing and tenant-based waiting lists and results from the Section 504 needs assessment of public housing projects located within its boundaries (i.e. assessment of needs of tenants and applicants on waiting list for accessible units as required by 24 CFR 8.25). The public housing*

*agency and jurisdiction can use the optional Priority Public Housing Needs Table (formerly Table 4) of the Consolidated Plan to identify priority public housing needs to assist in this process.*

5-Year Strategic Plan Needs of Public Housing response:

The public housing units in the Consortium area, operated by the Housing Authority of the County of Contra Costa (HACCC), are listed in Attachment D of the Consolidated Plan. The physical condition of the public housing units varies. The HACCC proposes to demolish all the units in the El Pueblo complex and 87 units in the Las Deltas complex within the next five years. The HACCC is negotiating with the City of Pittsburg to develop another multi-family apartment complex, which would replace the demolished El Pueblo units. Also, the HACCC plans to remodel select units in the Bayo Vista complex, conduct unit interior modernization at the Las Deltas complex, and minor repairs and repainting at other complexes (Source: HACCC Five-Year Plan for Fiscal Years 2005-2009).

There are currently 4,318 families on the waiting list for public housing, and 3,105 families on the waiting list for Section 8 tenant-based assistance. Based on a housing needs assessment conducted by the HACCC, housing affordability is the greatest housing need of families on the waiting list, with almost all family types identifying this need as having a "severe impact." The next greatest housing need was housing supply. Families with incomes 30 percent or less of the AMI identified the most needs as having a severe impact (affordability, supply, size and location). Hispanics were the racial/ethnic group which identified the most needs as a severe impact (affordability, supply and size). Elderly households identified affordability and supply as their greatest housing needs, while families with disabilities identified affordability as their greatest need (Source: HACCC Five-Year Plan for Fiscal Years 2005-2009).

## Public Housing Strategy (91.210)

- 1. Describe the public housing agency's strategy to serve the needs of extremely low-income, very low-income, and low-income families residing in the jurisdiction served by the public housing agency (including families on the public housing and section 8 tenant-based waiting list), the public housing agency's strategy for addressing the revitalization and restoration needs of public housing projects within the jurisdiction and improving the management and operation of such public housing, and the public housing agency's strategy for improving the living environment of extremely low-income, very low-income, and low-income families residing in public housing.*
- 2. Describe the manner in which the plan of the jurisdiction will help address the needs of public housing and activities it will undertake to encourage public housing residents to become more involved in management and participate in homeownership. (NAHA Sec. 105 (b)(11) and (91.215 (k))*
- 3. If the public housing agency is designated as "troubled" by HUD or otherwise is performing poorly, the jurisdiction shall describe the manner in which it will provide financial or other assistance in improving its operations to remove such designation. (NAHA Sec. 105 (g))*

5-Year Strategic Plan Public Housing Strategy response:

### 1. Public Housing Agency Strategy

Since the Pittsburg Housing Authority does not own or operate any public housing units, this section will focus on the HACCC. The HACCC has prepared its Five-Year Plan for Fiscal Years 2005-2009, which proposes the following strategies for serving the needs of extremely low-, very low- and low-income families, including those on the public housing and Section 8 waiting lists:

- Maximize the number of affordable units available to the HACCC within its current resources.
- Target available assistance to families at or below 30 percent of AMI, and from 30 to 50 percent AMI.
- Improve the quality of life for families in public housing, in terms of improving safety and security.

The HACCC's Five-Year Plan contains details on how these strategies will be implemented. In addition, as described in the Needs of Public Housing section, the HACCC intends to perform some remodeling, modernization, repair and repainting work at some of its public housing complexes.

### 2. Actions to Encourage Public Housing Resident Involvement

The HACCC will take the following actions to encourage Section 8 and public housing participants to identify their needs, to become more involved in management, and to participate in homeownership:

- Develop and distribute customer service cards to Section 8 participants.
- Collate and analyze customer service cards received, and report the results to the Executive Management Team and to those who completed the cards.
- Meet with mid-management staff to communicate all pertinent information and get feedback from mid-managers about their and customers' concerns.
- Prepare and distribute to all Section 8 and public housing participants a list of all programs and workshops available in Contra Costa County for self-sufficiency.
- Develop a proposal to implement the Home Ownership Program for Section 8 and public housing participants, including staffing and funding needed and a financial analysis of how Section 8 and public housing participants can afford homeownership in the Bay Area.
- Develop a Home Ownership Network to assist participants for homeownership, to include family budgeting, credit clean-up, shopping the market, and form processing.
- Develop a Resident Self-Sufficiency Program for public housing participants.
- Ensure that there is at least one new Section 8 homeowner within the next six months.

### 3. "Troubled" Public Housing Agency

The Housing Authority of Contra Costa County is not classified as "troubled" by HUD, nor is it considered to be performing poorly.

## Barriers to Affordable Housing (91.210 (e) and 91.215 (f))

- 1. Explain whether the cost of housing or the incentives to develop, maintain, or improve affordable housing are affected by public policies, particularly those of the local jurisdiction. Such policies include tax policy affecting land and other property, land use controls, zoning ordinances, building codes, fees and charges, growth limits, and policies that affect the return on residential investment.*
- 2. Describe the strategy to remove or ameliorate negative effects of public policies that serve as barriers to affordable housing, except that, if a State requires a unit of general local government to submit a regulatory barrier assessment that is substantially equivalent to the information required under this part, as determined by HUD, the unit of general local government may submit that assessment to HUD and it shall be considered to have complied with this requirement.*

5-Year Strategic Plan Barriers to Affordable Housing response:

### 1. Potential Public Policy Barriers to Affordable Housing

The State of California requires each city and county to prepare, and revise every five years, a housing element to its general plan that includes an analysis of constraints to housing and strategies to reduce those constraints. Constraints that must be addressed include public policies and regulations that limit the availability of housing, particularly affordable housing. Most of the jurisdictions in the Consortium area have adopted housing elements found to be in compliance with State law by the California Department of Housing and Community Development (HCD). Four cities - Antioch, Clayton, Martinez, and Oakley - are still working on revisions to their draft housing elements to address State comments and compliance issues. Moraga, Orinda and Brentwood have adopted housing elements that HCD found not to be in compliance with State law. (Source: California Department of Housing and Community Development, "Housing Element Compliance Report," February 18, 2005.)

Public policies that may affect the provision of affordable housing include:

#### Contra Costa County Measure C - 1988

This initiative, approved by voters in 1988, requires the County and cities to adopt Growth Management Elements in their General Plans, and requires new development in these jurisdictions to meet performance standards for roadways, water, sewer, storm drainage, schools, parks, police and fire, libraries and administration facilities.

#### Contra Costa County Measure C - 1990

This initiative, approved by voters in 1990 and unrelated to the 1988 Measure C, limits urban development to maximum of 35 percent of County area. An Urban Limit Line delineates developable areas within the County. Development limitations may affect Antioch's long-term supply of developable land.

#### Contra Costa County Measure J

This initiative, approved by voters in 2004, provides for the continuation of the County's half-cent transportation sales tax for 25 more years. In addition, Measure J includes revisions to the County's existing Growth Management Program to encourage the provision of more housing in some communities. It includes the

requirement that a new Urban Limit Line be established by mutual agreement of the County, cities and towns. It also includes a "Transportation for Livable Communities" component, to encourage more transit-oriented, pedestrian- and bicycle-friendly communities, and more affordable housing.

#### Antioch Measure U

Local advisory initiative passed by Antioch voters in 1998, which led the City to adopt a residential development allocation program, setting an average annual residential growth allocation of 600 units.

#### Development Fees

All jurisdictions acknowledge that fees charged for development add to the cost of housing construction, including affordable housing. However, these fees are necessary to provide municipal services, infrastructure, and community facilities. Under California's system of property taxation, cities, counties and school districts do not receive a sufficient share of local property taxes to fund services and facilities needed by new residential developments.

Fees in most Contra Costa County jurisdictions are roughly comparable to one another. Fees imposed by other agencies, such as school, fire and utility districts, also add to the cost of affordable housing development.

#### Second Unit Standards

Development standards may constrain second unit development, in that older properties may not have adequate area to accommodate both a second unit and required off-street parking space.

#### Uniform Building Code (UBC)

The UBC limits wood frame construction to four stories, thus requiring multi-family development more than four stories high to use more expensive concrete and steel construction.

#### Environmental Laws

Under the National Environmental Policy Act (NEPA), projects managed by federal agencies or receiving federal funds are required to assess the environmental impacts of the proposed project prior to final approval. In California, the California Environmental Quality Act (CEQA) imposes similar requirements on state and local projects. Depending on the nature and extent of the project, the environmental assessment process under NEPA and/or CEQA may take from weeks to months, adding to the time and cost of housing projects. In addition, CEQA requires the implementation of feasible mitigation measures to reduce the potentially significant impacts identified with a project. These mitigation measures, if required, also add to the cost of housing projects.

#### Prevailing Wages

Federal and State law require the payment of prevailing wages to all subcontractors that take advantage of financing incentives to construct affordable housing. The practical effect of these requirements is that virtually any publicly assisted housing project (except single-family housing assistance) must pay prevailing wages. This may add 10-20 percent to construction costs on new housing projects.

#### Tax Credit Rules

State rules pertaining to tax credits for affordable housing require that entire projects be occupied by lower-income households. Limited financing options for mixed-income housing developments can create a barrier to housing choice for lower-income families.

#### Construction Litigation

State laws regarding construction litigation discourages construction of condominium and townhouse developments that could be affordable to lower-income households. Limited reforms to State law were enacted in 2003, but many homebuilders, investors, financial institutions and insurers are still reluctant to participate in attached ownership housing developments.

## 2. Strategies to remove barriers

#### Measure C - 1988 and 1990

Most jurisdictions have not identified the Measure C initiatives as significant constraints to housing development. Antioch is able to use development set-aside funds and density bonuses/other considerations to assist affordable housing developments which might not otherwise be financially feasible due to fee costs associated with the two measures.

#### Measure J

It is not known if the new requirement regarding the Urban Limit Line will pose a significant constraint on housing development, as potential adjustments have not been proposed at this time. However, one of the intents of the measure is to increase the availability of affordable housing. Therefore, Measure J is not considered a significant constraint.

#### Measure U

Income-restricted housing needed to meet quantified objectives for very low- and low-income housing, second units, and housing for one or more special needs groups are exempt from the City of Antioch's residential development allocation program. Also, average annual limits are set above the annual average regional housing need allocation to Antioch.

#### Development Fees

Most jurisdictions report their fees are within the normal range charged by jurisdictions in Northern California. Walnut Creek may waive the property development tax for low-income senior housing projects, and will consider expanding this waiver to all affordable housing units. Fees imposed by special districts cannot be controlled by the County or cities, but Concord's Housing Element has a policy supporting State legislation to reduce special district fees.

#### Second Unit Standards

Development standards pertaining to second units are considered consistent with sound planning practice. Nevertheless, second unit applications are considered on a case-by-case basis, and exceptions may be granted when and where appropriate.

#### Uniform Building Code

Concord has responded to UBC limits on wood frame construction by allowing significantly higher densities in central areas of the City, allowing more construction of multi-family residences without requiring structures exceeding four stories.

#### Environmental Laws

NEPA can only be changed by an act of Congress. CEQA can only be changed by an act of the State Legislature. Guidelines for compliance with NEPA are prepared by various federal agencies. Guidelines for CEQA are prepared by the Governor's Office of Planning and Research. Given the complexity of the regulatory environment, the Consortium has limited influence on changing NEPA and CEQA, outside of lobbying for changes in the laws themselves or in the implementing regulations.

#### Prevailing Wages

Federal law can only be changed by an act of Congress. State law can only be changed by an act of the State Legislature, or by initiative or referendum. In February 2005, the California Department of Industrial Relations ruled that federal tax credits and tax-exempt bond financing do not trigger State prevailing wage requirements for projects. This decision may be subject to appeal.

#### Tax Credit Rules

State rules can be changed by the agency or agencies with jurisdiction over the issue. However, no changes have been proposed at this time, and none of the Consortium members have indicated plans to request any changes.

#### Construction Litigation

State law can only be changed by an act of the State Legislature, or by initiative or referendum.

The Consortium had reviewed potential barriers to affordable housing, along with impediments to fair housing choice, in its 2001 Analysis of Impediments to fair Housing Choice (AI). The Consortium has reviewed the AI, and it has found that the analysis and recommended actions are still accurate and relevant. Through this Consolidated Plan, the Consortium is re-adopting its AI. Recommendations in the AI to remove impediments will be implemented during the 2005-2009 Consolidated Plan period.

## HOMELESS

### Homeless Needs (91.205 (b) and 91.215 (c))

*\*Please also refer to the Homeless Needs Table in the Needs.xls workbook*

*Homeless Needs— The jurisdiction must provide a concise summary of the nature and extent of homelessness in the jurisdiction, (including rural homelessness where applicable), addressing separately the need for facilities and services for homeless persons and homeless families with children, both sheltered and unsheltered, and homeless subpopulations, in accordance with Table 1A. The summary must include the characteristics and needs of low-income individuals and children, (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered. In addition, to the extent information is available, the plan must include a description of the nature and extent of homelessness by racial and ethnic group. A quantitative analysis is not required. If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates.*

5-Year Strategic Plan Homeless Needs response:

A 2005 count conducted on January 26, 2005 found over 7,000 homeless persons countywide, 1,463 living outdoors and the rest in shelters, transitional housing, soup kitchens and other programs serving the homeless. Of the people found in programs, 1,800 were members of homeless families, 5,200 were single adults, and 162 were youth under age 21.

According to the Consortium's 2004 Continuum of Care application for McKinney-Vento Act funds, approximately 12.4 percent of all homeless individuals were sheltered, while approximately 13.6 percent of all persons in homeless families with children were sheltered. The application indicated that the largest unmet need for homeless individuals and families was for permanent supportive housing (Source: Contra Costa County Continuum of Care Narrative 2004). Attachment K of this document contains a chart of the homeless population, which is from the Continuum of Care application.

The Continuum of Care application also indicated the following number of homeless subpopulations, also available in Attachment K:

- Chronically Homeless - 2,016, of which 266 were sheltered
- Severely Mentally Ill - 773
- Chronic Substance Abuse - 924
- Veterans - 153
- Persons with HIV/AIDS - 234
- Victims of Domestic Violence - 366
- Youth (under 18 years of age) - 276

According to the County's "Ending Homelessness in Ten Years" Plan, a countywide plan adopted in 2004 that addresses homelessness, an estimated 17,000 households in Contra Costa County have extremely low incomes and are at risk of homelessness, paying an excessive portion of their income for rent. An unexpected job loss, illness or eviction can put them in the streets. A high percentage of their income goes to cover housing costs, which precludes them from accumulating a savings cushion to protect themselves. The 17,000 estimate is similar to the number of extremely low-income renter households provided in the response to Item #1 in the Housing Needs section of this document (Source: Contra Costa County, Ending Homelessness in Ten Years, adopted 2004).

No information is available on the nature and extent of homelessness by racial or ethnic group.

## Priority Homeless Needs

1. *Using the results of the Continuum of Care planning process, identify the jurisdiction's homeless and homeless prevention priorities specified in Table 1A, the Homeless and Special Needs Populations Chart. The description of the jurisdiction's choice of priority needs and allocation priorities must be based on reliable data meeting HUD standards and should reflect the required consultation with homeless assistance providers, homeless persons, and other concerned citizens regarding the needs of homeless families with children and individuals. The jurisdiction must provide an analysis of how the needs of each category of*



*residents provided the basis for determining the relative priority of each priority homeless need category. A separate brief narrative should be directed to addressing gaps in services and housing for the sheltered and unsheltered chronic homeless.*

- 2. A community should give a high priority to chronically homeless persons, where the jurisdiction identifies sheltered and unsheltered chronic homeless persons in its Homeless Needs Table - Homeless Populations and Subpopulations.*

5-Year Strategic Plan Priority Homeless Needs response:

#### 1. Homeless and Homeless Prevention Priorities

Based on its analysis conducted for the Continuum of Care application, the Consortium has identified the following homeless and homeless prevention priorities:

- Provide job opportunities and income supports to enable homeless people to afford housing and retain employment.
- Provide health services designed to avoid crises, thereby preventing homelessness due to illness and assisting those already homeless to regain their housing.
- Expand the availability of key support services to enable people to regain their housing or prevent its loss.
- Expand affordable housing options in order to enable homeless people to achieve long-term housing stability.
- Coordinate homeless-related services and housing into one integrated Continuum of Care system with the capacity for ongoing strategic planning.
- Increase use of mainstream resources by all homeless programs in the Continuum of Care.

(Source: Contra Costa County Continuum of Care Narrative 2004)

One of the anticipated outcomes of these goals and action steps is an increase in the capacity of facilities to accommodate homeless individuals and families. This would address the unmet needs identified in the Continuum of Care application. Specific action steps address the needs of homeless subpopulations such as veterans, youth and victims of domestic violence. The response to Item #2 in this section describes strategies dealing with chronic homelessness. No identified unmet need was assigned a low priority, as all aspects of homelessness were dealt with as a part of the County's Continuum of Care system and its "Ending Homelessness in Ten Years" plan.

#### 2. Chronically Homeless Strategy

The County has identified chronic homelessness as a priority issue. Contra Costa County's new Project Coming Home is a multi-agency collaborative effort to provide integrated outreach, housing, treatment and permanent supportive housing to chronically homeless individuals. Project Coming Home's comprehensive, wraparound services are provided through integrated service teams, composed of staff from homeless, mainstream, and veterans services agencies. Through this multi-agency partnership, Project Coming Home facilitates ongoing efforts in the County to better integrate service delivery across agencies and service systems and to expand the involvement of mainstream agencies in serving homeless people (Source: Contra

Costa County, Ending Homelessness in Ten Years, adopted 2004). In addition, the County has adopted its "Ending Homelessness in Ten Years" Plan, which addresses chronic homelessness. The Homeless Strategic Plan section of this document discusses this plan in some detail.

## Homeless Inventory (91.210 (c))

*The jurisdiction shall provide a concise summary of the existing facilities and services (including a brief inventory) that assist homeless persons and families with children and subpopulations identified in Table 1A. These include outreach and assessment, emergency shelters and services, transitional housing, permanent supportive housing, access to permanent housing, and activities to prevent low-income individuals and families with children (especially extremely low-income) from becoming homeless. The jurisdiction can use the optional Continuum of Care Housing Activity Chart and Service Activity Chart to meet this requirement.*

5-Year Strategic Plan Homeless Inventory response:

The Consortium has 10 emergency shelter facilities and services for homeless individuals and families. The total capacity of these emergency shelters and services is 308 individual beds, 228 family beds and 18 family units. The Consortium has 14 transitional housing facilities for homeless families and individuals, with a total capacity of 140 individual beds, 417 family beds and 113 family units. There are 13 permanent supportive housing facilities in the Consortium. Total capacity is 307 individual beds, 193 family beds and 83 family units. Two additional supportive housing facilities are currently under development, which will add 98 family beds and 40 family units to the total Consortium capacity. The Contra Costa County Continuum of Care application contains more detailed information on these facilities.

## Homeless Strategic Plan (91.215 (c))

- 1. Homelessness— Describe the jurisdiction's strategy for developing a system to address homelessness and the priority needs of homeless persons and families (including the subpopulations identified in the needs section). The jurisdiction's strategy must consider the housing and supportive services needed in each stage of the process which includes preventing homelessness, outreach/assessment, emergency shelters and services, transitional housing, and helping homeless persons (especially any persons that are chronically homeless) make the transition to permanent housing and independent living. The jurisdiction must also describe its strategy for helping extremely low- and low-income individuals and families who are at imminent risk of becoming homeless.*
- 2. Chronic homelessness—Describe the jurisdiction's strategy for eliminating chronic homelessness by 2012. This should include the strategy for helping homeless persons make the transition to permanent housing and independent living. This strategy should, to the maximum extent feasible, be coordinated with the strategy presented Exhibit 1 of the Continuum of Care (CoC) application and any other strategy or plan to eliminate chronic homelessness. Also describe, in a narrative, relationships and efforts to coordinate the Conplan, CoC, and any other strategy or plan to address chronic homelessness.*

3. *Homelessness Prevention—Describe the jurisdiction’s strategy to help prevent homelessness for individuals and families with children who are at imminent risk of becoming homeless.*
4. *Institutional Structure—Briefly describe the institutional structure, including private industry, non-profit organizations, and public institutions, through which the jurisdiction will carry out its homelessness strategy.*
5. *Discharge Coordination Policy—Every jurisdiction receiving McKinney-Vento Homeless Assistance Act Emergency Shelter Grant (ESG), Supportive Housing, Shelter Plus Care, or Section 8 SRO Program funds must develop and implement a Discharge Coordination Policy, to the maximum extent practicable. Such a policy should include “policies and protocols for the discharge of persons from publicly funded institutions or systems of care (such as health care facilities, foster care or other youth facilities, or correction programs and institutions) in order to prevent such discharge from immediately resulting in homelessness for such persons.” The jurisdiction should describe its planned activities to implement a cohesive, community-wide Discharge Coordination Policy, and how the community will move toward such a policy.*

5-Year Homeless Strategic Plan response:

#### 1. Homelessness Strategy

The Consortium proposes the following strategies to address homelessness:

- Move homeless people into housing as soon as possible.
- Provide integrated, "wraparound" services to facilitate long-term residential stability.
- Help people to access jobs that pay wages that sustain self-sufficiency.
- Conduct outreach to link chronically homeless people with housing, treatment and services.
- Prevent homelessness from occurring in the first place.

Contra Costa County recently adopted "Ending Homelessness in Ten Years: A County-wide Plan for the Communities of Contra Costa County." The Plan emphasizes the County's intention to end homelessness, the necessity of tapping mainstream resources, and shifting to a housing first strategy. The Plan provides a housing first model of placing people directly into permanent supportive housing and ending homelessness, rather than managing issues related to homelessness.

#### 2. Chronic Homelessness Strategy

Chronically homeless people need specialized, intensive assistance in order to get back into housing and linked with the services and treatment they need for ongoing stability. The County's "Ending Homelessness in Ten Years" Plan proposes a strategy to end chronic homelessness, with an emphasis on outreach. Specifically, the outreach strategy includes the following:

- Expand existing outreach capacity to fully meet the level of need.
- Adopt a "no wrong door" approach to entering into the continuum of care.

- Maintain linkages between outreach workers and the rest of the service system so that clients can be immediately linked to housing and services when they are ready to access them.

### 3. Homelessness Prevention

The County has the following strategies to help prevent homelessness for individuals and families with children who are imminently at risk of becoming homeless that include:

- Maintain and expand employment opportunities and income supports.
- Expand adult education and increase flexibility, avoid health care crisis through general healthcare services and forgiving hospital charges.
- Expand the availability of key support services, expand affordable housing options, coordinate homeless-related and housing services into one system.
- Increase use of mainstream resources.

(Source: Contra Costa County Continuum of Care Narrative 2004)

The Contra Costa Crisis Center provides a 24-hour homeless hotline for shelter referrals, emergency vouchers, crisis counseling, and information and referrals.

### 4. Institutional Structure

The primary agency that will implement the County's "Ending Homelessness in Ten Years" Plan will be the Homelessness Inter-Jurisdictional Inter-Departmental Work Group. The Work Group consists of city, county, for-profit, non-profit, and faith-based sectors working together. The County Office of Homeless Programs, within County Health Services, will coordinate the linkages between these groups (Source: Contra Costa County, Ending Homelessness in Ten Years, adopted 2004).

### 5. Discharge Coordination Policy

The goal of the County is to ensure that persons being discharged from foster care, hospitals, jails or prisons have appropriate permanent housing, and not be limited to emergency housing or transitional housing. The Police and Community Corrections Team (PACT) consists of a number of service providers. Through PACT, each newly released ex-offender must attend an orientation meeting. These orientation meetings give ex-offenders an opportunity to learn of resources available to them. Service providers assist with housing, education, employment, job training, substance abuse and child care.

For mentally and physically disabled persons, the County has established goals to ensure that hospitals avoid discharging people to homelessness who are not ambulatory or not capable of caring for themselves. The Discharge Planning Team describes the available homeless services to hospital personnel. The Team also explains the role of homeless services, how homeless persons are linked to services, and the concerns with discharging medically frail individuals into homelessness.

Contra Costa County focuses on four primary goals in its discharge plan for youth emancipating out of the foster care system:

- Secure a high school diploma, GED, or enrollment in college or trade school.
- Secure safe and affordable housing.
- Locate and maintain employment sufficient to pay rent and essentials of living independently.
- Obtain all necessary documentation of adulthood (driver's license, Social Security card, etc.).

(Source: Contra Costa County Continuum of Care Narrative 2004)

## Emergency Shelter Grants (ESG)

*(States only) Describe the process for awarding grants to State recipients, and a description of how the allocation will be made available to units of local government.*

5-Year Strategic Plan ESG response:

Since this section is applicable to states only, no response is required.

## COMMUNITY DEVELOPMENT

### Community Development (91.215 (e))

*\*Please also refer to the Community Development Table in the Needs.xls workbook*

1. *Identify the jurisdiction's priority non-housing community development needs eligible for assistance by CDBG eligibility category specified in the Community Development Needs Table (formerly Table 2B), – i.e., public facilities, public improvements, public services and economic development.*
2. *Describe the basis for assigning the priority given to each category of priority needs.*
3. *Identify any obstacles to meeting underserved needs.*
4. *Identify specific long-term and short-term community development objectives (including economic development activities that create jobs), developed in accordance with the statutory goals described in section 24 CFR 91.1 and the primary objective of the CDBG program to provide decent housing and a suitable living environment and expand economic opportunities, principally for lower-income persons.*

*NOTE: Each specific objective developed to address a priority need, must be identified by number and contain proposed accomplishments, the time period (i.e., one, two, three, or more years), and annual program year numeric goals the jurisdiction hopes to achieve in quantitative terms, or in other measurable terms as identified and defined by the jurisdiction.*

5-Year Strategic Plan Community Development response:

## 1. Priority Non-Housing Community Development Needs

Non-housing community development needs are those public service, infrastructure, economic development and other development needs in the community that have an important impact on the living conditions of County residents, particularly lower-income residents. By providing access to services and projects that address these needs, members of the Consortium can provide opportunities for self-sufficiency and empower those most in need.

An assessment of the non-housing needs can be difficult, given the wide range of issues involved. To address this difficulty, the Consortium held a series of focus group meetings to ascertain needs among special population groups, as described in the Citizen Participation section. A summary of these comments is provided in Attachment F of this document. By combining information from the focus group meetings with available statistical information, a better picture emerged regarding the Consortium's community development needs.

Within the Consortium, approximately 29.4 percent of all households have incomes equal to or less than 80 percent of AMI, which is the cutoff point for lower-income households (Source: HUD). However, special needs individuals who are the focus of the Consolidated Plan are much more likely than the population at large to live in lower-income households.

A major concern of the Consortium is the ability of lower-income households to afford a reasonable standard of living. Part of this concern includes access to jobs that provide adequate income. A 2003 report by the California Budget Project (CBP) showed that, to support a modest standard of living, the yearly income for a Bay Area family of four needed to be at least \$70,204. This assumes that both parents work and must pay for child care, and that housing and utility costs would be \$1,509 per month (Source: California Budget Project, 2003). Yet, the U.S. Department of Housing and Urban Development estimated in 2003 that a lower-income family of four in Contra Costa County earned at most \$64,100, which is less than the CBP's "modest living standard." As identified in focus group meetings on the Consolidated Plan, lack of affordable housing is a significant problem.

Since 2000, when the last Consortium Consolidated Plan was adopted, unemployment has become more of a problem in Contra Costa County. In 2000, the unemployment rate in the County was 2.7 percent. By 2004, this had increased to 5.5 percent. On the more positive side, the 2004 County unemployment rate was less than that for California as a whole (6.2 percent). Also, the total number of employed persons in the Oakland Metropolitan Statistical Area, which includes Contra Costa County, increased between 2000 and 2004 (Source: California Employment Development Department).

There is concern about the types of jobs being created, many of which pay low wages. According to information from the California Employment Development Department, the largest projected growth industries in Contra Costa County are services, government and retail trade. Service and government jobs vary in salary, depending on occupation. However, most occupations in retail trade pay relatively low wages, and would not support a modest standard of living for a family of four in the County. Therefore, there remains a need for programs and services that support lower-income households and offer opportunities for economic advancement. Job training has been identified as an important need by the Consortium.

The Consortium has established the following priority community development needs, as set forth in the Community Development Needs table in Attachment G of this document:

CD-1 General Public Services: Ensure that opportunities and services are provided to improve the quality of life and independence for lower-income persons, and ensure access to programs that promote prevention and early intervention related to a variety of social concerns such as substance abuse, hunger and other issues.

*Basis for priority: Comments from focus group meetings on economic and social problems facing special needs individuals and lower-income households, in general.*

CD-2 Seniors: Enhance the quality of life of senior citizens and frail elderly, and enable them to maintain independence.

*Basis for priority: Refer to discussion on seniors in the Non-Homeless Special Needs section.*

CD-3 Youth: Increase opportunities for children/youth to be healthy, succeed in school, and prepare for productive adulthood.

*Basis for priority: The number of youth in Contra Costa County increased by 17.7 percent between the 1990 Census and the 2000 Census. The number of youth in poverty increased by 14.6 percent between 1989 and 1999 (Source: 1990 and 2000 U.S. Census). Also, refer to response to Item #1 above.*

CD-4 Homeless Services: Reduce incidence of homelessness and assist in alleviating the needs of the homeless.

*Basis for priority: Refer to Homeless Needs section.*

CD-5 Non-Homeless Special Needs: Ensure that opportunities and services are provided to improve the quality of life and independence for persons with special needs, such as disabled persons, battered spouses, abused children, persons with HIV/AIDS, illiterate adults and migrant farmworkers.

*Basis for priority: Refer to discussion on frail elderly, disabled persons, and persons with AIDS in the Non-Homeless Special Needs section. Also, refer to response to Item #1 above.*

CD-6 Fair Housing: Continue to promote fair housing activities and affirmatively further fair housing.

*Basis for priority: Refer to the Analysis of Impediments to Fair Housing Choice document, available on the Internet at [www.ccreach.org/publications/index.cfm](http://www.ccreach.org/publications/index.cfm).*

CD-7 Economic Development: Reduce the number of persons with incomes below the poverty level, expand economic opportunities for very low- and low-income residents, and increase the viability of neighborhood commercial areas.

*Basis for priority: Refer to response to Item #1 above.*

CD-8 Infrastructure and Accessibility: Maintain quality public facilities and adequate infrastructure, and ensure access for the mobility-impaired by addressing physical access barriers to public facilities.

*Basis for priority: Refer to response to Item #1 above. Also, the federal Americans with Disabilities Act (ADA) requires that public facilities be accessible to disabled persons.*

CD-9 Administration/Planning: Support development of viable urban communities through extending and strengthening partnerships among all levels of government and the private sector, and administer federal grant programs in a fiscally prudent manner.

## 2. Basis for Establishing Priorities

The Consortium has established priorities for community development needs based in part upon an analysis of statistical data related to community development. Sources for this data include the 2000 U.S. Census, California Department of Finance reports, and California Employment Development Department figures. Other data sources include reports from County agencies such as Health Services and the HACCC. Information on community development needs was also obtained from County and city documents such as general plans, redevelopment plans and special studies.

As noted previously, some priorities were established by Consortium members based upon public comments received at focus group meetings for the Consolidated Plan. Attachment B to the Consolidated Plan provides a summary of comments at the meetings. Priorities based upon public comments include:

- Transportation services.
- School-based and after-school youth services.
- Child care services.
- Facilities for adult day care and other non-profit service providers.
- Access to services for non-English speaking residents.
- Job training programs.

The Consortium also solicited input through the distribution of service provider questionnaires and resident surveys in each of the entitlement jurisdictions. Results from these questionnaires and surveys were used in establishing community development priorities.

## 3. Obstacles to Meeting Underserved Needs

As previously noted, one of the main obstacles to meeting underserved community development needs is inadequate funding for programs from the State and the federal government. Over the past five years, appropriations for the CDBG program have decreased, leading to reduced support for local community development programs. It is anticipated that CDBG funding will not significantly increase in the future due to the continuing federal budget deficit, and may in fact decrease.

State funding sources for community development programs are expected to be limited, due to the State's ongoing budget problems. In November 2004, the voters of California approved Proposition 63, the Mental Health Services Act, which will



provide a dedicated funding source for public mental health services from the personal income tax revenues of individuals whose adjusted gross income exceeds \$1,000,000 annually. However, funding for other community development facilities and services is less certain.

Another obstacle to meeting underserved needs is the lack of available transportation for lower-income households and certain special needs groups, such as seniors and the disabled. Comments at the focus group meetings often referred to the lack of available transportation, which would allow people to reach needed services or jobs. A summary of these comments is available in Attachment F of this document.

#### 4. Specific Long-Term and Short-Term Objectives

Long-Term Objectives. The Consortium intends to provide supportive and other services to the following during the 2005-2009 Consolidated Plan period, based upon information in the Community Development table:

- 118,142 individuals requiring general public services.
- 48,890 seniors.
- 1,303 disabled persons.
- 12,407 at-risk youth.
- 2,140 individuals with substance abuse problems.
- 3,325 victims of domestic violence.
- 706 abused and neglected children.
- 70 children requiring child care.
- 1,100 individuals requiring health services.
- 1,040 individuals requiring mental health services.
- 800 individuals requiring legal services.
- 900 individuals requiring transportation services.
- 700 fair housing investigations.
- 2,450 individuals requiring tenant/landlord counseling.
- 730 individuals assisted with employment training.
- 2,435 individuals requiring economic development technical assistance.
- 302 individuals requiring micro-enterprise assistance.

Specific objectives by entitlement city and by the Urban County are available in the Community Development Needs tables for each jurisdiction, which are in Attachment H of this document.

Short-Term Objectives. References in parentheses are to lines in the Community Development Needs table for the Consortium (Attachment G). The Consortium proposes the following short-term objectives in the provision of community development needs:

##### General Public Services (Line 05)

- Provide food for low-income residents, and meals to people seeking emergency food assistance.
- Enable low-income families to create and maintain a stable home environment by providing first-time parents with a strong foundation of skills and support.
- Increase family self-sufficiency through the provisions of mental and physical health services and job training services.

- Assist lower-income individuals/families by providing trauma intervention services, crisis hotline access, grief counseling, child abuse hotline, mental health hotline, suicide prevention outreach, services to victims of rape and their families, and home care and assistance to terminally ill lower-income residents.
- Assist residents in accessing health care and community services by providing Spanish language translation and literacy assistance.
- Assist in bringing together seniors, youth and families in a variety of literacy, tutoring and mentoring programs.

#### Senior Services (Line 05A)

- Provide a wide variety of services, including counseling services, in-home care, onsite crisis intervention, and care management services.
- Provide meals to low-income frail, disabled and homebound seniors.
- Use trained student volunteers to provide home safety assessments to seniors.
- Enable frail, isolated and disabled seniors to stay in their homes and remain independent by providing free non-medical in-home assistance, including representative payee/bill payer services and financial abuse education.
- Educate low-income seniors on reverse mortgages to prevent displacement or premature institutionalization.
- Assure that institutionalized elderly residing in nursing homes and residential care facilities have their personal rights protected by providing for investigation of complaints, advocacy, training on rights, family support groups, and training for volunteers who serve this population.
- Support the County's Ombudsman Services in protecting the health, safety, welfare and rights of institutionalized seniors.
- Provide day care services for low-income frail elderly residents, and sheltered day care and support services to Alzheimer's patients and their care givers.
- Provide daily activities for elderly low-income residents, and recruit and place low-income senior volunteers in schools, child care programs, and crime prevention activities.

#### Youth Services (Lines 03D, 03Q, 05D)

- Provide after school classes and activities, including programs such as a midnight basketball league that includes educational and employment workshops.
- Provide comprehensive mental health services to students, and assault prevention workshops to preschool and elementary school students.
- Conduct job readiness training for high school students.
- Provide youth delinquency programs to reduce recidivism, decrease alcohol/drug use, and improve relationships for youth offenders and their families.
- Provide comprehensive youth substance abuse prevention and intervention counseling services.
- Support mentoring programs that pair low-income, at-risk youth with adult mentors to engage in homework clubs and other activities.
- Assist children with severe developmental and behavioral disabilities to communicate, to prevent/reduce the rate of youth delinquency and to reduce substance abuse.
- Provide an opportunity for low-income youth to participate in youth recreational programs, including programs with volunteer and work experience activities.

Disabled Services (Line 05B)

- Increase employment opportunities for residents with disabilities by providing counseling, pre-employment training and job placement assistance.
- Establish and maintain safe, secure and independent living arrangements for persons with disabilities.
- Provide independent living skills training for newly blind and physically/mentally disabled clients.
- Provide group and individual counseling for disabled students.
- Assure that institutionalized dependent, disabled adults residing in nursing homes and residential care facilities have their personal rights protected by providing for investigation of complaints, advocacy, training on rights, family support groups, and training for volunteers who serve this population.
- Ensure that homebound disabled and persons with HIV/AIDS have home-delivered meals or access to meals and groceries, preventing premature institutionalization.

Battered and Abused Spouses (Line 05G)

- Provide emergency services to battered women and their children.
- Provide assistance with case management and counseling services.
- Establish a new life and achieve self-sufficiency for families experiencing domestic violence by providing transitional housing and supportive services.
- Provide medical and legal accompaniment, court advocacy, follow-up counseling, community education and assault prevention training.

Abused and Neglected Children (Lines 03Q, 05N)

- Provide advocacy and mentoring services to children up to age 18 who have been abused and neglected.
- Provide child advocate supportive service for households.
- Provide volunteers to serve as advocates for abused, neglected, abandoned and sexually abused children.
- For children in the foster care and child welfare system, provide personal advocates to interface with parents, foster parents, social workers and the courts, and to act as a mentor, friend and confidant to the children.
- Provide therapy for children of low-income families experiencing or at risk of abuse and neglect.
- Provides parent education workshops for parents in family homeless shelters.

Child Care Services (Line 05L)

- Provide quality, affordable child care for lower-income residents by supporting programs that train people to become child care providers, offering ongoing training to service providers, and funding capital improvements for child care centers.

Health Services (Line 05M)

- Serve low-income persons with HIV/AIDS and their families by providing food and nutrition education.
- Provide case management and support services to residents with HIV/AIDS, and substance abuse services as necessary.

- Provide accessible outreach, prevention and support services related to breast cancer for low-income and minority women, including no-cost mammograms to women who do not have insurance or the ability to pay for a breast exam, upon referral by a physician.

Mental Health Services (Line 05O)

- Provide counseling services for low-income residents.
- Provide short-term mental health youth and family counseling services to help establish personal and family stability that can lead to improved overall family functioning.
- Provide comprehensive psychosocial case management services, emergency food and utility vouchers, substance abuse services and group counseling for residents with HIV/AIDS.

Substance Abuse Services (Line 05F)

- Provide assessment and counseling services to residents.
- Support intervention and prevention programs that assist at-risk adults and families.

Legal Services (Line 05C)

- Provide housing-related legal advice and direct representation for tenants.
- Provide free legal counsel and direct representation for seniors, particularly low-income seniors.

Crime Awareness (Line 05I)

- Provide support to victims of violent crime.

Fair Housing Activities (Line 05J)

- Provide landlord-tenant counseling and mediation services, and community seminars for low-income residents.
- Provide rental assistance and case management services for low-income residents.

Tenant/Landlord Counseling (Line 05K)

- Educate public on their housing rights and responsibilities, resolve tenant/landlord conflicts, and help callers obtain and keep their homes.

Improvements to Facilities Serving Lower-Income Households (Lines 03, 03B, 03D, 03K, 03L, 03M)

- Improve facilities that house agencies providing services to lower-income households.
- Assist nonprofit agencies in the purchase and/or rehabilitation of facilities that provide services.
- Develop multi-agency counseling centers where needed.
- Target resources in specific areas for a variety of housing, service and infrastructure improvements, while maintaining an effective level of service.

Public Facility Improvements (Lines 03K, 03L, 10)

- Provide curb cuts to remove physical barriers on public roads and provide better access for physically handicapped residents.
- Fund handicap improvements to provide access to and within public facilities, and other handicap improvements as identified.
- Construct or reconstruct infrastructure in lower-income areas, including replacement and/or construction of utilities, sidewalks, curbs, gutters, streets and flood drain improvements.

Employment Training (Line 05H)

- Increase employment opportunities for very low- and low-income persons by providing on-the-job training, as well as life skills training, placement, and support services. Programs include training for youth in construction trades, and training for jobs in information technology, health care and biotechnology.
- Conduct a feasibility study for a job training program for persons in substance abuse and HIV/AIDS treatment programs.
- Provide an array of computer-based adult education services at night to low-income residents.
- Provide vocational and pre-vocational training for disabled students.
- Support programs providing professional clothing, accessories and career development support to disadvantaged women actively seeking employment.
- Develop and deliver workplace English instruction and basic computer skills training to low-level English-speaking residents, to improve job capacity and retention and to increase employment opportunities.
- Provide training and general support leading to State licensing of in-home assisted living providers.

Business and Job Creation (Lines 18A, 18B, 18C)

- Increase opportunities for very low- and low-income persons to achieve economic self-sufficiency by providing technical assistance, training and forgivable loans to start and/or expand micro-enterprises and businesses (1-5 employees). Assistance includes programs to assist people in opening up licensed day care businesses, loans and technical assistance to sustain and/or increase existing businesses, and grants to improve building facades for businesses.
- Implement economic development strategies to provide opportunities for business and residents in low-income areas, including assisting merchants in forming a Business Improvement District.
- Support programs that will provide financial assistance to businesses and commercial property owners who rehabilitate their business or commercial property.
- Target low-income micro-businesses and other entrepreneurs and facilitate development of business plans and ongoing consulting in business management.

In order to more effectively accomplish its community development objectives, the Consortium intends to pursue these strategies:

- The Consortium members will continue to collaborate in administering their respective programs, including developing standardized forms, reports and monitoring protocols in order to streamline and minimize paperwork.

- The Consortium will continue to support the Housing Authority of Contra Costa County and Pittsburg Housing Authority five-year plans, and support the Continuum of Care Board.

## Antipoverty Strategy (91.215 (h))

1. *Describe the jurisdiction's goals, programs, and policies for reducing the number of poverty level families (as defined by the Office of Management and Budget and revised annually). In consultation with other appropriate public and private agencies, (i.e. TANF agency) state how the jurisdiction's goals, programs, and policies for producing and preserving affordable housing set forth in the housing component of the consolidated plan will be coordinated with other programs and services for which the jurisdiction is responsible.*
2. *Identify the extent to which this strategy will reduce (or assist in reducing) the number of poverty level families, taking into consideration factors over which the jurisdiction has control.*

### 5-Year Strategic Plan Antipoverty Strategy response:

#### 1. Goals, Programs and Policies

The Consortium employs a variety of strategies to help alleviate poverty in communities, including efforts to stimulate economic growth and additional job opportunities and to provide residents with the skills and abilities required to take advantage of those opportunities. For example, Consortium members provide resources and technical assistance to existing and potential new businesses in an effort to revitalize and expand economic activity, which in turn will create more higher-paying job opportunities for those with poverty level incomes.

In addition, Consortium members have funded job creation and commercial revitalization efforts using a combination of CDBG and local redevelopment resources. The priorities described in the Community Development section highlight a variety of ways in which this is accomplished. As described in detail in the Homeless Strategic Plan section, the Consortium works with other jurisdictions and area nonprofits to provide emergency and transitional housing and the full range of support services required to assist this population in achieving economic independence. Along with programs designed to improve employment skills and provide job opportunities for this population, Consortium members provide counseling and assistance in obtaining benefits to qualified individuals and families.

The lack of affordable housing is frequently cited as a significant factor in the movement of businesses out of the Bay Area and the difficulty encountered by many jurisdictions in attracting new businesses. Therefore, the Consortium's strategies to increase and maintain the supply of affordable housing and to achieve an improved jobs-housing balance contribute to the alleviation of poverty by creating a more positive business environment.

The following strategies have been proposed for areas with relatively high concentrations of poverty and minority populations:

- Implement programs and projects to rehabilitate and upgrade the existing housing stock to alleviate identified conditions of neighborhood blight and provide additional affordable housing opportunities for very low- and low-income households.
- Encourage the development of mixed-income housing to assist in neighborhood revitalization and the deconcentration of lower-income households, while providing expanded affordable housing opportunities.
- Provide increased affordable homeownership opportunities for very low- and low-income households to increase neighborhood stability.

In addition to these strategies, the Consortium also recognizes the importance of developing affordable housing opportunities throughout the County in order to provide adequate housing for residents within reasonable proximity to their place of employment.

## 2. Extent Strategy Will Reduce Poverty

The Community Development table provides an indication of how many households in the Consortium will be assisted by the anti-poverty strategies of providing more affordable housing and job training. However, the number of households that would be positively affected by economic development actions cannot be accurately determined, as it is not known how many jobs would be created.

## Low Income Housing Tax Credit (LIHTC) Coordination (91.315 (k))

1. *(States only) Describe the strategy to coordinate the Low-income Housing Tax Credit (LIHTC) with the development of housing that is affordable to lower-income families.*

5-Year Strategic Plan LIHTC Coordination response:

Since this section is applicable to states only, no response is required.

## NON-HOMELESS SPECIAL NEEDS

### Specific Special Needs Objectives (91.215)

1. *Describe the priorities and specific objectives the jurisdiction hopes to achieve over a specified time period.*
2. *Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.*

5-Year Non-Homeless Special Needs Analysis response:

## 1. Priorities and Specific Objectives

The Non-Homeless Special Needs table, available in Attachment L of this document, describes the priorities and objectives for the Consortium regarding non-homeless special needs, including needed facilities and services. The table is based upon information contained in both the Housing Needs table and the Community Development table.

## 2. Use of Federal, State and Local Resources

The Urban County area and the City of Pittsburg proposes the use of CDBG funds for its non-homeless special needs objectives. The City of Antioch will use CDBG funds for its special needs objectives, but will also use money from its general fund to support youth services. Concord will use a combination of CDBG funds and its general fund to finance its objectives. Walnut Creek will use CDBG and CSG funds.

## Non-Homeless Special Needs (91.205 (d) and 91.210 (d)) Analysis (including HOPWA)

*\*Please also refer to the Non-Homeless Special Needs Table in the Needs.xls workbook.*

1. *Estimate, to the extent practicable, the number of persons in various subpopulations that are not homeless but may require housing or supportive services, including the elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction, and any other categories the jurisdiction may specify and describe their supportive housing needs. The jurisdiction can use the Non-Homeless Special Needs Table (formerly Table 1B) of their Consolidated Plan to help identify these needs.*

*\*Note: HOPWA recipients must identify the size and characteristics of the population with HIV/AIDS and their families that will be served in the metropolitan area.*

2. *Identify the priority housing and supportive service needs of persons who are not homeless but require supportive housing, i.e., elderly, frail elderly, persons with disabilities (mental, physical, developmental, persons with HIV/AIDS and their families), persons with alcohol or other drug addiction by using the Non-homeless Special Needs Table.*
3. *Describe the basis for assigning the priority given to each category of priority needs.*
4. *Identify any obstacles to meeting underserved needs.*
5. *To the extent information is available, describe the facilities and services that assist persons who are not homeless but require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing.*
6. *If the jurisdiction plans to use HOME or other tenant based rental assistance to assist one or more of these subpopulations, it must justify the need for such assistance in the plan.*



5-Year Non-Homeless Special Needs Analysis response:

1. Non-Homeless Special Needs Groups

Estimated non-homeless housing and supportive services need within the Consortium for special needs groups, as listed in the Non-Homeless Special Needs table (Attachment L), are as follows:

**Seniors.** According to the CHAS tables for the Consortium, data from which were included in the Housing Needs table, there were approximately 20,104 senior households experiencing housing problems. Among those senior households that rent, 59.8 percent pay 30 percent or more of their income for rent, compared with 37.5 percent of renter householders ages 15 to 64. Among senior households that are homeowners, only 8.5 percent of senior homeowners have a cost burden. Senior renters have a greater need for assistance with housing costs, compared with other households. Currently, there are 3,786 subsidized senior housing units in the Consortium, which house approximately 3.9 percent of the senior renters.

**Frail Elderly.** For the purposes of this Consolidated Plan, "frail elderly" are defined as people 65 years of age and older who have a disability that limits their mobility and/or their ability to live independently. The 2000 U.S. Census indicated that 77 percent of the senior population in the Consortium had a disability. Of the disabilities identified in this population, 9,027 were self-care disabilities and 17,746 were go-outside-home disabilities. It is probable that some frail elderly had both types of disabilities, but the number is unknown.

**Disabled Persons.** Disabled persons include those with physical, mental or developmental disabilities that limit their mobility, their potential for employment and/or their ability to live independently. The 2000 U.S. Census counted 143,267 residents age 16 to 64 in the Consortium area with a disability. In that age group, the Census tallied 54,237 employment disabilities. The Census also indicated that there were 6,847 self-care disabilities and 29,131 go-outside-home disabilities. It is probable that some persons had more than one type of disability, but the number is unknown. HUD's CHAS data indicate that 10,756 persons in lower-income households had mobility or self-care limitations. By subtracting Census data on physical disabilities, it is estimated that 3,919 individuals in lower-income households had developmental disabilities.

According to the Contra Costa County Mental Health Department, there are approximately 18,000 people with mental disabilities who receive case management services per year. Moreover, there are at least twice that many people in need of social services who do not receive these services.

**Alcohol/Other Drug Addicted Persons.** The Contra Costa County Department of Alcohol and Other Drug Services Division indicated that there were 3,400 individuals in all its outpatient programs in 2003, the most recent year for which data are available. Also, there were 2,300 individuals in Health Services' narcotics treatment program. Some of the individuals treated in these programs were youth, and it is not known if any individuals were treated in both programs. Nevertheless, the figures provide a rough approximation of the number of addicted persons with potential special housing and service needs (5,700 total). (Source: 2003 Contra Costa Health Services Performance Report)

Persons with HIV/AIDS. As of February 2005, there were 938 persons with AIDS and 578 HIV-infected persons in Contra Costa County, for a total of 1,516 County residents with HIV/AIDS (Source: California Office of AIDS, February 2005).

In addition, there are other special needs groups that are not listed in the Non-Homeless Special Needs table, but for whom services will be funded. These include:

Illiterate Adults. According to California Literacy, a statewide volunteer adult literacy organization, approximately 2,000,000 native English speakers in California are functionally illiterate.<sup>4</sup> It is not known how many live in Contra Costa County. According to data from the California State Library, the Contra Costa County library system provided adult learner services to 250 adults in fiscal year 2002-03. The services were tutoring in English or referral to other agencies for skills remediation.

Farmworkers. Data from the 2002 Census of Agriculture, conducted by the U.S. Department of Agriculture, indicated there were 2,604 farmworkers in Contra Costa County. Of these workers, 1,874 worked less than 150 days, and 57 were classified as migrant farm labor. Most of these farmworkers were located in eastern Contra Costa County, where most agricultural operations are located.

## 2. Priority Non-Homeless Special Needs

The response to Item #4 in the Community Development section identifies the priority supportive service needs of special needs groups, including seniors, frail elderly, the disabled, persons with HIV/AIDS, and persons with substance abuse problems.

Within the Consortium area, special needs groups identified as having high priority housing needs includes seniors and frail elderly, disabled persons, and persons with HIV/AIDS. Housing objectives focus primarily on making it possible for members of these special needs groups to live independently, and the programs proposed by Consortium members are consistent with these objectives. Refer to the response to Item #4 in the Community Development section for specific objectives.

## 3. Basis for Assigning Priorities

Refer to response to Item #2 in the General Questions section.

## 4. Obstacles to Meeting Underserved Needs

Refer to response to Item #3 in the General Questions section.

## 5. Supportive Housing Facilities and Services

The HACCC operates two supportive housing programs for non-homeless persons with special needs under the Section 8 Rental Assistance Program:

- Shared Housing - The Shared Housing Program enables recipients of rental assistance to share an apartment or house with another recipient or a housemate

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<sup>4</sup> A "functionally illiterate" adult is unable to read, write and communicate in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society (Source: California Literacy website, [www.caliteracy.org](http://www.caliteracy.org)).

not receiving assistance. The program was designed to assist developmentally disabled adults ready to live in a more independent setting, but needing to share housing for support. The Shared Housing Program is available to any Section 8 recipient, but mainly appeals to seniors and physically- or developmentally-challenged clients.

- After Care - The After Care Program awards rental assistance vouchers to very low-income families whose head of household is physically or mentally disabled and participating in a rehabilitation program. This program is funded by federal Section 8 rental assistance funds obtained through the State of California.

The HACCC has two other programs under the Section 8 program that are designed to strengthen families and support self-sufficiency. HACCC considers these programs to be "supportive housing," although they may not fit the traditional definition.

- Family Self-Sufficiency – The Family Self-Sufficiency Program (FSS) is designed to integrate education, job training, day care and other social services for Section 8 voucher holders. The goal of FSS is to enable families to become free of public assistance after five years. A Family Self-Sufficiency Coordinator completes a needs assessment and develops a self-sufficiency plan for each family. HACCC works closely with the County Social Services Department to provide the services needed to attain self-sufficiency.
- Family Unification – The Family Unification Program helps families whose children are in danger of being removed from the home because their parents lack stable housing. Vouchers have been set aside for this program. HACCC works closely with the County Social Services Department to provide services to these families, including counseling.

The Homeless Strategic Plan section of this document discusses strategies regarding institutional discharges.

## 6. HOME and Other Tenant-Based Rental Assistance

None of the Consortium members proposes to use HOME or tenant-based rental assistance to specifically target the needs of any special needs group. These programs target extremely low- and low-income households. Since some members of these special needs groups are in these income categories, these members will indirectly benefit from HOME and tenant-based rental assistance programs.

## Housing Opportunities for People with AIDS (HOPWA)

*\*Please also refer to the HOPWA Table in the Needs.xls workbook.*

1. *The Plan includes a description of the activities to be undertaken with its HOPWA Program funds to address priority unmet housing needs for the eligible population. Activities will assist persons who are not homeless but require supportive housing, such as efforts to prevent low-income individuals and families from becoming homeless and may address the housing needs of persons who are homeless in order to help homeless persons make the transition to permanent housing and independent living. The plan would identify any obstacles to meeting underserved needs and summarize the priorities and specific objectives, describing how funds made available will be used to address identified needs.*

2. *The Plan must establish annual HOPWA output goals for the planned number of households to be assisted during the year in: (1) short-term rent, mortgage and utility payments to avoid homelessness; (2) rental assistance programs; and (3) in housing facilities, such as community residences and SRO dwellings, where funds are used to develop and/or operate these facilities. The plan can also describe the special features or needs being addressed, such as support for persons who are homeless or chronically homeless. These outputs are to be used in connection with an assessment of client outcomes for achieving housing stability, reduced risks of homelessness and improved access to care.*
3. *For housing facility projects being developed, a target date for the completion of each development activity must be included and information on the continued use of these units for the eligible population based on their stewardship requirements (e.g. within the ten-year use periods for projects involving acquisition, new construction or substantial rehabilitation).*
4. *The Plan includes an explanation of how the funds will be allocated including a description of the geographic area in which assistance will be directed and the rationale for these geographic allocations and priorities. Include the name of each project sponsor, the zip code for the primary area(s) of planned activities, amounts committed to that sponsor, and whether the sponsor is a faith-based and/or grassroots organization.*
5. *The Plan describes the role of the lead jurisdiction in the eligible metropolitan statistical area (EMSA), involving (a) consultation to develop a metropolitan-wide strategy for addressing the needs of persons with HIV/AIDS and their families living throughout the EMSA with the other jurisdictions within the EMSA; (b) the standards and procedures to be used to monitor HOPWA Program activities in order to ensure compliance by project sponsors of the requirements of the program.*
6. *The Plan includes the certifications relevant to the HOPWA Program.*

5-Year Strategic Plan HOPWA response:

The Consortium does not receive HOPWA funds directly. The City of Oakland is the HOPWA recipient for the Oakland PMSA, which includes both Alameda and Contra Costa Counties. Oakland distributes HOPWA funds on a formula basis to Contra Costa County. The County uses its share of HOPWA funds primarily for the development of permanent housing. Some funds are used for support services, which help people with HIV/AIDS obtain or maintain housing. The anticipated Consortium need for housing assistance and supportive services for which HOPWA funds may be spent is included in the Community Development table (Attachment G), based upon estimates provided by County Health Services.

### Specific HOPWA Objectives

1. Describe how Federal, State, and local public and private sector resources that are reasonably expected to be available will be used to address identified needs for the period covered by the strategic plan.

5-Year Specific HOPWA Objectives response:

Refer to response in the Housing Opportunities for People with AIDS section.

## OTHER NARRATIVE

*Include any Strategic Plan information that was not covered by a narrative in any other section.*

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California Literacy. [www.caliteracy.org](http://www.caliteracy.org).

California Office of AIDS. [www.dhs.ca.gov/ps/ooa](http://www.dhs.ca.gov/ps/ooa).

U.S. Census Bureau. [www.census.gov](http://www.census.gov).

U.S. Department of Agriculture, National Agricultural Statistics Service. [www.usda.gov/nass](http://www.usda.gov/nass).

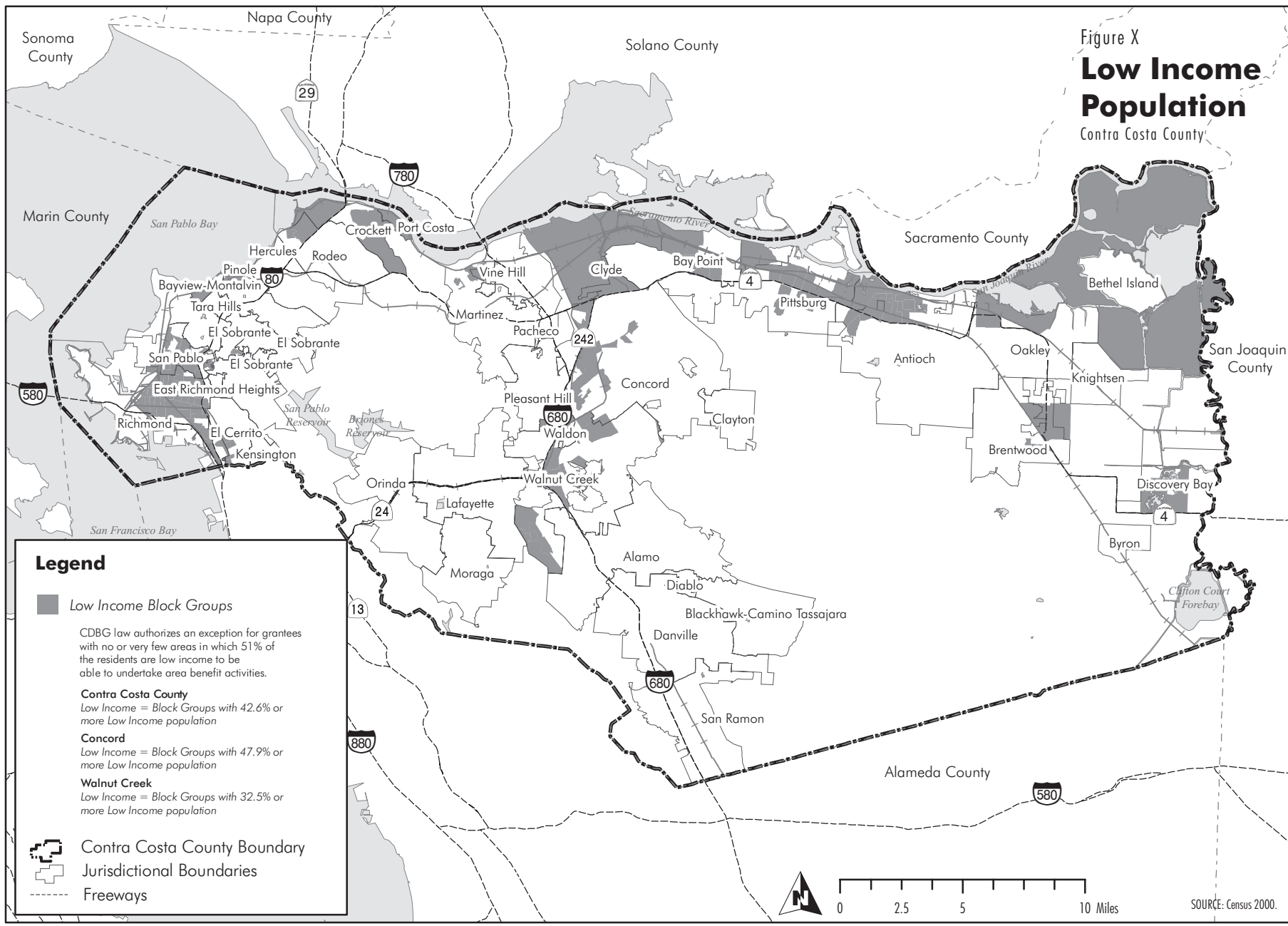
U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy. <http://socds.huduser.org/chas>.

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**





**ATTACHMENT A**

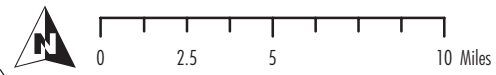
**LOW INCOME CONCENTRATIONS**

Figure X  
**Low Income Population**  
 Contra Costa County



**Legend**

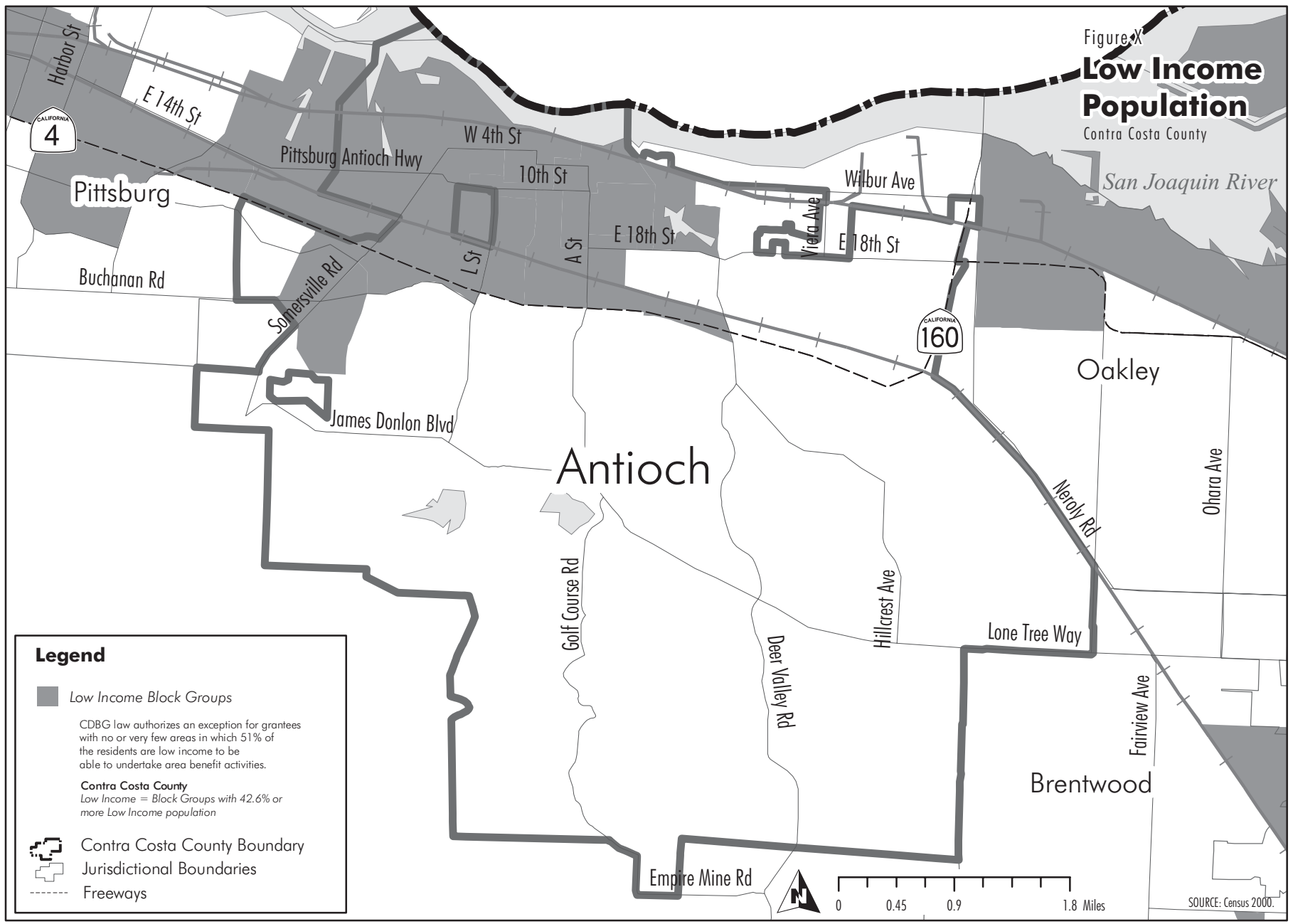
-  **Low Income Block Groups**  
 CDBG law authorizes an exception for grantees with no or very few areas in which 51% of the residents are low income to be able to undertake area benefit activities.
- Contra Costa County**  
 Low Income = Block Groups with 42.6% or more Low Income population
- Concord**  
 Low Income = Block Groups with 47.9% or more Low Income population
- Walnut Creek**  
 Low Income = Block Groups with 32.5% or more Low Income population
-  **Contra Costa County Boundary**
-  **Jurisdictional Boundaries**
-  **Freeways**







SOURCE: Census 2000.

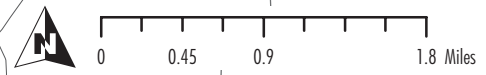


Figure X  
**Low Income Population**  
 Contra Costa County



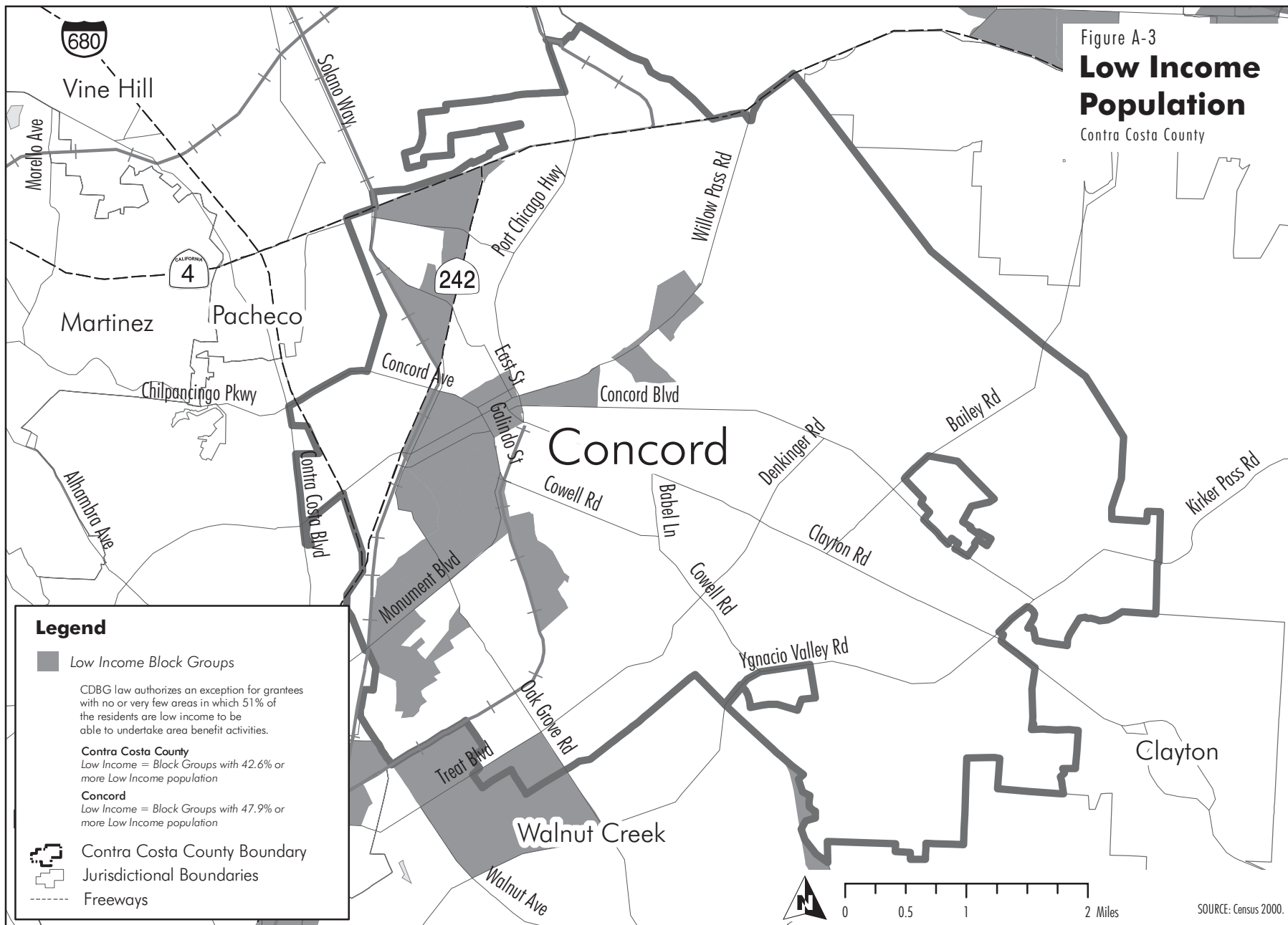
**Legend**

-  Low Income Block Groups  
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-  Jurisdictional Boundaries
-  Freeways







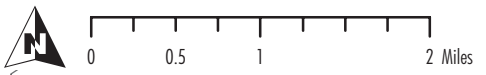
SOURCE: Census 2000.

Figure A-3  
**Low Income Population**  
 Contra Costa County



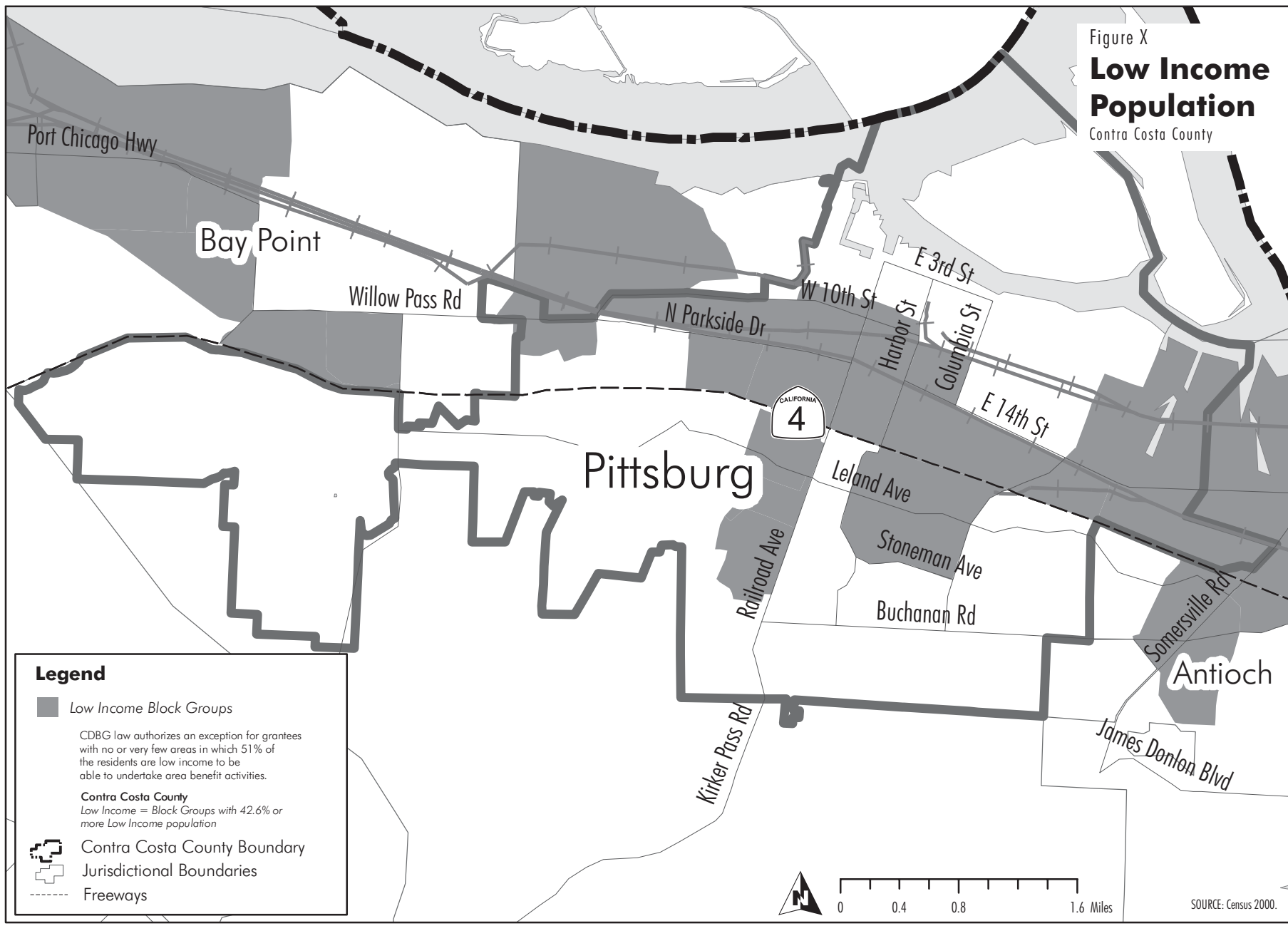
**Legend**

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-  Contra Costa County Boundary
-  Jurisdictional Boundaries
-  Freeways







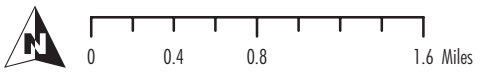
SOURCE: Census 2000.

Figure X  
**Low Income Population**  
 Contra Costa County



**Legend**

-  Low Income Block Groups  
 CDBG law authorizes an exception for grantees with no or very few areas in which 51% of the residents are low income to be able to undertake area benefit activities.
- Contra Costa County**  
 Low Income = Block Groups with 42.6% or more Low Income population
-  Contra Costa County Boundary
-  Jurisdictional Boundaries
-  Freeways

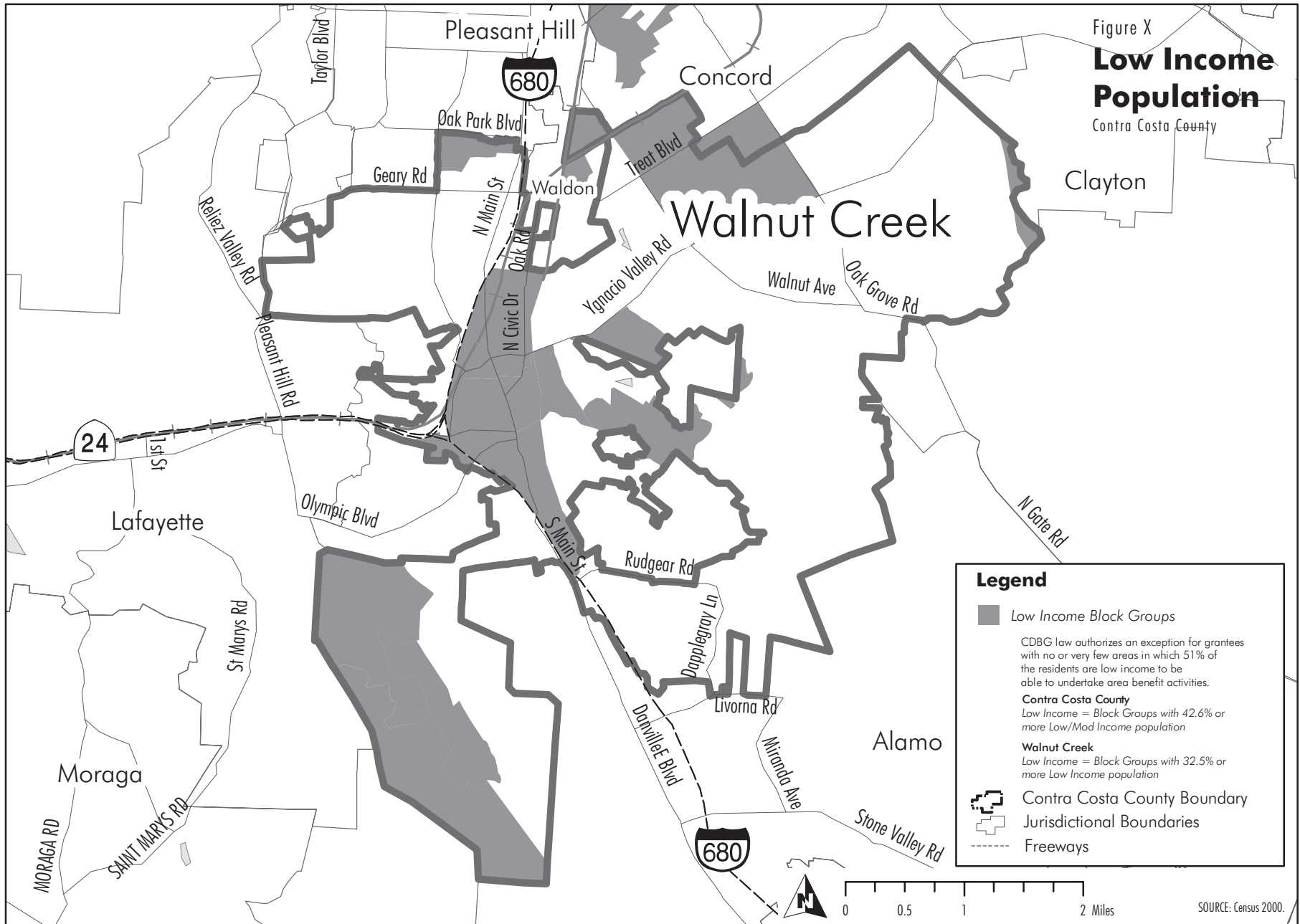


SOURCE: Census 2000.

Figure X

# Low Income Population

Contra Costa County



**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT B**

**MINORITY CONCENTRATIONS**

Figure X  
**Minority Population Concentration**  
 Contra Costa County

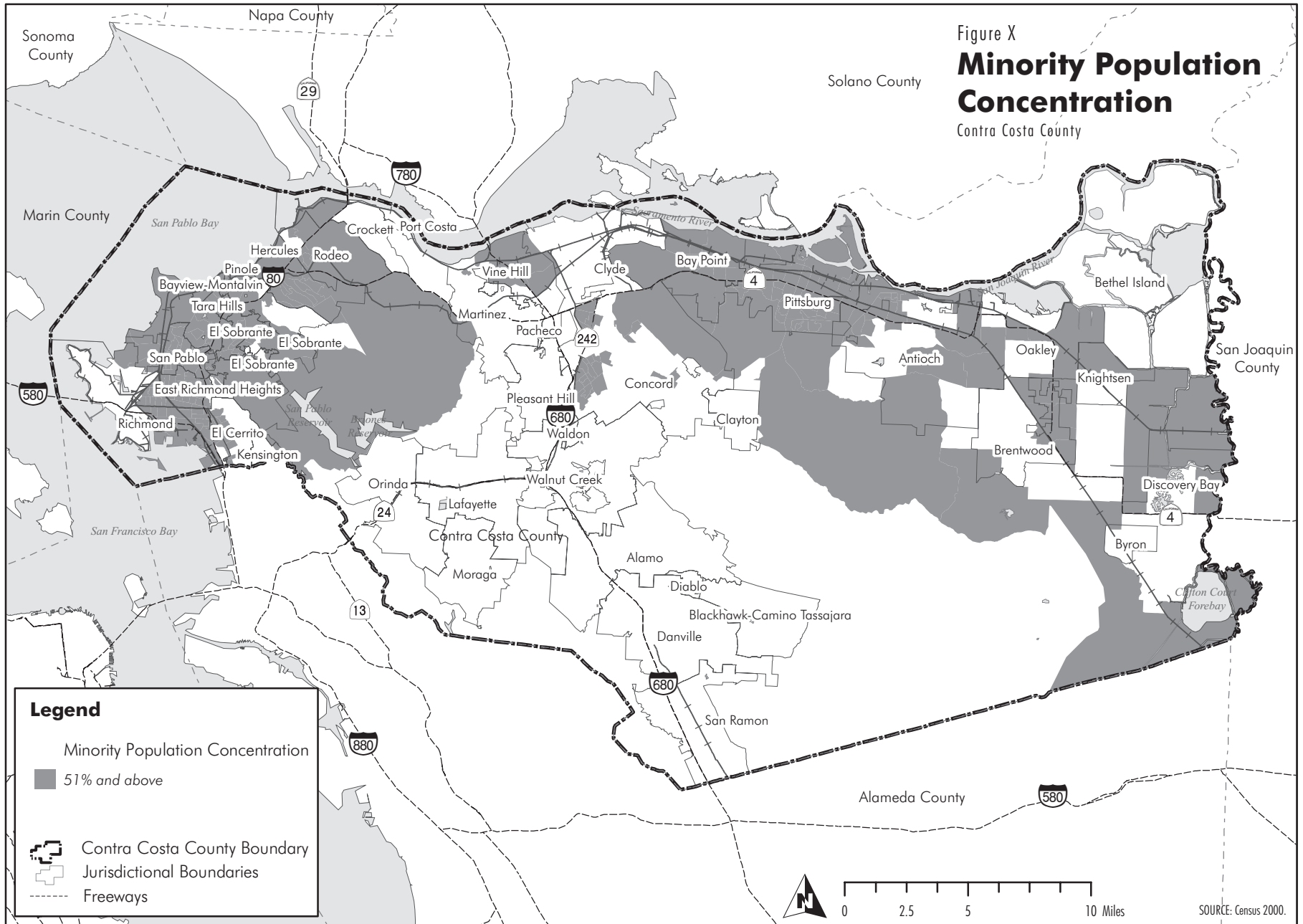


Figure X  
**Minority Population Concentration**  
 Contra Costa County

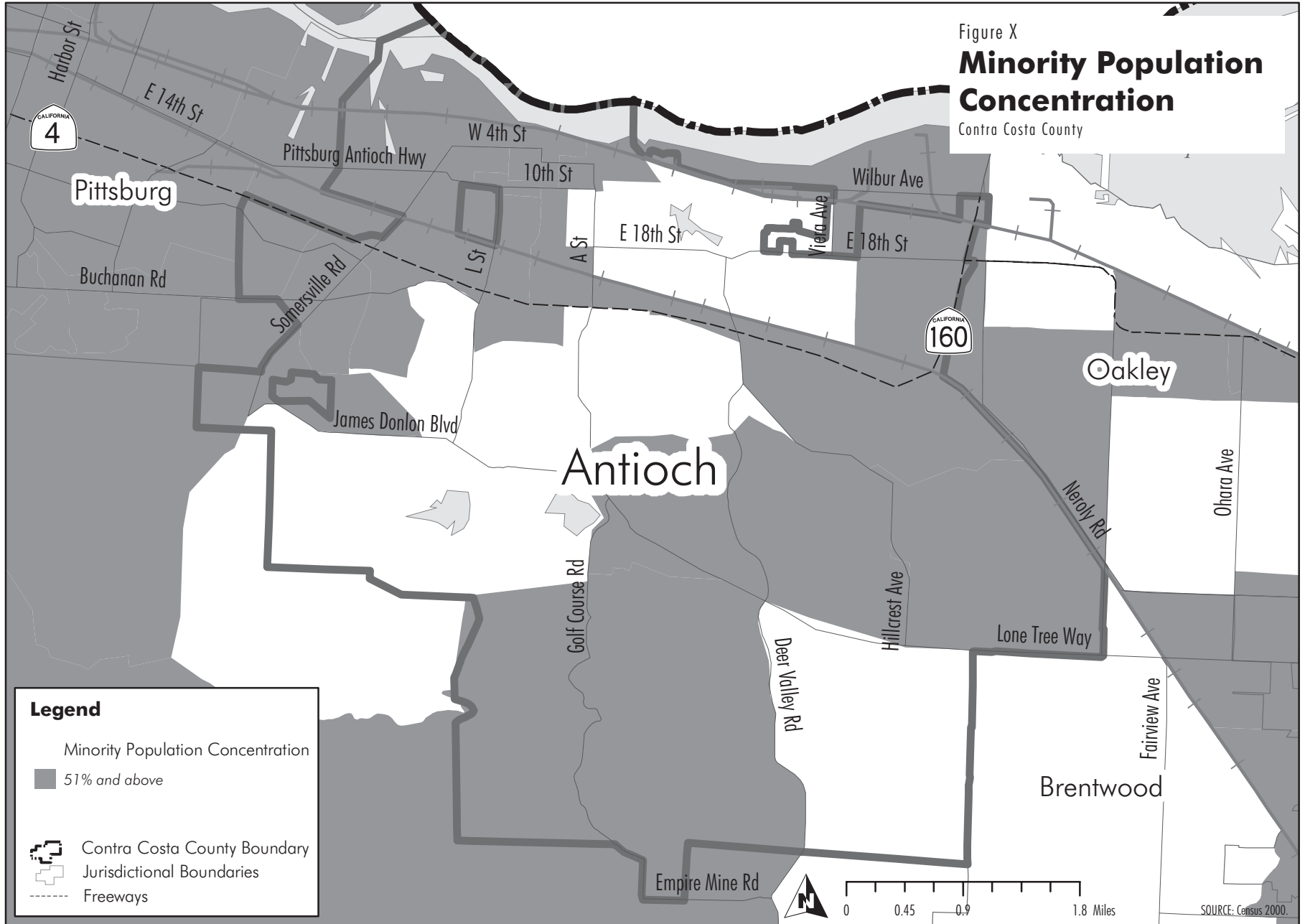


Figure X  
**Minority Population Concentration**  
 Contra Costa County

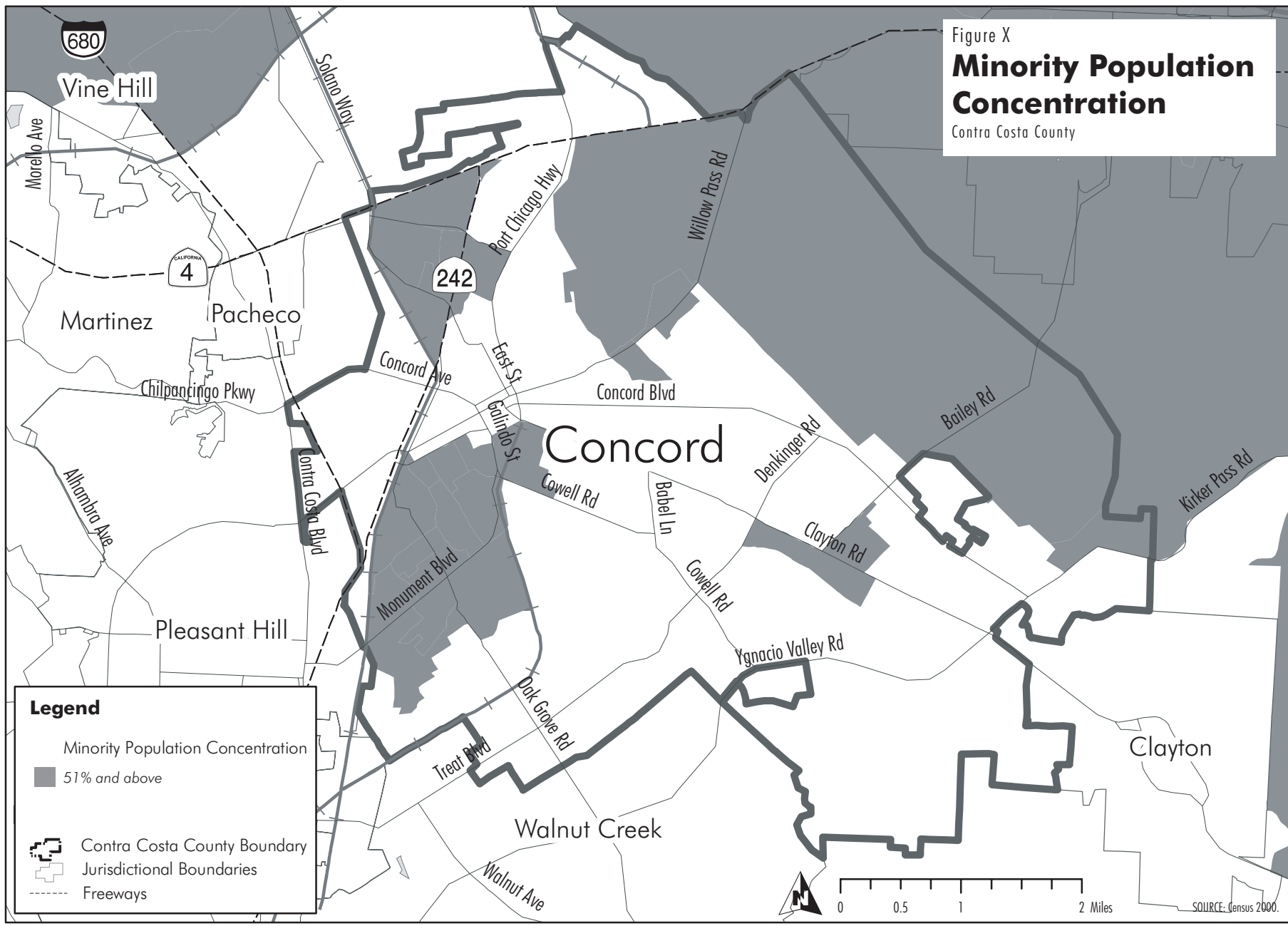




Figure X

# Minority Population Concentration

Contra Costa County

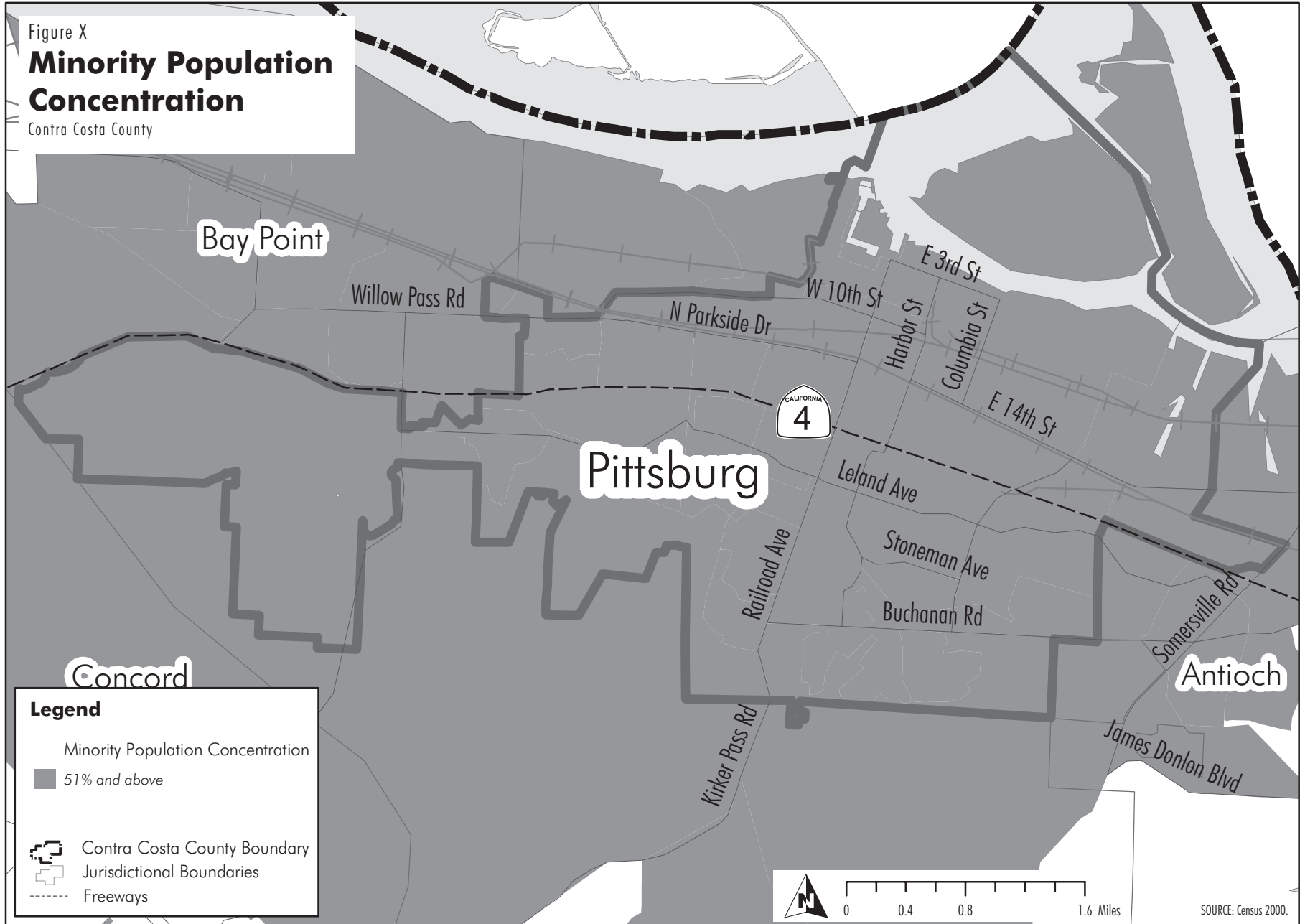
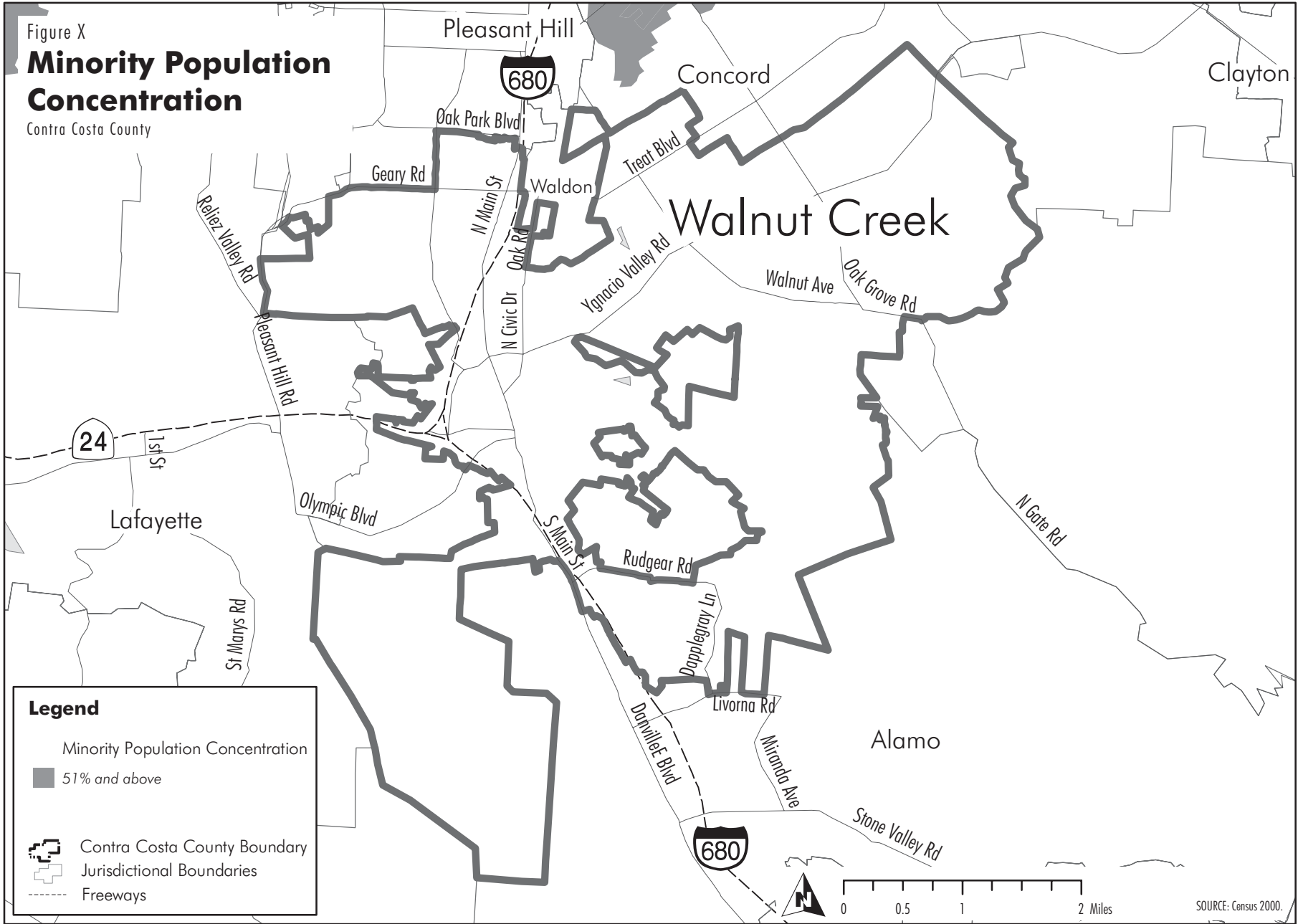


Figure X

# Minority Population Concentration

Contra Costa County



### Legend

Minority Population Concentration

■ 51% and above

▬ Contra Costa County Boundary

▬ Jurisdictional Boundaries

--- Freeways

SOURCE: Census 2000.

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT C**

**LICENSED COMMUNITY CARE FACILITY LOCATIONS**

Figure X  
**Licensed Care Providers**  
 Contra Costa County

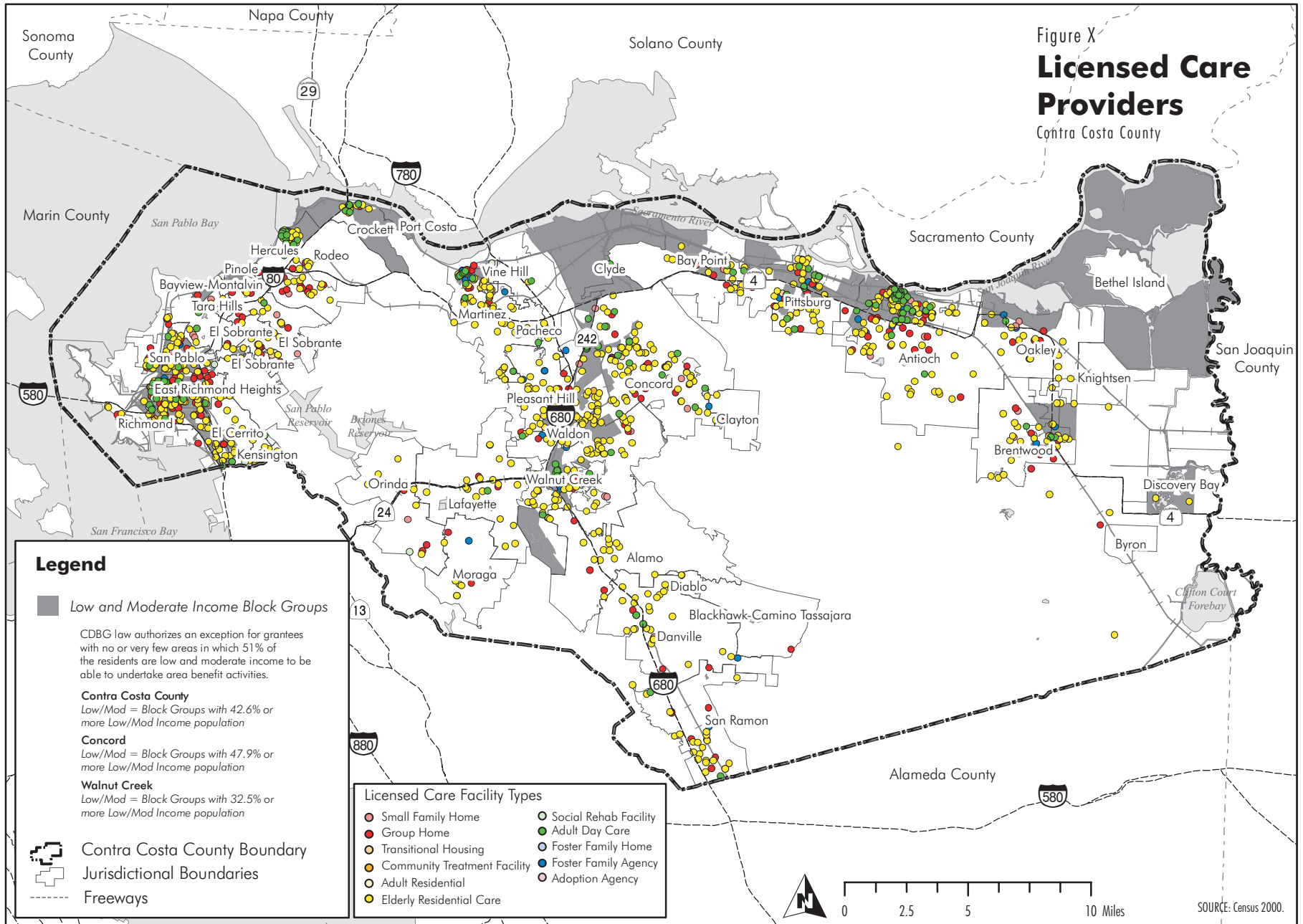


Figure X  
**Licensed Care Providers**  
 Contra Costa County

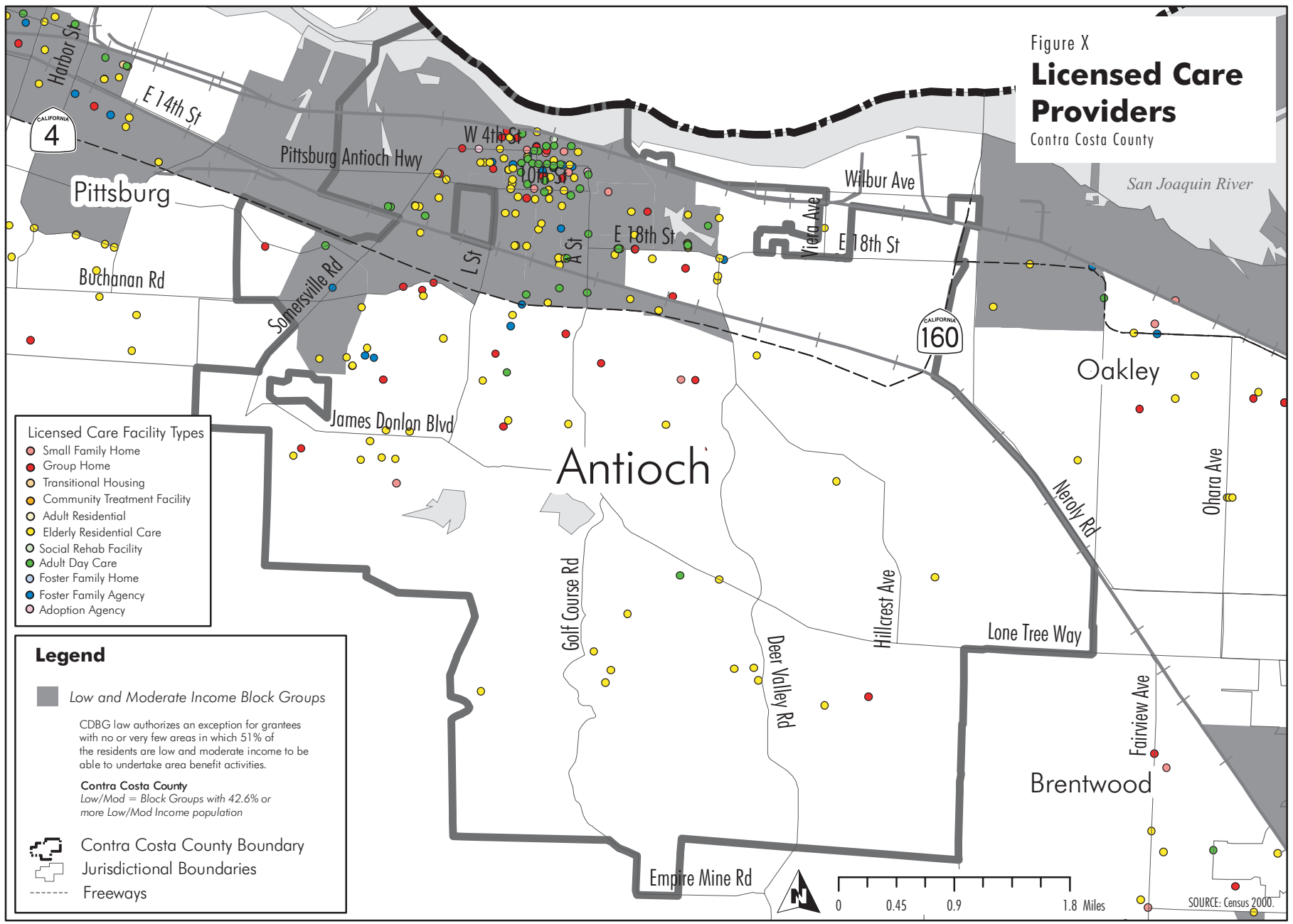


Figure X  
**Licensed Care Providers**  
 Contra Costa County

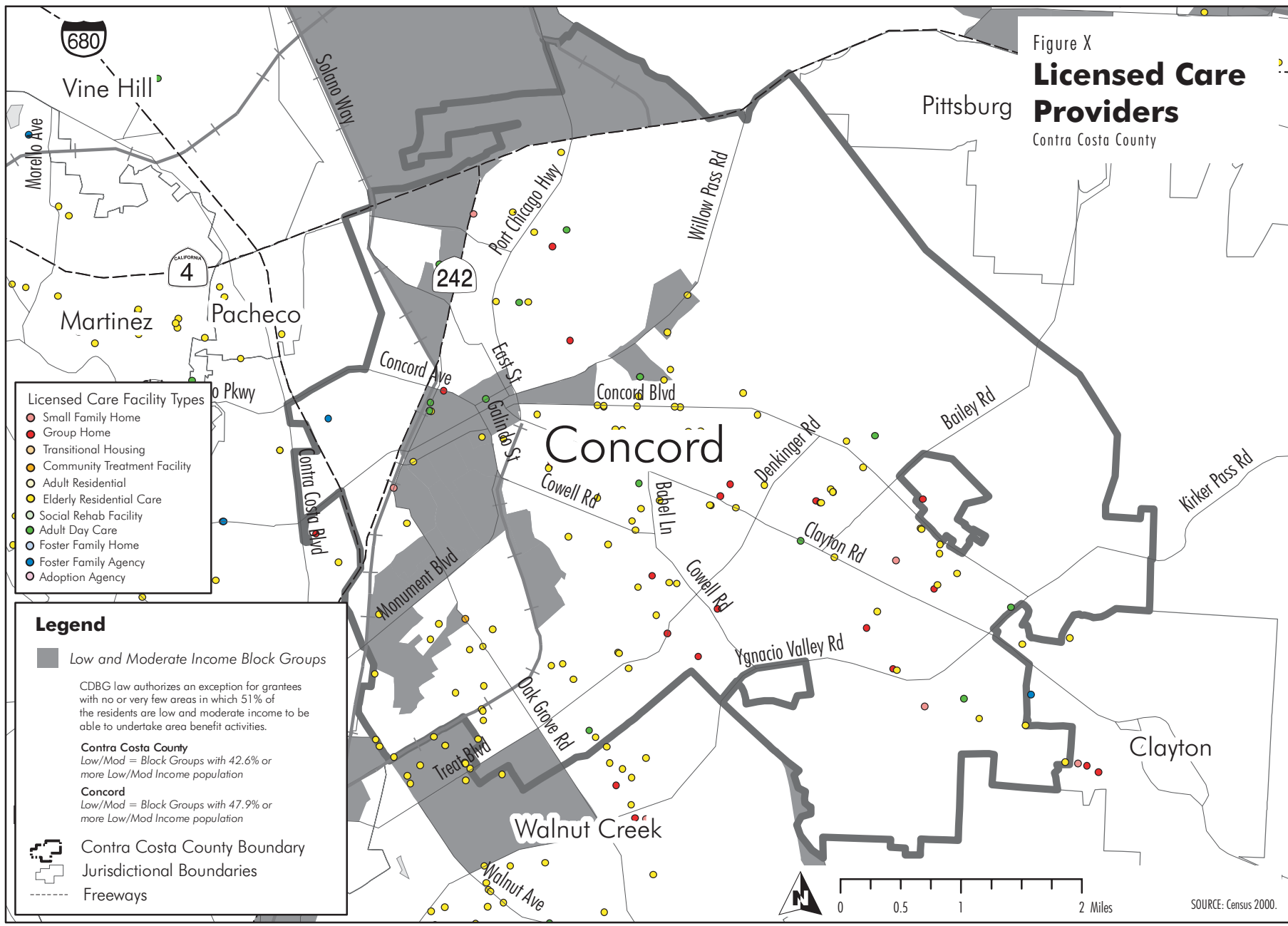


Figure X  
**Licensed Care Providers**  
 Contra Costa County

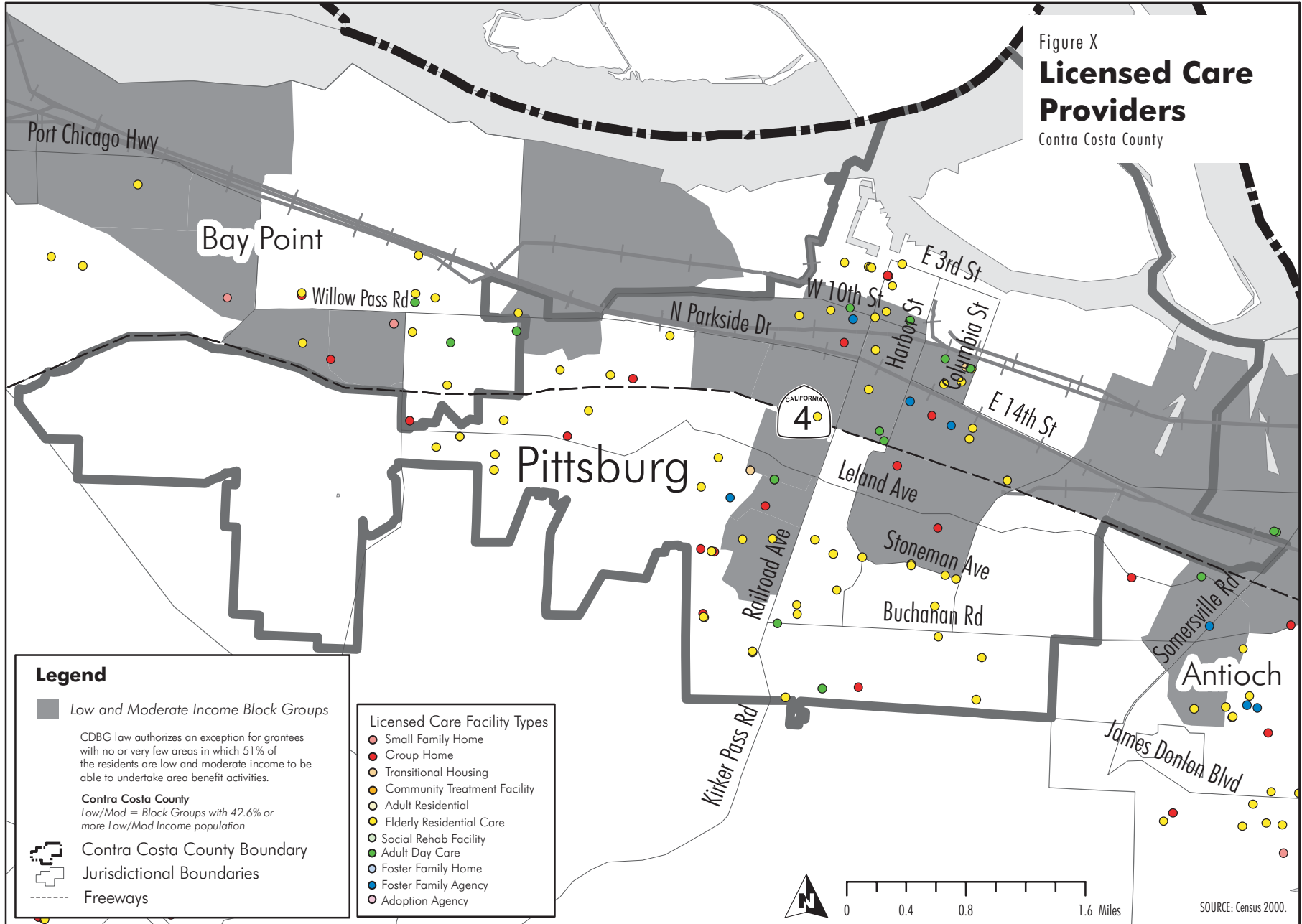
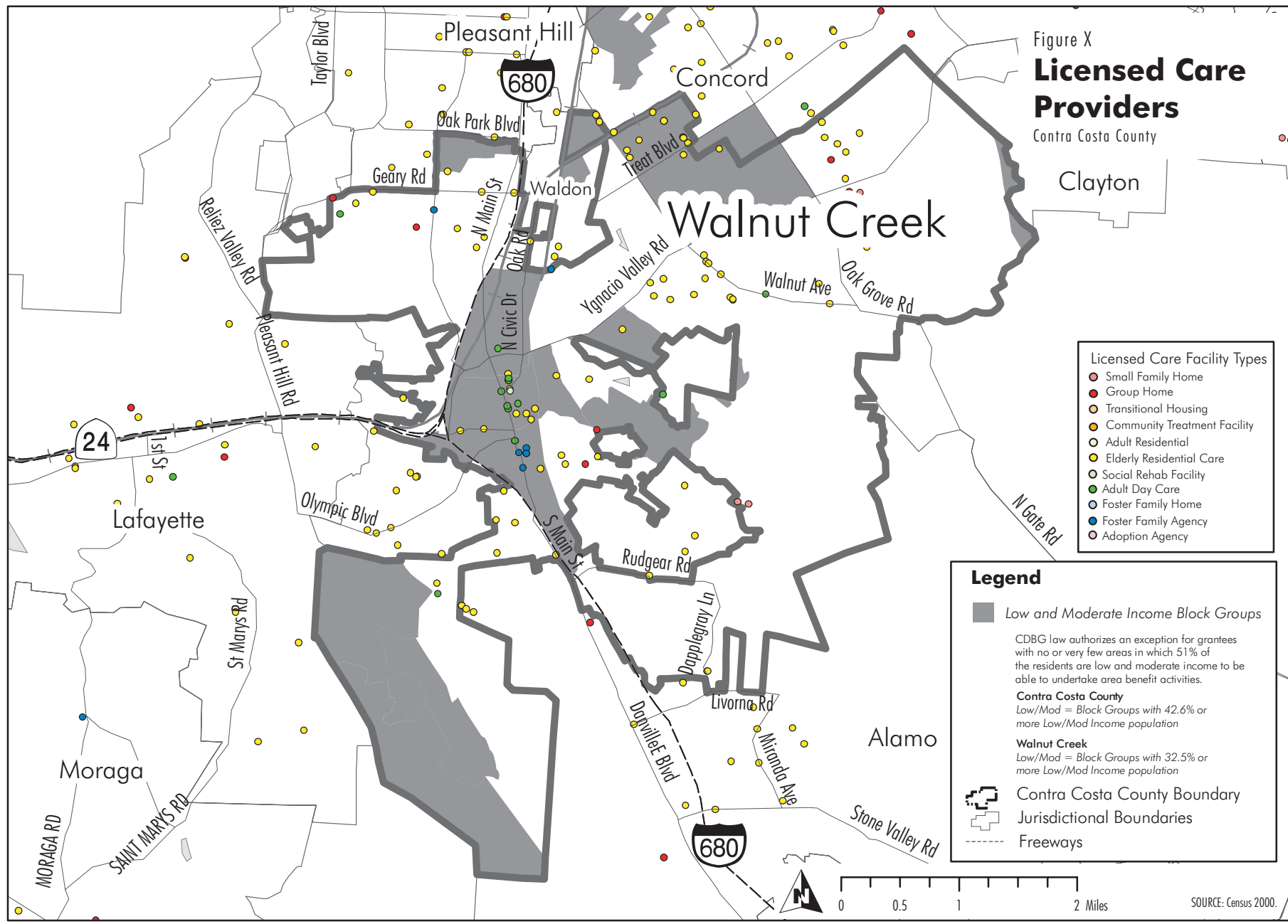


Figure X  
**Licensed Care Providers**  
 Contra Costa County



- Licensed Care Facility Types**
- Small Family Home
  - Group Home
  - Transitional Housing
  - Community Treatment Facility
  - Adult Residential
  - Elderly Residential Care
  - Social Rehab Facility
  - Adult Day Care
  - Foster Family Home
  - Foster Family Agency
  - Adoption Agency

**Legend**

- Low and Moderate Income Block Groups

CDBG law authorizes an exception for grantees with no or very few areas in which 51% of the residents are low and moderate income to be able to undertake area benefit activities.

**Contra Costa County**  
 Low/Mod = Block Groups with 42.6% or more Low/Mod Income population

**Walnut Creek**  
 Low/Mod = Block Groups with 32.5% or more Low/Mod Income population

- ⬢ Contra Costa County Boundary
- ⬢ Jurisdictional Boundaries
- ⬢ Freeways

SOURCE: Census 2000.



**LICENSED COMMUNITY CARE FACILITIES  
CONTRA COSTA COUNTY**

<b>Name</b>	<b>Type Code</b>	<b>Physical city</b>	<b>Capacity</b>
CORNER STONE (THE)	Small Family Home	ANTIOCH	6
K.C.'S SUNSHINE HOMES	Small Family Home	ANTIOCH	6
BUTLER'S SMALL FAMILY HOME	Small Family Home	ANTIOCH	6
PRIORITY HOME CARE	Small Family Home	ANTIOCH	4
GOOD SHELTER	Small Family Home	BAY POINT	4
DEBORAH'S HOME CARE	Small Family Home	CLAYTON	6
HURST HOME	Small Family Home	CONCORD	6
FOUR'S ANGELS	Small Family Home	CONCORD	4
AVALON-STONY HILL CIRCLE	Small Family Home	OAKLEY	6
AVALON - FERNWOOD	Small Family Home	OAKLEY	6
CRYSTAL CARE FAMILY HOME	Small Family Home	OAKLEY	6
PINOLE VALLEY RESIDENTIAL CARE FACILITY	Small Family Home	PINOLE	6
ALDERSON'S SMALL FAMILY HOME	Small Family Home	PINOLE	6
SHIVA SOLUTIONS	Small Family Home	PITTSBURG	6
JASPER'S FAMILY HOME I	Small Family Home	PITTSBURG	4
NELSON'S, OTHERINE SMALL FAMILY HOME	Small Family Home	RICHMOND	4
HILLTOP SMALL FAMILY HOME	Small Family Home	RICHMOND	6
HOME AWAY FROM HOME	Small Family Home	RICHMOND	6
BUCKBOARD SMALL FAMILY HOME	Small Family Home	RICHMOND	5
SECOND II NONE	Small Family Home	SAN PABLO	6
			<b>109</b>
S & S TLC #2	Group Home	ANTIOCH	6
LORI'S GROUP HOME #1	Group Home	ANTIOCH	6
ALANA HOUSE	Group Home	ANTIOCH	6
ACTS OF KINDNESS	Group Home	ANTIOCH	6
OUR HOME INCE #2 - ALPHA PLACE	Group Home	ANTIOCH	6
LEE FAMILY CARE HOME #3	Group Home	ANTIOCH	6
AVANCARE GROUP HOMES-SUNSET	Group Home	ANTIOCH	6
OUR HOME INC	Group Home	ANTIOCH	6
LEE COMMUNITY GROUP HOME	Group Home	ANTIOCH	6
LIGHTHOUSE MENTORING CENTER, THE	Group Home	ANTIOCH	8
TENDER LOVING CARE PROVIDERS, INC	Group Home	ANTIOCH	6
LIGHTHOUSE MENTORING CENTER 2	Group Home	ANTIOCH	6
BARSABAL GROUP HOME	Group Home	BAY POINT	4
EAST BAY SHELTER	Group Home	BAY POINT	6
LEE FAMILY CARE HOME #2	Group Home	BRENTWOOD	6
LEE COMMUNITY GROUP HOME #2	Group Home	BRENTWOOD	6
BAY AREA CRISIS NURSERY	Group Home	CONCORD	20
TREAT HOUSE	Group Home	CONCORD	6
DAHLSTROM HOUSE	Group Home	CONCORD	6
SUTHERLAND HOUSE	Group Home	CONCORD	6
WESLEY YOUTH HOMES, INC-LARKWOOD HOUSE	Group Home	CONCORD	6
ELLA'S HOME	Group Home	CONCORD	6
YOUTH HOMES, INC.	Group Home	CONCORD	6
PRYOR CENTER	Group Home	CONCORD	6
L'ABRI	Group Home	CONCORD	6
SENECA CROCKETT HOUSE PROGRAM	Group Home	CROCKETT	6
UPRIGHT TREATMENT CENTER	Group Home	DANVILLE	6
LA CHEIM - OHLSON HOUSE	Group Home	EL SOBRANTE	6
A BETTER CHANCE VIII	Group Home	EL SOBRANTE	6
KIOWA HOUSE	Group Home	EL SOBRANTE	6
GERMAN ROSS OUTREACH CENTER #2	Group Home	EL SOBRANTE	6
COMMUNITY INTEGRATED SUPPORT SERVICES	Group Home	HERCULES	6
BUENAVISTA HOME AT PEPPERWOOD	Group Home	HERCULES	6
BUENAVISTA HOME AT PEPPERWOOD II	Group Home	HERCULES	6
BREAKTHROUGH COMMUNITY PROGRAMS II	Group Home	HERCULES	6
A BETTER CHANCE VII	Group Home	HERCULES	6
HAWK'S PLACE	Group Home	HERCULES	6
CLARA MAE'S FAMILY CARE FACILITY	Group Home	HERCULES	6
BUENAVISTA GROUP HOMES, INC.	Group Home	HERCULES	6
DAYANI HOME #5	Group Home	KNIGHTSEN	4
YOUTH HOMES, INC.-CHERRY LANE	Group Home	LAFAYETTE	6
LEE FAMILY CARE HOME #4	Group Home	OAKLEY	6
AVALON - OAKLEY	Group Home	OAKLEY	6
GINA'S CARE HOME I	Group Home	OAKLEY	6
BUENAVISTA HOME	Group Home	PINOLE	6
LORI'S GROUP HOME #2	Group Home	PITTSBURG	6
SERRANA HOUSE, IKE MACK CENTER	Group Home	PITTSBURG	6
LYNBROOK FACILITY	Group Home	PITTSBURG	6
FIRST STEPS GROUP HOME	Group Home	PITTSBURG	6
KAIROS FAMILY HOME	Group Home	PITTSBURG	6

FAMILIES FIRST, INC.-ROSE MANNING YOUTH SHELTER	Group Home	PLEASANT HILL	6
EAGLE EYE	Group Home	RICHMOND	6
R & R EDUCATIONAL & TRAINING RES. FAC. FOR MINORS	Group Home	RICHMOND	6
SERENITY HOME, INC.	Group Home	RICHMOND	6
R & R EDUCATIONAL HOMES II	Group Home	RICHMOND	6
DELORES YOUTH FACILITY	Group Home	RICHMOND	6
LA CHEIM - BROWNING HOUSE	Group Home	RICHMOND	6
PILLARS OF STRENGTH, INC.	Group Home	RICHMOND	6
WITH LOVING CARE, INC. - ANSARI HOUSE	Group Home	RICHMOND	8
JR'S NORTH STAR, INCORPORATED	Group Home	RICHMOND	6
GERMAN ROSS OUTREACH CENTER, INC.	Group Home	RICHMOND	6
VISALIA PLACE	Group Home	RICHMOND	4
BREAKTHROUGH COMMUNITY PROGRAMS I	Group Home	RICHMOND	6
NURTURE NOW YOUTH SERVICES, INC.	Group Home	RICHMOND	6
RAISING THE QUALITY OF LIFE	Group Home	RICHMOND	6
NORTHERN CALIFORNIA BOYS TO MEN	Group Home	RICHMOND	6
BAY AREA YOUTH IN ACTION	Group Home	RICHMOND	6
LE-CARE CHILDREN'S HOUSE INC.	Group Home	RODEO	6
WE CARE CONNECTION CENTER	Group Home	RODEO	6
PARADISE HOME	Group Home	SAN RAMON	6
PARADISE HOME 2	Group Home	SAN RAMON	6
			<b>438</b>
STAMM CARE HOME # 2	Elderly Residential	ALAMO	6
STAMM CARE HOME #3	Elderly Residential	ALAMO	6
ROUNDHILL CARE HOMES, INC.	Elderly Residential	ALAMO	6
ALAMO RESIDENCE HOME	Elderly Residential	ALAMO	6
MEGAN HOUSE, THE	Elderly Residential	ALAMO	6
ALAMO GARDENS	Elderly Residential	ALAMO	6
CASTLE CREST HOME I	Elderly Residential	ALAMO	6
ALAMO RESIDENCE HOME	Elderly Residential	ALAMO	6
OAKWOOD CARE HOME II	Elderly Residential	ALAMO	6
CASA BLANCA RETIREMENT HOMES	Elderly Residential	ALAMO	18
MEADOWBROOK RESIDENTIAL HOMECARE	Elderly Residential	ANTIOCH	3
VILLA SPERANZA	Elderly Residential	ANTIOCH	6
HILLCREST MANOR BOARD AND CARE	Elderly Residential	ANTIOCH	6
WINDROSE CARE HOME	Elderly Residential	ANTIOCH	6
LAKE ALHAMBRA CENTER	Elderly Residential	ANTIOCH	49
ANTIOCH CARE HOME	Elderly Residential	ANTIOCH	6
TENDER LOVING CARE HOME	Elderly Residential	ANTIOCH	3
CYPRESS MEADOWS	Elderly Residential	ANTIOCH	131
ANTIOCH CARE HOME II	Elderly Residential	ANTIOCH	6
LADY OF FATIMA HOMECARE	Elderly Residential	ANTIOCH	6
VILLA MIGUELA CARE HOME	Elderly Residential	ANTIOCH	6
ANTIOCH CARE HOME III	Elderly Residential	ANTIOCH	6
TENDER LOVING CARE HOME III	Elderly Residential	ANTIOCH	6
TENDER LOVING CARE HOME II	Elderly Residential	ANTIOCH	6
SCIENN HAIL HOME CARE	Elderly Residential	ANTIOCH	6
ANTIOCH SERENITY CARE HOME	Elderly Residential	ANTIOCH	6
AMERICAN HERITAGE SENIOR HOME	Elderly Residential	ANTIOCH	6
COUNTRY PLACE	Elderly Residential	ANTIOCH	50
HUMMINGBIRD ANTIOCH CARE HOME	Elderly Residential	ANTIOCH	6
MARIPOSA HOME FOR SENIORS	Elderly Residential	ANTIOCH	4
PRIMROSE LANE ELDERLY CARE HOME	Elderly Residential	ANTIOCH	6
DELTA LIVING CARE	Elderly Residential	ANTIOCH	6
DIAMOND KNOLLS CARE HOME	Elderly Residential	ANTIOCH	6
GOLDEN HILLS CARE HOME	Elderly Residential	ANTIOCH	4
QUALITY CARE HOME: FOR SENIORS	Elderly Residential	ANTIOCH	6
SCIENN HAIL HOME CARE II	Elderly Residential	ANTIOCH	6
ANTIOCH HOME & CARE	Elderly Residential	ANTIOCH	6
QUALITY CARE HOMES: FOR SENIORS II	Elderly Residential	ANTIOCH	6
HEAVENLY CARE, LLC	Elderly Residential	ANTIOCH	6
JOMIELO'S CARE HOME	Elderly Residential	ANTIOCH	4
HERITAGE HILLS HOME	Elderly Residential	ANTIOCH	6
FRIENDSHIP CARE HOME	Elderly Residential	ANTIOCH	32
HOME CARE GARDENS	Elderly Residential	ANTIOCH	6
NEW RIVERSHORE CARE HOME	Elderly Residential	BAY POINT	6
WILLOW GLEN RESIDENCE	Elderly Residential	BAY POINT	5
GOLDEN SHEPHERD'S HOME CARE	Elderly Residential	BRENTWOOD	18
LIFETIME CARE	Elderly Residential	BRENTWOOD	6
DEER RIDGE RESIDENTIAL	Elderly Residential	BRENTWOOD	6
FLORAN CARE HOME	Elderly Residential	BRENTWOOD	6
AG RESIDENTIAL CARE HOME I	Elderly Residential	BRENTWOOD	10
PETAR GUEST HOME, INC.	Elderly Residential	CLAYTON	6
KAI-NAZ FAMILY CARE HOME BY TWO RNS INC	Elderly Residential	CLAYTON	6
DANA HILL CARE HOME	Elderly Residential	CONCORD	6
SANTA LUCIA CARE HOME	Elderly Residential	CONCORD	6
CC'S RESIDENTIAL CARE HOME #2	Elderly Residential	CONCORD	5

GLCS CARE HOME	Elderly Residential	CONCORD	6
ABEL REST HOME	Elderly Residential	CONCORD	11
D'TERRACE GUEST HOUSE	Elderly Residential	CONCORD	6
DORION'S HOME FOR THE ELDERLS	Elderly Residential	CONCORD	5
DE LOS SANTOS BOARD AND CARE	Elderly Residential	CONCORD	6
ADELA'S GUEST HOME	Elderly Residential	CONCORD	6
GLCS CARE HOME II	Elderly Residential	CONCORD	6
ABEL REST HOME	Elderly Residential	CONCORD	8
REYES GUEST HOME-NAVARONNE	Elderly Residential	CONCORD	8
SILVER YEARS RESIDENTIAL CARE HOME #2	Elderly Residential	CONCORD	6
ST. MARTHA RESIDENTIAL HOME	Elderly Residential	CONCORD	5
SILVER YEARS RESIDENTIAL CARE HOME #1	Elderly Residential	CONCORD	8
GOLDEN CARE HOME	Elderly Residential	CONCORD	5
SEIKO'S PLACE	Elderly Residential	CONCORD	6
EVANGELINE'S RESIDENCE	Elderly Residential	CONCORD	6
CRESTWOOD CARE HOME	Elderly Residential	CONCORD	4
YOUNG IN HEART, THE	Elderly Residential	CONCORD	6
WILLOW'S CARE HOME	Elderly Residential	CONCORD	6
GBM CARE HOME	Elderly Residential	CONCORD	6
ARIANE'S RESIDENTIAL CARE HOME	Elderly Residential	CONCORD	6
ABEL REST HOME, INC.	Elderly Residential	CONCORD	6
CONCORD CARE HOME	Elderly Residential	CONCORD	6
COSSICK RCFE HOME	Elderly Residential	CONCORD	5
ST. BENEDICT CARE HOME	Elderly Residential	CONCORD	6
APPLE GARDENS HOME	Elderly Residential	CONCORD	6
REYES GUEST HOME NAVARONNE II	Elderly Residential	CONCORD	6
ELIM ASSISTED LIVING	Elderly Residential	CONCORD	6
ABRAHAM REST HOME	Elderly Residential	CONCORD	5
SILVER YEARS CARE HOME #3	Elderly Residential	CONCORD	6
KATHERINE GUEST HOME	Elderly Residential	CONCORD	6
CUENCO RESIDENT CARE HOME	Elderly Residential	CONCORD	6
PENNY'S GUEST HOME	Elderly Residential	CONCORD	6
CONCORD HOME FOR SENIORS	Elderly Residential	CONCORD	6
PENNY'S GUEST HOME BILLINGS	Elderly Residential	CONCORD	6
YOUNG IN HEART II, THE	Elderly Residential	CONCORD	6
SEIKO'S PLACE #2	Elderly Residential	CONCORD	6
ST. ELIZABETH CARE HOME	Elderly Residential	CONCORD	6
CONCORD ROYALE	Elderly Residential	CONCORD	160
CONCORD SENIOR LODGE	Elderly Residential	CONCORD	6
MADISON CARE HOME	Elderly Residential	CONCORD	6
ABRAHAM REST HOME	Elderly Residential	CONCORD	6
ELZBIETA INN	Elderly Residential	CONCORD	5
LAWRENCE 5-STAR ELDERLY CARE HOME	Elderly Residential	CONCORD	6
FORESTVIEW HOME, LLC	Elderly Residential	CONCORD	6
DELLY'S CARE HOME II	Elderly Residential	CONCORD	6
SUNNY CARE HOME	Elderly Residential	CONCORD	6
COMFORT CARE HOME, LLC	Elderly Residential	CONCORD	6
GARDEN VILLA	Elderly Residential	CONCORD	6
AEGIS SENIOR LIVING OF CONCORD	Elderly Residential	CONCORD	89
CRUSE HOUSE	Elderly Residential	CONCORD	6
LA ORINDA HOME	Elderly Residential	CONCORD	6
SEASONS CARE HOME	Elderly Residential	CONCORD	6
EL CERRITO CARE HOME	Elderly Residential	CONCORD	6
CONCORD RESIDENTIAL CARE FACILITY	Elderly Residential	CONCORD	6
CONCORD RESIDENTIAL CARE FACILITY II	Elderly Residential	CONCORD	6
CONCORD RESIDENTIAL CARE FACILITY III	Elderly Residential	CONCORD	6
EMERALD CARE HOME II	Elderly Residential	CONCORD	6
BRITTANY CARE HOME	Elderly Residential	CONCORD	6
ROBERTS CARE HOME, THE	Elderly Residential	CONCORD	6
M & V RESIDENCE	Elderly Residential	CONCORD	6
CALIFORNIA SUNSHINE CARE	Elderly Residential	CONCORD	6
DANVILLE COURTYARD	Elderly Residential	DANVILLE	6
GAZA RETIREMENT HOME - II	Elderly Residential	DANVILLE	6
SANTA CLARA HOME	Elderly Residential	DANVILLE	6
DANVILLE CARE HOME	Elderly Residential	DANVILLE	6
REUTLINGER COMMUNITY FOR JEWISH LIVING	Elderly Residential	DANVILLE	120
DIABLO LODGE	Elderly Residential	DANVILLE	128
DANVILLE PARADISE	Elderly Residential	DANVILLE	6
ROUND HILL CARE HOMES, INC.	Elderly Residential	DANVILLE	6
DANVILLE HOME FOR SENIORS	Elderly Residential	DANVILLE	6
GOLDEN POND	Elderly Residential	DANVILLE	6
CASA MANGUS	Elderly Residential	DANVILLE	6
CAMINO RAMON HOME FOR SENIORS	Elderly Residential	DANVILLE	6
PARAISO GARDENS	Elderly Residential	DANVILLE	6
DIABLO SENIORS HOME	Elderly Residential	DANVILLE	6
SUNRISE ASSISTED LIVING OF DANVILLE	Elderly Residential	DANVILLE	89
ST. PATRICK CARE HOME	Elderly Residential	DANVILLE	6

MAGNOLIA GARDEN AT DANVILLE	Elderly Residential	DANVILLE	36
PALM GARDEN HOME CARE	Elderly Residential	DANVILLE	6
BEATITUDES MISSION HOME - DANVILLE	Elderly Residential	DANVILLE	6
ACTIVE LIVING DANVILLE	Elderly Residential	DANVILLE	6
BARRINGTON COURT	Elderly Residential	DANVILLE	42
AUTUMN LAKES HOME	Elderly Residential	DISCOVERY BAY	6
BAYVIEW HAPPY HOME	Elderly Residential	EL CERRITO	6
RN LOVING CARE HOME	Elderly Residential	EL CERRITO	6
EL CERRITO ROYALE	Elderly Residential	EL CERRITO	145
BAYVIEW HAPPY HOME 2	Elderly Residential	EL CERRITO	4
RN LOVING CARE HOME II	Elderly Residential	EL CERRITO	6
BAYVIEW HAPPY HOME #3	Elderly Residential	EL CERRITO	5
RN3 LOVING CARE HOME II	Elderly Residential	EL CERRITO	6
GRACE ELDER CARE	Elderly Residential	EL CERRITO	6
YUME ASSISTED LIVING	Elderly Residential	EL CERRITO	6
A & H DELA CUESTA CARE HOME	Elderly Residential	EL SOBRANTE	4
IRENE'S HOMECARE #2	Elderly Residential	EL SOBRANTE	6
IRENE'S HOMECARE #3	Elderly Residential	EL SOBRANTE	6
FAMILY VILLAS	Elderly Residential	EL SOBRANTE	4
IRENE'S HOMECARE #4	Elderly Residential	EL SOBRANTE	6
HAILEY'S CARE HOME	Elderly Residential	EL SOBRANTE	6
VALLEY VIEW CARE HOME	Elderly Residential	EL SOBRANTE	6
JP'S CARE HOME	Elderly Residential	HERCULES	6
ST. MARY'S HOME	Elderly Residential	HERCULES	6
RODEO HOME FOR THE ELDERLY II	Elderly Residential	HERCULES	6
KENSINGTON HOME	Elderly Residential	KENSINGTON	6
HAPPY VALLEY-HOME FOR OUR PARENTS	Elderly Residential	LAFAYETTE	6
LAFAYETTE ELDER CARE	Elderly Residential	LAFAYETTE	6
LAFAYETTE GARDEN	Elderly Residential	LAFAYETTE	6
CARING ANGEL'S CARE HOME	Elderly Residential	LAFAYETTE	6
DEER HILL CARE HOME	Elderly Residential	LAFAYETTE	6
LAFAYETTE CARE HOME	Elderly Residential	LAFAYETTE	6
HIDDEN VALLEY CARE HOME	Elderly Residential	LAFAYETTE	6
SUNDIAL GARDENS - MARTINEZ	Elderly Residential	MARTINEZ	6
ST. ELIZABETH REST HOME FOR WOMEN	Elderly Residential	MARTINEZ	6
D AND P CARE HOME	Elderly Residential	MARTINEZ	6
OLYMPIC RETIREMENT HOME	Elderly Residential	MARTINEZ	6
TENDER TOUCH RESIDENTIAL CARE HOME	Elderly Residential	MARTINEZ	6
VILLA VITTORIA	Elderly Residential	MARTINEZ	6
HERITAGE HILLS HOME, INC.	Elderly Residential	MARTINEZ	6
MORAGA ROYALE	Elderly Residential	MORAGA	120
AEGIS ASSISTED LIVING OF MORAGA	Elderly Residential	MORAGA	100
LA VISTA RESIDENTIAL CARE HOME	Elderly Residential	OAKLEY	6
FOSTER RESIDENTIAL CARE	Elderly Residential	OAKLEY	6
TRUST PAINTER'S LOVE JOY REST HOME	Elderly Residential	OAKLEY	8
HER RESIDENTIAL CARE HOMES	Elderly Residential	OAKLEY	2
H.E.R. RESIDENTIAL CARE HOMES	Elderly Residential	OAKLEY	5
HOME AWAY FROM HOME	Elderly Residential	OAKLEY	4
OUR HOME	Elderly Residential	OAKLEY	6
CASA DE GRACIA	Elderly Residential	ORINDA	6
AGGRALYN RESIDENTIAL CARE FOR ELDERLY	Elderly Residential	PINOLE	6
CASTRO'S CARE HOME	Elderly Residential	PINOLE	6
PINOLE SENIOR VILLAGE	Elderly Residential	PINOLE	140
ST. CLARE'S HOME FOR SENIORS	Elderly Residential	PINOLE	12
GRANADA HOME	Elderly Residential	PINOLE	6
LIGHTHOUSE RESIDENTIAL CARE HOME	Elderly Residential	PITTSBURG	6
MJL RESIDENTIAL CARE HOME	Elderly Residential	PITTSBURG	6
HILLSDALE RESIDENTIAL FACILITY FOR ELDERLY	Elderly Residential	PITTSBURG	6
MLM CARE HOME	Elderly Residential	PITTSBURG	6
TCM ELDERLY HOME CARE	Elderly Residential	PITTSBURG	6
ALPINE HOME CARE	Elderly Residential	PITTSBURG	6
GARDEN VIEW CARE HOME	Elderly Residential	PITTSBURG	6
EMA'S BOARD & CARE HOME	Elderly Residential	PITTSBURG	6
SHEILA'S CRYSTAL CARE HOME	Elderly Residential	PITTSBURG	9
DELLY'S CARE HOME	Elderly Residential	PITTSBURG	6
MVT RESIDENTIAL CARE HOME	Elderly Residential	PITTSBURG	6
FAMILY CARE HOME	Elderly Residential	PITTSBURG	2
VILLA ROSADELA	Elderly Residential	PITTSBURG	6
SERENITY HOME	Elderly Residential	PITTSBURG	6
ROSE'S GARDEN RESIDENTIAL CARE	Elderly Residential	PITTSBURG	6
GREEN HARMONY RESIDENTIAL CARE HOME	Elderly Residential	PITTSBURG	6
TRANQUILITY CARE	Elderly Residential	PITTSBURG	6
DELLY'S CARE HOME III	Elderly Residential	PITTSBURG	6
EMA'S BOARD & CARE HOME II	Elderly Residential	PITTSBURG	6
ALANIA HOME CARE	Elderly Residential	PITTSBURG	6
SIVILAY ELDERLY HOME CARE	Elderly Residential	PITTSBURG	6
STONEMAN VILLA	Elderly Residential	PITTSBURG	10

SUNVALLEY RESIDENTIAL CARE HOME	Elderly Residential	PLEASANT HILL	6
GLCS CARE HOME-III	Elderly Residential	PLEASANT HILL	6
ARBOGAST RESIDENTIAL CARE HOME	Elderly Residential	PLEASANT HILL	6
MAUREEN HOUSE	Elderly Residential	PLEASANT HILL	6
CHATEAU PLEASANT HILL	Elderly Residential	PLEASANT HILL	165
CHATEAU III	Elderly Residential	PLEASANT HILL	175
RAMONA CARE HOME	Elderly Residential	PLEASANT HILL	6
ACE CARE HOME	Elderly Residential	PLEASANT HILL	5
SENIOR CARE INC.	Elderly Residential	PLEASANT HILL	6
BETTER LIVING CARE HOME	Elderly Residential	PLEASANT HILL	8
AEGIS OF PLEASANT HILL	Elderly Residential	PLEASANT HILL	90
PLEASANT HILL MANOR	Elderly Residential	PLEASANT HILL	44
BONNIE LANE CARE HOME FOR THE ELDERLY	Elderly Residential	PLEASANT HILL	6
TURRIN HOUSE	Elderly Residential	PLEASANT HILL	6
PLEASANT HILL GARDENS INC.	Elderly Residential	PLEASANT HILL	6
HEAVENLY CARE ELDERLY HOME	Elderly Residential	PLEASANT HILL	6
REDWOOD HOME	Elderly Residential	PLEASANT HILL	6
POETS CORNER RESIDENTIAL CARE	Elderly Residential	PLEASANT HILL	6
ROSE COTTAGE	Elderly Residential	PLEASANT HILL	6
SUNVALLEY RESIDENTIAL CARE	Elderly Residential	PLEASANT HILL	6
ST. TERESA ASSISTED CARE	Elderly Residential	PLEASANT HILL	86
FAMILY COURTYARD	Elderly Residential	RICHMOND	70
GERICARE OF RICHMOND	Elderly Residential	RICHMOND	6
LATOUR'S RESIDENTIAL CARE HOME	Elderly Residential	RICHMOND	6
SANTOS CARE HOME #1	Elderly Residential	RICHMOND	6
SHADY LANE REST HOME	Elderly Residential	RICHMOND	15
LIVE OAK LIVING CENTER	Elderly Residential	RICHMOND	38
NURSES LOVING CARE HOME	Elderly Residential	RICHMOND	6
GG'S REST HOME	Elderly Residential	RICHMOND	12
PARK PLAZA REST HOME	Elderly Residential	RICHMOND	6
LULU'S HOME FOR THE ELDERLY	Elderly Residential	RICHMOND	6
GRACE HOMES, RESIDENTIAL CARE FOR THE ELDERLY, LLC	Elderly Residential	RICHMOND	6
MAGGIE'S HOMES	Elderly Residential	RICHMOND	6
VALLEY VIEW CARE HOME II	Elderly Residential	RICHMOND	5
GREENRIDGE SENIOR CARE	Elderly Residential	RICHMOND	38
VALLEY VIEW CARE HOME III	Elderly Residential	RICHMOND	6
BALI - BAY ASSISTED LIVING, INC.	Elderly Residential	RICHMOND	6
GRACE HOMES LLC	Elderly Residential	RICHMOND	4
VILLA BOARD AND CARE HOME	Elderly Residential	RODEO	6
IRENE'S HOME CARE	Elderly Residential	RODEO	6
RODEO HOME FOR THE ELDERLY	Elderly Residential	RODEO	6
MEADOW SPRINGS CARE HOME	Elderly Residential	RODEO	6
MY HOME - HARRIS	Elderly Residential	RODEO	6
T & C RESIDENTIAL CARE HOME FOR THE ELDERLY	Elderly Residential	SAN PABLO	6
CARMELITA'S BOARD AND CARE HOME	Elderly Residential	SAN PABLO	6
DIVINE'S HOME	Elderly Residential	SAN PABLO	6
GREGORY'S RESIDENTIAL CARE HOME	Elderly Residential	SAN PABLO	6
FELY-MAR ELDERLY CARE HOME	Elderly Residential	SAN PABLO	5
ROSE ARBOR MANOR	Elderly Residential	SAN PABLO	12
FELY-MAR ELDERLY CARE HOME #2	Elderly Residential	SAN PABLO	6
SHANNON ROSE CARE HOME	Elderly Residential	SAN PABLO	6
NORA'S RESIDENTIAL CARE HOME	Elderly Residential	SAN PABLO	4
LIGHTHOUSE CARE HOME	Elderly Residential	SAN PABLO	5
SUMMERVILLE AT CREEKSIDE LODGE	Elderly Residential	SAN PABLO	140
LOVEY'S LOVING HOME	Elderly Residential	SAN RAMON	6
CASA SAN RAMON	Elderly Residential	SAN RAMON	6
VILLA SAN RAMON	Elderly Residential	SAN RAMON	140
EVERGREEN TERRACE	Elderly Residential	SAN RAMON	6
MERRILL GARDENS AT SAN RAMON	Elderly Residential	SAN RAMON	60
SUNNY DAYS CARE	Elderly Residential	SAN RAMON	6
QUEENS CARE HOME, LLC	Elderly Residential	SAN RAMON	6
FIRCREST GARDENS	Elderly Residential	SAN RAMON	6
VALLEY'S GOLDEN AGE RETREAT, THE	Elderly Residential	SAN RAMON	6
ABIGAIL'S GUEST HOME	Elderly Residential	SAN RAMON	6
PINE VALLEY CARE HOME	Elderly Residential	SAN RAMON	5
VICTORIA'S GUEST HOME	Elderly Residential	SAN RAMON	5
ROSE'S CARE HOME	Elderly Residential	SAN RAMON	6
TWILIGHT HOME #3	Elderly Residential	SAN RAMON	6
VALLE VERDE CARE HOME	Elderly Residential	SAN RAMON	6
FIRCREST GARDENS II	Elderly Residential	SAN RAMON	6
TRINITY CARE HOME	Elderly Residential	SAN RAMON	6
TRINITY CARE HOME #2	Elderly Residential	SAN RAMON	6
BEATITUDES MISSION HOME - SAN RAMON	Elderly Residential	SAN RAMON	6
PINE VALLEY HOMES	Elderly Residential	SAN RAMON	6
TRINITY CARE HOME 3	Elderly Residential	SAN RAMON	6
BELROSE CARE HOME	Elderly Residential	WALNUT CREEK	6
BETTER LIVING OF WALNUT CREEK	Elderly Residential	WALNUT CREEK	6

EDEN VILLA WALNUT CREEK	Elderly Residential	WALNUT CREEK	72
AG RESIDENTIAL CARE HOME III	Elderly Residential	WALNUT CREEK	6
KAI-NAZ FAMILY CARE HOME BY TWO RNS INC. II	Elderly Residential	WALNUT CREEK	6
SANTA LUCIA CARE HOME II	Elderly Residential	WALNUT CREEK	6
HANNAM HOMES	Elderly Residential	WALNUT CREEK	6
GINES "WHYTE PARK" RESIDENTIAL CARE	Elderly Residential	WALNUT CREEK	6
GINES RESIDENTIAL CARE HOME II	Elderly Residential	WALNUT CREEK	6
LITTLE YELLOW HOUSE, THE	Elderly Residential	WALNUT CREEK	6
HEATHERWOOD	Elderly Residential	WALNUT CREEK	32
A&W CARE HOME	Elderly Residential	WALNUT CREEK	6
A & W CARE HOME II	Elderly Residential	WALNUT CREEK	6
A & W CARE HOME III	Elderly Residential	WALNUT CREEK	6
EMERALD CARE HOME	Elderly Residential	WALNUT CREEK	6
PARADISE GARDENS CARE HOME	Elderly Residential	WALNUT CREEK	6
TENDER TOUCH RESIDENTIAL CARE HOME II	Elderly Residential	WALNUT CREEK	6
BETTER LIVING OF WALNUT CREEK	Elderly Residential	WALNUT CREEK	6
ABRAHAM REST HOME	Elderly Residential	WALNUT CREEK	8
ABRAHAM REST HOME	Elderly Residential	WALNUT CREEK	6
MERCY CARE HOME	Elderly Residential	WALNUT CREEK	6
TIFFANY COURT	Elderly Residential	WALNUT CREEK	66
HANNAM HOMES #3	Elderly Residential	WALNUT CREEK	6
ABRAHAM'S REST HOME	Elderly Residential	WALNUT CREEK	6
CALIFORNIA SUNSHINE CARE NORTHGATE	Elderly Residential	WALNUT CREEK	6
BYRON PARK RETIREMENT RESIDENCE	Elderly Residential	WALNUT CREEK	25
KENSINGTON PLACE	Elderly Residential	WALNUT CREEK	44
ARLENE, THE	Elderly Residential	WALNUT CREEK	6
MONTEGO HEIGHTS LODGE	Elderly Residential	WALNUT CREEK	200
R & N RESIDENTIAL CARE HOME	Elderly Residential	WALNUT CREEK	6
ARLENE II (THE)	Elderly Residential	WALNUT CREEK	6
CASTLE CREST HOME II	Elderly Residential	WALNUT CREEK	6
LINDELL RESIDENTIAL CARE HOME	Elderly Residential	WALNUT CREEK	6
INN OF WALNUT CREEK	Elderly Residential	WALNUT CREEK	6
SUNNYVALE CARE HOME	Elderly Residential	WALNUT CREEK	6
BOUGAINVILLEA PLACE	Elderly Residential	WALNUT CREEK	6
GRACIOUS LIVING	Elderly Residential	WALNUT CREEK	6
ST. BENEDICT CARE HOME #2	Elderly Residential	WALNUT CREEK	6
VALLEY VIEW LODGE	Elderly Residential	WALNUT CREEK	153
KING'S ROCK MANOR	Elderly Residential	WALNUT CREEK	6
CLASSIC CARE HOME OF WALNUT CREEK	Elderly Residential	WALNUT CREEK	6
R & N RESIDENTIAL CARE HOME #3	Elderly Residential	WALNUT CREEK	10
CARNELIAN III, THE	Elderly Residential	WALNUT CREEK	6
CARNELIAN I, THE	Elderly Residential	WALNUT CREEK	15
CARNELIAN II, THE	Elderly Residential	WALNUT CREEK	9
SUNRISE ASSISTED LIVING OF WALNUT CREEK	Elderly Residential	WALNUT CREEK	86
SUNVALLEY CHATEAU WALNUT CREEK	Elderly Residential	WALNUT CREEK	6
ABRAHAM REST HOME	Elderly Residential	WALNUT CREEK	6
JONED'S REST HOME	Elderly Residential	WALNUT CREEK	6
OAK HOMES	Elderly Residential	WALNUT CREEK	6
BOUGAINVILLEA PLACE #3	Elderly Residential	WALNUT CREEK	6
ABRAHAM REST HOME	Elderly Residential	WALNUT CREEK	6
NORMANDY LANE	Elderly Residential	WALNUT CREEK	6
LA CASA VERDE	Elderly Residential	WALNUT CREEK	6
MIDDLETON MANOR-R & N RESIDENTIAL CARE HOME	Elderly Residential	WALNUT CREEK	6
BETHEL HOME CARE	Elderly Residential	WALNUT CREEK	6
HARMONY HOME	Elderly Residential	WALNUT CREEK	23
ST. MARY'S PLACE RETIREMENT HOME	Elderly Residential	WALNUT CREEK	6
WELLNESS COMMUNITY CARE CENTER	Elderly Residential	WALNUT CREEK	6
WALNUT CREEK/WOODLAWN GUEST HOME	Elderly Residential	WALNUT CREEK	6
			<b>5,077</b>
COMMUNITY INTEGRATED WORK PROGRAM	Adult Day Care	ANTIOCH	48
COLE VOCATIONAL SERVICES	Adult Day Care	ANTIOCH	30
CAP-ANTIOCH	Adult Day Care	ANTIOCH	36
COMMUNITY INTEGRATED SUPPORT SERVICES	Adult Day Care	ANTIOCH	30
ALIVE EAST COUNTY II	Adult Day Care	ANTIOCH	30
MISSION HOPE DAY PROGRAM	Adult Day Care	ANTIOCH	30
MISSION-HOPE ANTIOCH DAY PROGRAM	Adult Day Care	ANTIOCH	45
ALIVE EAST COUNTY	Adult Day Care	ANTIOCH	30
SVS ANTIOCH ADULT DAY PROGRAM	Adult Day Care	ANTIOCH	45
AZELL'S NEW HOPE	Adult Day Care	BAY POINT	15
GEORGE MILLER JR. MEMORIAL CTR EAST ADULT PROGRAM	Adult Day Care	CONCORD	79
CAP - CONCORD	Adult Day Care	CONCORD	32
CENTER FOR ADAPTIVE LEARNING	Adult Day Care	CONCORD	48
A.L.I.V.E	Adult Day Care	CONCORD	35
LAS TRAMPAS ADULT VOCATIONAL PROGRAM	Adult Day Care	LAFAYETTE	70
FUTURES EXPLORED, INCORPORATED	Adult Day Care	LAFAYETTE	60
RESIDENTIAL & EDUCATIONAL SVCS. OF THE EAST BAY	Adult Day Care	MARTINEZ	30
RESIDENTIAL & EDUCATIONAL SERVICES	Adult Day Care	MARTINEZ	20

COLE VOCATIONAL SERVICES	Adult Day Care	PINOLE	30
PINOLE SENIOR VILLAGE ADULT DAY CARE	Adult Day Care	PINOLE	40
COMMUNITY INTEGRATED WORK PROGRAM, INC.	Adult Day Care	RICHMOND	15
CAP - HILLTOP	Adult Day Care	RICHMOND	32
ASIAN FAMILY RESOURCE CENTER	Adult Day Care	RICHMOND	30
GEORGE MILLER JR MEMORIAL CENTER WEST ADULT PROGRM	Adult Day Care	RICHMOND	100
NATIONAL INSTITUTE OF ART & DISABILITIES	Adult Day Care	RICHMOND	70
A BETTER CHANCE DAY PROGRAM	Adult Day Care	RICHMOND	75
WALNUT CREEK ACTIVITY CENTER	Adult Day Care	WALNUT CREEK	60
C.C. JEWISH COMMUNITY CENTER, MILLMAN RESPITE CTR.	Adult Day Care	WALNUT CREEK	24
			<b>1,189</b>
PHOENIX PROGRAMS / NIERIKA HOUSE	Social Rehabilitation	CONCORD	16
SENECA OAK GROVE PROGRAM	Community Treatment	CONCORD	20
FAMILIES FIRST, INC. - TRANSITIONAL HOUSING PROGRAM	Transitional Housing	CONCORD	15
ASPIRA FOSTER FAMILY SERVICES - ANTIOCH	Foster Family-Subagency	ANTIOCH	43
LDS FAMILY SERVICES	Foster Family-Subagency	CONCORD	8
EASTFIELD MING QUONG FOSTER FAMILY AGENCY MARTINEZ	Foster Family-Subagency	MARTINEZ	9
NORTHERN CALIFORNIA FAMILY CENTER - FFA	Foster Family Agency	MARTINEZ	3
CONTRA COSTA COUNTY FOSTER FAMILY AGENCY	Foster Family Agency	MARTINEZ	0
HEARTSENT ADOPTIONS FFA	Foster Family Agency	ORINDA	0
INDEPENDENT ADOPTION CENTER FFA	Foster Family Agency	PLEASANT HILL	28
NEPENTHEAN HOMES FOSTER FAMILY AGENCY	Foster Family Agency	RICHMOND	24
WESTWIND FOSTER FAMILY AGENCY	Foster Family Agency	RICHMOND	22
PARTNERS FOR ADOPTION	Foster Family Agency	WALNUT CREEK	7
CONTRA COSTA COUNTY SOCIAL SERVICES DEPARTMENT	Adoption Agency	MARTINEZ	0
HEARTSENT ADOPTIONS, INC.	Adoption Agency	ORINDA	0
INDEPENDENT ADOPTION CENTER	Adoption Agency	PLEASANT HILL	0
ACROSS THE WORLD ADOPTIONS	Adoption Agency	PLEASANT HILL	0
PARTNERS FOR ADOPTION	Adoption Agency	WALNUT CREEK	0
			<b>195</b>
<b>TOTAL BEDS/SLOTS</b>			<b>7,008</b>

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT D**

**PUBLIC HOUSING UNIT LOCATIONS**



## Public Housing Units in the Contra Costa Consortium Area

All of these units are operated by the Housing Authority of the County of Contra Costa (HACCC).

Las Deltas, North Richmond: 208 affordable units (family, senior and or disabled)  
Office: 1601 N. Jade Street, North Richmond 94804

Vista del Camino, San Pablo: 100 affordable units (family, senior and or disabled)  
Office: 1601 N. Jade Street, North Richmond 94804

Kidd Manor, San Pablo: 41 affordable units (senior/disabled)  
Office: 1601 N. Jade Street, North Richmond 94804

Bayo Vista, Rodeo: 248 affordable units (family, senior and or disabled)  
Office: 2 California Street, Rodeo 94572

Alhambra Terrace, Martinez: 50 affordable units (family, senior and or disabled)  
Office: 2 California Street, Rodeo 94572

Hacienda, Martinez: 50 affordable units (senior/disabled)  
Office: 2 California Street, Rodeo 94572

El Pueblo, Pittsburg: 171 affordable units (family, senior and or disabled)  
Office: 875 El Pueblo Avenue, Pittsburg 94565

Casa de Serena, Bay Point: 50 affordable units (senior/disabled)  
Office: 875 El Pueblo Avenue, Pittsburg 94565

Casa de Manana, Oakley: 41 affordable units (senior/disabled)  
Office: 990-A Rosemary Lane, Oakley 94561

Los Arboles, Oakley: 30 affordable units (family, senior and or disabled)  
Office: 990-A Rosemary Lane, Oakley 94561

Los Nogales, Brentwood: 44 affordable units (family, senior and or disabled)  
Office: 990-A Rosemary Lane, Oakley 94561

Elder Winds, Antioch: 100 affordable units (senior/disabled)  
Office: 990-A Rosemary Lane, Oakley 94561

Bridgemont, Antioch: 36 affordable units (family, senior and or disabled)  
Office: 990-A Rosemary Lane, Oakley 94561

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT E**

**ASSISTED HOUSING UNIT LOCATIONS**

COMPLEX	ADDRESS	CITY	ZIP	PHONE	TOTAL	ASSISTED	TYPE
Bridgemont Apartments	801 "J" Street	Antioch	94509	925-625-2245	36	36	Family
Casa Blanca/ Riviera Apartments	1000 Claudia Court	Antioch	94509	925-754-7671	127	127	Family
Casa Del Rio Senior 62+	615 W 7th	Antioch	94509	925-777-9294	82	82	Seniors
Cypress Meadows Senior Apt. 62+	3950 Lone Tree Way	Antioch	94509	925-778-6225	110	12	Seniors
Delta Pines Apartments	2301 Sycamore Drive	Antioch	94509	925-776-5379	186	186	Family
Delta Square/Runaway Bay Apartments	2201 San Jose Drive	Antioch	94509	925-779-9999	280	280	Family
Delta View Apartments Family	3915 Delta Fair Blvd.	Antioch	94509	925-757-9212	205	205	Family
Elderwinds Apartments	2100 Buchanan Road	Antioch	94509	925-625-2245	100	100	Disabled/Seniors
Hillcrest Terrace Seniors 62+	3420 Deer Valley Road	Antioch	94531	925-754-4710	65	64	Seniors
Hudson Manor Townhouses	3421 Hudson Court	Antioch	94509	925-757-0110	122	122	Family
Lakeshore Apartments	600 Wilbur Avenue	Antioch	94509	925-779-0601	268	54	Family
Meadowood Apartments	2200 Sycamore Drive	Antioch	94509	925-754-4488	138	91	Family
Pinecrest Apartments	1945 Cavallo Road	Antioch	94509	925-665-8436	24	24	Family
Rivertown Seniors 62+ Housing	1400 A Street	Antioch	94509	925-754-4710	50	50	Seniors
Summerset Senior 55+ Apartments	3185 Contra Loma Blvd	Antioch	94509	925-778-7299	156	156	Seniors
Terrace Glen Apartments	107 W. 20th Street	Antioch	94509	925-777-9657	32	32	Family
West Rivertown Apartments	811 W. 4th Street	Antioch	94509	925-777-1605	57	57	Family
Bella Monte Apartments	2460 Willow Pass Road	Bay Point	94565	510-841-4410	51	51	Family
DeAnza Gardens	205 Pueblo Avenue	Bay Point	94565	925-957-7009	180	180	Family
Elaine Null Apartments	112 Alves Lane	Bay Point	94565	925-676-4771	14	14	Disabled/Family
Hidden Cove Apartments	2901 Mary Anne Lane	Bay Point	94565	925-458-4844	88	88	Family
Mission Bay Seniors 55+ & Family Apts.	1056 Weldon Lane	Bay Point	94565	925-458-6166	120	120	Family/Seniors
Rivershore Apartments	1123 Shoreview Ct.	Bay Point	94565	925-458-1666	245	43	Family
Willow Brook Multi Family Apartments	110 Bailey Road	Bay Point	94565	925-458-6107	72	72	Family
Willow Pass Apartments	1056 Weldon Lane	Bay Point	94565	925-458-6166	120	78	Family
Brentwood Garden Apartments	180 Sycamore Dr.	Brentwood	94513	925-516-0571	80	80	Family
Brentwood Park Apartments	160 Sycamore Dr.	Brentwood	94513	925-516-0571	83	83	Family
Green Valley Apartments	8510 Brentwood Blvd.	Brentwood	94513	925-458-6107	28	28	Family
Los Nogales Family & Seniors 62+ Apts.	Walnut Blvd. & McClarren Road	Brentwood	94513	925-625-2245	50	50	Disabled/Family
Marsh Creek Apartments	7251 Brentwood Blvd.	Brentwood	94513	925-516-9800	126	126	Family
Sycamore Place Seniors 62+ Apartments	1100 Sycamore Court	Brentwood	94513	925-634-6200	41	40	Seniors
Towne Center Commons	1275 Central Blvd.	Brentwood	94513	925-513-1110	137	9	Family
Diamond Terrace Senior 62+ Apartments	6401 Center Street	Clayton	94517	925-524-5100	84	9	Seniors
Kirker Court Apartments	1732 Kirker Pass Road	Clayton	94517	925-673-9557	20	20	Family
Bel Air Apartments	1490 Bel Air Drive	Concord	94521	925-680-7744	86	86	Family
Caldera Place Apartments	2401 Bonfacio Street	Concord	94520	925-686-2735	12	12	Disabled
California Hill Apartments Seniors	1700 Broadway Street	Concord	94520	925-686-1700	153	153	Seniors
Californian Apartments	1621 Detroit Avenue	Concord	94520	925-686-3707	35	35	Family
Camara Circle Apartments	2554 A-Camara Circle	Concord	94520	925-676-4771	52	52	Family
Clayton Crossings Apartments	2751 Monument Blvd.	Concord	94520	925-687-0240	296	296	Family
Clayton Villa Senior Apartments	4450 Melody Drive	Concord	94521	925-671-2433	80	80	Seniors
Coral Court Apartments	1491 Detroit Avenue	Concord	94520	925-686-1761	46	46	Family
El Sol Apartments	1890 Farm Bureau Road	Concord	94519	925-687-1296	25	25	Family
Hidden Creek Townhomes	1032 Mohr Lane	Concord	94518	925-687-8460	131	131	Family
Jordan Court II Apartments	2248 Almond Avenue	Concord	94519	925-939-7920	5	3	Family
Lakeside Apartments	1897 Oakmead Drive	Concord	94520	925-827-2805	124	124	Family
Limeridge Apartments	3278 Tioga Road	Concord	94518	925-686-2232	70	70	Family
Phoenix Apartments	3720 Clayton Road	Concord	94519	925-825-4700	11	11	Mentally Disabled
Plaza Tower Apartments	2020 Grant Street	Concord	94519	925-687-1200	96	96	Family
Riley Court Apartments	2061 Riley Court	Concord	94520	925-691-7415	48	48	Family
Robin Lane Apartments	1854 Robin Lane	Concord	94520	925-838-9410	8	8	Family

Sunridge Apartments	1265 Monument Blvd.	Concord	94520 925-825-0631	198	198 Family
The Heritage Apts. 62+ & Mobility Impaired	2222 Pacheco Street	Concord	94520 925-687-1200	196	196 Seniors
Victoria Apartments	1650 Detroit Avenue	Concord	94520 925-335-0698	12	12 Family/HIV/AIDS
Vintage Brook Seniors Apartments/62+	4672 Melody Drive	Concord	94521 925- 827-5812	148	148 Seniors
Virginia Lane Apartments	1121-1140 Virginia Lane	Concord	94520 925-671-7679	91	91 Family
Windsor Park Apartments	1531-1611 Adelaide St.	Concord	94520 925-680-4680	96	24 Family
Carquinez Senior Housing 62+	1212 Wanda Street	Crockett	94525 510-787-3111	37	37 Seniors
Danville Senior Apartments	35 Laurel Drive	Danville	94526 925-201-3407	74	74 Seniors
Del Norte Place Multi- Family & Seniors 62+	11740 San Pablo Ave.	El Cerrito	94530 510-237-8300	135	27 Family/Seniors
Eskaton Hazel Shirley Manor Seniors 62+	11025 San Pablo Ave.	El Cerrito	94530 510-232-3430	63	63 Seniors
Idaho Apartments	10203 San Pablo Ave	El Cerrito	94801 510-965-1315	28	28 Disabled/HIV/AIDS
Creekside Terrace	5038 San Pablo Dam Rd.	El Sobrante	94803 510-223-8373	55	55 Family
Silvercrest Seniors 62+ Apartments	4630 Appian Way	El Sobrante	94803 510-758-1518	45	45 Seniors
The Arbors Seniors 62+	100 Civic Drive	Hercules	94547 510-464-4522	60	60 Seniors
Victoria Green	163 Paradise Drive	Hercules	94547 510-799-8864	132	132 Family
Chateau Lafayette Seniors 62+	3512 Moraga Blvd.	Lafayette	94549 925-283-2727	65	65 Seniors
Lafayette Towne Center Apartments	3594 Mt. Diablo Blvd.	Lafayette	94549 925-283-7800	75	15 Family
Emerson Arms Apartments	326 Ward Street	Martinez	94553 925-228-5205	32	32 Family
Hacienda Apartments Srs. 62+ disabled 40+	1111 Ferry Street	Martinez	94553 510-799-0400	50	50 Disabled/Seniors
Martinez Hillside Seniors Apartments	90 "F" Street	Martinez	94553 925-370-7218	110	110 Seniors
Muirwood Gardens Apartments	620 Center Avenue	Martinez	94553 925-372-6940	210	42 Family
The Riverhouse Seniors/Disabled	700 Alhambra Ave.	Martinez	94533 925-229-9093	73	73 Disabled/Seniors
Community Heritage Seniors 62+ Apartments	1555 Third Street	N. Richmond	94801 510-233-0501	51	51 Seniors
Las Deltas Apartments	1601 Jade Street	N. Richmond	94801 510-232-8492	224	224 Family
Casa de Manana Seniors 62+	990-A Rosemary Lane	Oakley	94561 925-625-2245	40	40 Seniors
Golden Oak Manor Seniors 62+	5000 Kelsey Lane	Oakley	94561 925-625-5223	50	50 Seniors
Silver Oak Apartments	4991 Gardenia Avenue	Oakley	94561 415-258-1818	24	24 Disabled
Summer Creek Place Apartments	4950 Empire Avenue	Oakley	94561 925-625-1704	80	80 Seniors
The Los Arboles Apartments	990-A Rosemary Lane	Oakley	94561 925-625-2245	30	30 Family
Orinda Senior Village 62+	20 Irwin Way	Orinda	94563 925-254-8895	148	148 Disabled/Seniors
Aspen Court Apartments	121 Aspen Drive	Pacheco	94553 925-686-9008	12	12 HIV/AIDS
Alvarez Court Apartments	760 Alvarez Avenue	Pinole	94564 510-724-1928	19	19 Disabled/HIV/AIDS
Pinole Grove Senior Apartments 62+	800 John Street	Pinole	94564 510-464-3070		70 Seniors
Columbia Park Manor Senior 62+ Apartments	1760 Chester Drive	Pittsburg	94565 925-431-1171	79	79 Seniors
East Sante Fe Seniors Apartments	425 E. Santa Fe Avenue	Pittsburg	94565 925-439-9106	24	24 Seniors
El Pueblo Seniors 62+ Apartments	875 El Pueblo Avenue	Pittsburg	94565 925-432-3523	176	176 Seniors
Fountain Plaza Apartments	1010 Power Avenue	Pittsburg	94509 925-439-5655	220	220 Family
Fox Creek Apartments	3225 Harbor Street	Pittsburg	94565 925-432-0333	126	126 Family
Lido Square Townhouses 1&2	2131 Crestview Lane	Pittsburg	94565 925-432-6000	163	163 Family
Loveridge Terrace Apartments	500 Loveridge Circle	Pittsburg	94565 (925)427-2202	145	145 Family
Stoneman Village II	375 Presidio Lane	Pittsburg	94565 925-427-1870	60	60 Seniors
Stoneman Village I	390 East Leland Rd	Pittsburg	94560 925-427-1870	145	145 Seniors
The Landings	935 East Street	Pittsburg	94565 925-335-0698	8	4 HIV/AIDS
Woods Manor Apartments	850 E. Leland Road	Pittsburg	94565 925-432-6161	80	80 Family
Chilpancingo Vista	102 Chilpancingo Pkwy.	Pleasant Hill	94523 925-685-2385	25	25 Disabled
Ellinwood Seniors Apartments	400 Longbrook Way	Pleasant Hill	94523 925-827-2044	154	154 Seniors
Grayson Creek Apartments	100 Chilpancingo Pkwy.	Pleasant Hill	94523 925-686-4000	70	70 Family
Hookston Senior Apartments	80 W.Hookston Road	Pleasant Hill	94523 925-937-9082	100	100 Seniors
Pleasant Hill Village Seniors 62+	100 Boyd Road	Pleasant Hill	94523 925-937-7370	100	100 Seniors
21st. Street Apartments	171-21st Street	Richmond	94804 510-231-5943	8	8 Disabled
Amara House	1631 Cypress Avenue	Richmond	94607 510-232-8194	5	5 HIV/AIDS
Barrett Terrace Apartments & Townhouses	700 Barrett Avenue	Richmond	94804 510-237-3467	173	173 Family

Carquinez Seniors 62+ Apartments	400 Harbour Way	Richmond	94801 510-464-3070	36	36 Seniors
Chesley Street Apartments	302 Chesley Avenue	Richmond	94801	30	30 Family
City Center Apartments	1000 MacDonald Ave.	Richmond	94801 510-874-4980	64	64 Family
Crescent Park Apartments	5000 Hartnett Ave.	Richmond	94804 510-237-5377	378	341 Family
Deliverance Temple	4312 Potrero Ave.	Richmond	94804 510-233-2626	82	82 Seniors
Friendship Manor Seniors 62+	611-37th Street	Richmond	94804 510-621-1330	58	58 Seniors
Heritage Park @ Hilltop	3811 Lakeside Drive	Richmond	94806 510-262-9482	192	192 Seniors
Liberty Village Apartments	298 W. Chanslor Avenue	Richmond	94801 510-232-8908	100	40 Family
Nevin Plaza Seniors	2400 Nevin Avenue	Richmond	94804 510-621-1330	142	142 Seniors
Nystrom Village	222 Marina Way	Richmond	94801 510-621-1336	100	100 Family
Ohio Avenue Apartments	534 Ohio Avenue	Richmond	94804 510-231-5943	5	5 Transitional
Project Independent	171-22nd street	Richmond	94804 510-231-5943	8	8 Transitional
Richmond Townhouses	2989 Pullman Street	Richmond	94803 510-235-5689	199	199 Family
Rubicon Seniors Homes	970-13th Street	Richmond	94801 510-231-5943	10	10 Seniors
San Joaquin Apartments	1701 San Joaquin Ave.	Richmond	94804 510-235-1516	4	4 Transitional
St. John's Apartments	121 W. MacDonald	Richmond	94801 510-237-6426	158	158 Family
The Arbors Apartments Families & Srs. 55+	5327 Creely Ave.	Richmond	94804 510-236-4935	36	36 Family/Seniors
The Summit at Hilltop	3600 Sierra Ridge	Richmond	94806 510-223-7001	150	141 Family
West Richmond Apartments	360 S. 9th Street	Richmond	94804 510-231-5943	5	5 Disabled
Bayo Vista Apartments	2 California Street	Rodeo	94572 510-799-0400	254	254 Family
Rodeo Gateway Seniors 62+ Apartments	710 Willow Avenue	Rodeo	94572 510-245-2004	50	50 Seniors
Casa Adobe Senior Housing 62+	1924 Church Lane	San Pablo	94806 510-236-3153	53	53 Seniors
Church Lane Apartments	2580 Church Lane	San Pablo	94806 510-231-5943	10	10 Seniors
El Portal Gardens Seniors 62+	14041 Dorsey Street	San Pablo	94806 510-235-3900	80	80 Seniors
Hilltop Commons	15690 Crestwood Drive	San Pablo	94806 510-222-9322	324	130 Family
Judson Homes Seniors 55+	1320 Road 20	San Pablo	94806 510-215-2989	56	56 Seniors
Kidd Manor Seniors	100 Austin Court	San Pablo	94806 510-232-8492	41	41 Seniors
Montevista Senior Apartments 55+	13728 San Pablo Ave	San Pablo	94806 510-231-1914	81	81 Seniors
Rumrill Gardens Apartments	1300 Rumrill Road	San Pablo	94403 510-232-6651	60	60 Family
Vista Del Camino Apartments	2324 College Lane	San Pablo	94806 510-232-8492	100	100 Family
Bollinger Crest Commons	4000 Bollinger Crest Commons	San Ramon	94583 925-820-2828	65	13 Family
Creekview Bollinger Canyon @ Harcourt Way	Harcourt Way - Under construction	San Ramon	94583 858-457-2123	350	350 Family
The Seasons Apartments	125 Cedar Pointe Loop	San Ramon	94583 925-833-1813	248	50 Family
Villa San Ramon 55+	9199 Firecrest Lane	San Ramon	94583 925-803-9300	128	34 Seniors
Byron Park Senior Apartments 62+	1700 Tice Valley Blvd.	Walnut Creek	94595 925-937-1700	118	23 Seniors
Carmel Pines Seniors 55+ Apartments	1770 Carmel Drive	Walnut Creek	94596 925-938-2375	50	50 Seniors
Casa Montego Apartments	1485 Montego Street	Walnut Creek	94598 925-944-9159	79	79 Seniors
Coggins Square Apartments	1316 Las Juntas Way	Walnut Creek	94596 925-945-6178	87	87 Family
Four Seasons Apartments	1357 Creekside Drive	Walnut Creek	94596 925-945-8000	176	36 Family
Ivy Hill Apartments	1700 Botelho Drive	Walnut Creek	94596 925-256-7474	116	48 Family
Montecito Apartments	1315 Alma Avenue	Walnut Creek	94596 925-256-6810	120	4 Family
Park Regency Apartments	3128 Oak Road	Walnut Creek	94596 925-937-7275	892	133 Family
Sierra Gardens Apartments	170 Sierra Drive	Walnut Creek	94596 925-943-7246	28	26 Family
The Oaks Apartments	3073 N. Main Street	Walnut Creek	94597 925-937-5559	35	35 Family
Tice Oaks Senior Apartments	2150 Tice Valley Blvd.	Walnut Creek	94598 925-943-1670	89	89 Seniors

UNITS UNITS

7/6/2004

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT F**

**FOCUS GROUP MEETING COMMENTS**

# FOCUS GROUP MEETING COMMENTS

## Disabled and Special Needs Focus Group Meeting (1-11-05)

**Community Technology Center and Adult Education Program** – serves primarily the east County. This is an isolated area with a high percentage of low-income residents. The Center operates an English language program for immigrants. Immigrant needs are huge and will continue to increase. Language learning, job skills training, and child care are big issues for a huge population that has no other options. There are few services available in the east County. There needs to be an effective ways to let immigrants know about available services and how these services can be accessed.

Spanish language education for service and care providers is very important. Most care providers do not speak Spanish. There are no classes geared to individuals who need Spanish language skills for work. Spanish-speaking individuals represent the biggest population that the Center is seeing in the east County.

There needs to be more recognition by service providers that their staff needs to be trained in other languages.

**HIV and Substance Abuse Services** - Bilingual services are very important for providers of services for treatment, rehabilitation, and HIV services. The service providers need to be culturally sensitive as well as proficient in other languages. Service providers would love be able to train and retain individuals who are bilingual and bi-culturally sensitive. But the marketplace does not allow community-based organizations to train and retain such individuals. There is a huge gap in the need for bilingual and bi-cultural services and individuals who can assist these individuals—both in the west and east portions of the County. Service providers are inundated with requests for treatment and housing assistance and cannot help everyone. There is a long waiting list for services.

**Legal Aid** - Bilingual and bi-cultural services are also a problem in providing legal assistance to immigrant and language minority populations. Another side to the issue is language access in general. Public entities, such as police, hospitals, Housing Authority, etc. are not providing enough language access. In Alameda County, public agencies have adopted a language access plan. Fair housing counseling and assistance are vital because many of the clients have no other place to turn and might end up homeless without legal aid. Many clients have mental health issues. The Housing Authority and private rental property owners do not understand mental health issues. Rental property owners are not always aware of legal requirements to provide reasonable accommodations. Mental health and substance abuse issues are often linked—substance abuse service providers need to work more closely with legal service providers to assist substance abusers and individuals with mental disabilities who might otherwise end up on the streets.

One attendee asked whether HUD guidelines prohibit expenditure of funds on undocumented individuals. A substantial portion of clients for services are undocumented immigrants, which means they can't qualify for MediCal services. Undocumented individuals are going unserved or showing up in emergency rooms. They are being served at a really high cost with poor outcomes.

Anecdotal evidence from Alameda County providers suggests that Southeast Asian immigrants have a greater need for services than other groups.

**Transportation Needs:** Transportation services have to be available for special needs groups to take advantage of housing and services. Many special needs groups cannot use regular fixed route services and need to use special transit services, such as paratransit and dial-a-ride. Regular public transit services need to be supplemented with funding for special transportation to and from the primary employment, services, child care, and other places that lower-income individuals need to go on a daily basis. Many special needs groups can spend an hour or more each way to access services. Many of the transit vehicles available to special needs groups are not adequate for special needs individuals, such as frail elderly, individuals with limited mobility, or individuals with mental disabilities who cannot use regular public transit without assistance. Special transit service is very expensive compared to the use of regular public transit for those who cannot get where they need to be without assistance.

Sometimes individuals must take a very convoluted route to travel a relatively short distance. There isn't enough funding to provide the level of transportation services that special needs clients prefer. Paratransit providers are required to respond to every transit request—they are not allowed to deny a request. Yet, the funds are not available to service all of the transit needs.

**School-based services:** Mt. Diablo and other school districts attempt to provide early intervention counseling and treatment for at-risk children. School funding continues to decline compared to the needs, particularly for school districts with large minority populations. CDBG is most important to filling funding gaps for school districts that cannot otherwise serve children at-risk.

Vocational training for youth with learning disabilities and those with developmental disabilities (Level 1, who are still functional) is another important community need. The purpose of the services is to help children with learning and other disabilities to make a successful transition to the world of work. This program is hugely under-funded and does not exist in the central County due to lack of funding. The Department of Rehabilitation provides funding in the east County.

There also appears to be problem with availability and access to school-based services in different parts of the County.

**Eden Housing** – Eden Housing operates affordable rental housing in several communities in Contra Costa County. Eden provides facilities in their developments for supportive services for its residents, but there is often a lack of service providers—bodies to provide the services. Eden has to rely on community-based groups to provide services and programs in the facilities that are part of their residential projects. As an example, one of Eden's developments has space for a child care provider, but the provider closed and the space is now empty. Residents have lost a convenient source of child care. There should be a more coordinated approach to matching housing providers with available facilities with service providers so that the services can be brought to the clients where they live. The greatest gaps are in Eden Housing's family projects.

**Public facility, public works, and infrastructure needs** - Some community nonprofits have available building space, but the space needs rehabilitation or reconfiguration to provide suitable space for clients. For individuals with disabilities, accessibility so that clients do not have to take more expensive paratransit is equally important to the availability of facilities that house the service providers. Some bus stops are not accessible with curb cuts.

**Adult Day Health Service** - There is one licensed adult day health care provider in the County, but the state has placed a moratorium on further licensing as a cost savings measure. There is a need for a new facility to house the adult day health program, but there is a lack of suitable space.

**Multi-Service Centers** - Nonprofits could join in supporting multi-service centers to make it more feasible to provide facilities to house services.



**Concluding Comments:**

1. There is an ongoing gap in youth services, particularly those with mental health problems, who would otherwise end up in the corrections systems. There are few appropriate psychological health services.
2. The model for HIV/AIDS care should move toward case management and day services under one roof. There is an equal amount of need in both east and central County, but there are not facilities or services available.
3. There is a need for additional legal assistance and counseling for victims of domestic violence—these individuals need short-term shelter or transitional housing, restraining orders, child care, health services, mental health counseling, independent living skills training, and permanent housing. There is a growing need among immigrant populations for assistance to victims of domestic violence.
4. There is a need for more affordable, accessible housing. There is no emergency shelter in the east County for single adults.
5. There is an ongoing problem with linking individuals who need accessible housing with available housing units. More coordination and collaboration is needed between housing providers and service providers. More advance notice of the availability of units under construction would be helpful. A countywide housing and information referral service would help.
6. There is a need for broader outreach through the Contra Costa County Department of Social Services to refer clients to the availability of accessible housing for persons with disabilities.

## Female Headed Household Focus Group Meeting (1-11-05)

**Education and Job Skills Training** The highest priorities are housing and job skills. Job skills put people back to work. Housing is very unaffordable right now. Female-headed households can't afford to pay the rent, can't afford child care, and can't go out and look for a job. With better job prospects and greater earning potential, many of the other problems faced by female-headed households could be resolved.

**Child Care Services:** There is a critical group of households who cannot qualify for subsidized child care, which limits options for working. Child care providers can only do so much to meet the subsidized child care needs. These households can't place their children into an affordable child care center. Parents may be forced to use unlicensed child care, which can place children at risk. There are available spaces for child care, but these slots aren't being filled because many single parents cannot afford the unsubsidized child care.

The cost of child care can range from \$1,000 to \$1,200 per month in the south County for a child under two years old. In the Concord area, the cost per month is closer to \$800 to \$1,000 per month. Some child care providers are forced to lower what they charge, and this makes it difficult to stay in business as a licensed child care provider. Child care providers have to cut costs in ways that may reduce the level of child care. Even the State payments are too low—between \$600 and \$700 per child.

Most of the families that are served by the Crisis Center could never afford the cost of child care in Contra Costa County. The eligibility list for the alternative payment program (many of which are single parents) is now at 4,000, and there aren't nearly enough funds to cover all those who are eligible.

**Transportation Services:** Transportation costs can be a barrier for families just starting out on a job. BART can cost over \$130 per month. The scattered nature of services and jobs in Contra Costa County makes it more difficult to obtain accessible transportation. Limited bus service is a problem in some parts of the County. Families receiving subsidized services have the greatest problem with transportation—perhaps as many as 80 percent rely on public transportation.

The Child Care Center is only allowed to provide two additional hours per day of child care to account for transportation time getting to and from work or home. Many parents have to take more than one bus to get to child care and work, and may spend two hours each way. Access to transportation also affects family stress and ability to stay in the work force. Knowing that their children are safe and in licensed child care can reduce a parent's stress level.

**Nutrition Services:** Nutrition and the availability of food at a reasonable cost is a top concern of women with children. There is a growing problem of childhood diabetes and malnutrition. The food that is available and inexpensive to these families is often the wrong kind of food. The benefit of a nutrition program is to ensure that children get nutritious meals. Federal funding for nutrition programs has been reduced and now requires a lot more paperwork in relation to the cost-benefit for eligible parents.

Another part of the problem is that there is not enough nutritional awareness among many lower-income families, yet proper nutrition is most critical in the early years of childhood development. Many parents do not have the time to prepare nutritious meals. Keeping a nutrition program active is very important to ensure that there is more information to give to parents on proper nutrition.

Another benefit of participation in nutrition programs is that they require site visits to ensure that children receive proper nutrition.

**Before and After School Care:** As far as after school care for school-age children, without adequate funding, they will end up home alone. This is the part of the day that places children at greatest risk of being involved in gangs or other problem activities. Many of the available programs only run during the school year or are only available before school. Many of the programs are only available until 6 p.m. Many parents on CalWorks do not work a standard 8 or 9 a.m. to 5 p.m. day, but work hours that are not typically covered by after school programs. The problem is compounded for families with children of different ages at different schools, where the available programs may have different hours.

Because child care is so unaffordable, many parents have their older pre-teen children taking care of pre-school children, which compounds the problems that single parents face.

**Domestic Violence Services:** Services for victims of domestic violence is limited—there are no shelters or supportive services for most of these women. These women are in an unsafe environment but have no safe environment to go to. It also puts their jobs at jeopardy. Children from homes with domestic violence are supposed to be a priority for child care providers (respite care). But there isn't enough money to address these needs.

**Bilingual Services:** Bilingual and bi-cultural services are important—Spanish is the primary non-English language, but there are others (such as Farsi-speaking clients). This is a huge gap, in particular, in the Monument Corridor. The language barrier makes it difficult to communicate with the parents. There is also a huge literacy problem with many lower-income clients, particularly those with limited English language skills. This limits the ability to deliver services to many clients, since much of the communication is in writing. The communication barrier is very difficult for housing, health care, and other more technical issues.

**Child Care Provider Training:** Provider training for early childhood education is also very important. The Learning Institute has a program called "The Provider Development Project" that trains family child care providers in early childhood education. This is a subsidized service.

**Health Services:** The Healthy Families program is a good program, except the rules and paperwork are so complicated that many families do not take advantage of the program. Limited English skills increase the difficulty. There are few dentists and other health care providers that will accept MediCal patients at the State rate. Access to transportation to health services makes it even more difficult to access health care. MediCal care for single mothers is also an important need. Many parents do not have health care coverage, even though their children do.

## **Monument Corridor Focus Group Meeting (1-15-05)**

### **Economic Development**

- Computers needed and computer education
- Internet cafe
- Low-interest loans/micro-loans
- Community bank or credit union
- Home business development
- Small business planning/entry level and in Spanish
- Training/coaching in Spanish to existing small businesses
- Community level financial information and education
- Facilities growth in the Monument
- Mixed use development: small business bottom floor and upper-level housing
- Hanging out of day laborers on Monument Blvd. (need more capacity at Monument Futures)

### **Facility Space**

- Meeting, office space
- Space open to the residents for gatherings/celebrations
- Facility space/kitchen
- Large room for large groups
- Senior meeting space within walking distance

### **Transportation**

- Specific to group needs: senior, youth
- Door-to-door for seniors
- Combo-taxi or jitney service/ set up as small businesses> non-profit
- Donation of City's extra van

### **Housing**

- Terms on home purchases
- HOME program
- First-time home buyers support
- Families living with multi-families, in garages, homeless
- Advocates-housing rights
- Code enforcement: community clean-up

### **Health and Social Services**

- Parent and community education
- Low-cost, free medical clinic
- Health education
- Food purchase co-op
- More outreach to residents on how to connect with services
- You're here – now what: I & R/review outreach
- Young pregnant girls/minors
- Survey of resources that exist
- Ethnic-Language-Breakdown %/ accessibility
- How to show community benefit-became 51%
- Expand welcome committee and packets

### **Education**

- More Pre-school
- After school programs –all age groups

- Working parents needs: different hours
- Go to council meetings
- Adult education full
- Education on how to function within schools
- ESL classes
- Teens and parents-of-teens support groups
- Youth development: culturally appropriate
  - Goal setting for all ages
  - Outreach
  - Education
  - Mentoring
- Parent participation – expand horizons
- Local library with computers

### **Other Priorities**

- Legal services/outreach re: existing services
- Predatory lending services
- Curb cuts/handicap accessibility
- People without real skills preparing taxes and other services

## Homeless Needs Focus Group Meeting (1-19-05)

The two biggest needs are for more Section 8 vouchers and jobs. In homeless shelters, clients who are veterans go to East Bay Works every day, but the Veteran's Administration is not serving the employment needs. Many have employment skills, but not good access to information on employment.

A substantial cut in Section 8 vouchers could hurt efforts to mainstream homeless persons. Perhaps the Consortium could develop a local rental assistance program. The greatest need is for more affordable housing.

There needs to be more affordable housing, but many homeless do not qualify for affordable housing programs. Most rental programs focus on households earning 30 to 50 percent of median, but the typical homeless client does not even have 30 percent of median income. Many homeless persons have criminal histories or credit issues that make it difficult to get into rental housing. A local rental assistance program could help increase the availability of rental housing. Tenant selection criteria are often a barrier to providing permanent housing for homeless individuals.

Over time, many homeless individuals don't need supportive services, but they may need indefinite rental subsidies. For example, the Shelter Plus Care program focuses on housing with supportive services but long-term rental assistance.

Another problem is that many homeless clients do not fit a special needs category (persons with disabilities, large family, etc.) that would receive priority for assisted rental housing. There are also very large families (families with eight or more persons) that need housing with four or more bedrooms, which is very scarce.

Perhaps the Consortium could develop a local version of the Section 8 program that provides rental subsidies for the hard-to-serve homeless population. One option is to create a master leasing program to work with landlords so that they will accept homeless clients. One issue with a master leasing program is the inspection and maintenance of leased units. Many clients are hard on rental units, and the master leasing program operator would be responsible for making repairs to such units.

Move-in costs are often a significant barrier to obtaining rental housing, and there are very few resources available to pay these costs. There is very little FEMA money for rental assistance—the pot of funding gets smaller. Local communities are helping out with contributions of CDBG and other funds, but the homeless service providers must administer and monitor the use of these funds. Many homeless services providers do not have the staffing capacity to take on additional responsibilities.

There are some private funding sources for assistance with move-in costs and rental assistance, but the perception of homeless clients by private funders needs to be changed.

There is not enough land for affordable housing in Contra Costa County. There needs to be a balance—every jurisdiction passes a housing plan but does not focus on the groups that need affordable housing the most.

Each year the homeless collaborative working group establishes priorities through the NOFA process and conducts a gaps analysis for various homeless population sub-groups. The largest gap always tends to be single adult homeless services, because that is the largest group, and the other groups tend to be left out. There may be a need to look beyond the sheer numbers of

individuals in each population group. The Consolidated Plan may need to use different criteria for establishing priorities than the total number of individuals in a population group with unmet needs.

One problem is the public perception of the homeless. There would be more community support for homeless programs if the public had a better perception of who is homeless. The homeless depicted in the media are the worst-case scenarios, which is not the typical homeless client. A public relations effort should be part of the plan to address homelessness.

Another piece is services—the Shelter Plus Care program requires services to match and be integrated with housing. But funding for supportive services has been cut. Homeless providers don't have the money to provide services with housing. Providing services to use and maintain the Shelter Plus Care housing voucher is becoming increasingly difficult.

Providing shelter and housing for families, particularly large families, is very difficult. Many rental check agencies want to charge a fee for each individual in a family for credit and background checks.

## Youth Focus Group Meeting (1-19-05)

Job training for youth for real world experience is very important. Training for certain trades and businesses that most need labor is important. Career counseling needs to be part of the training process. Training youth on how to get a job and keep a job is very important. A clothes closet for those that do not have appropriate attire for a job interview is also important. The entire job search process is very important.

Proper housing for youth—many do not live with their families.

Many young adults need assistance in obtaining a GED after high school. Many young people are having children and drop out of school before obtaining their high school diplomas. Education assistance is also important for youth who want to go to college but do not have all of the needed courses.

Child care for youth with children is important.

There are many runaway youth who need a place to go. Most of the homeless and runaway youth are not prepared to live on their own.

There is a discrepancy between services for youth under the age of 18 versus over the age of 18. There is currently a shelter for about 157 kids in Contra Costa County, which is only about three percent of the need for kids under the age of 18. Contra Costa County used to have places for runaway and homeless youth to serve about 11 percent of the County's population. There has been both an increase in the need as the County's population has increased and a decline in the number and capacity of facilities and services for runaway youth.

It also works the other way—children under the age of 18 cannot apply directly for food stamps, housing, or employment (without their parents consent).

Need to start working with youth between the ages of 15 and 16—by the time these youth turn 18, they end up on the street if they cannot go back to their parents. These individuals are not in the system any longer and not eligible for many services oriented to minors. Many of the “adult” youth are not able, or don't know how, to access available housing and other services.

The social services system is not designed to deal with the needs of out-of-school youth who have not yet reached 18 but are not with their families. They lack access to housing, health services, education, and other services. It is difficult to get these youth to focus on the long-term when they can barely make it through the day.

A youth shelter that also provides mentoring and training would help. A transitional living center would be even better to give young people a longer period of time to transition. The longer that young people are in emergency shelter, the more difficult it is to re-unite them with their families, because they get used to being in the shelter system. Many of these children end up in the child protective services system.

Unaccompanied males who are 18 to 21 have a particularly difficult time accessing emergency or transitional housing services—these individuals don't want to mix with the adult homeless facilities and services. They often end up on the street.

For those youth who are not homeless or runaways, substance abuse is a big problem. Substance abuse treatment and rehabilitation would help. With counseling and job opportunities, these youth can turn around their lives. HUD needs to fund more Youth Build programs. Only 59 programs nationwide were funded by HUD.



Transportation is a major problem, whether to access substance abuse treatment, getting to school, or getting to a job.

After school programs and youth centers are important for children of working parents. There used to be more such programs and places for kids to hang out after school while their parents are at work. Kids want to be able to go to the existing center to do their homework and work on the computers, but the center is not open as many hours. The center made kids want to be there—they looked forward to being at the center. These programs and centers keep youth engaged and want to come back. These programs keep kids off the street.

Transportation to youth centers and programs is a problem—kids often don't have access to private transportation, and public transportation is not readily available after school.

At-risk and low-income youth need to be exposed to youth programs at a young age so that they will know what other life opportunities are available. Need to have programs that allow low-income youth to experience cultural and recreational activities that are available to middle- and upper-income youth.

Children with disabilities need special counseling or sometimes medications to keep them focused and functional.

Counseling and training for parents of at-risk youth needs to be part of the solution.

Accessible and affordable health care is a problem for low-income youth. Dental services are a particular need. Minor to moderate health problems are often more difficult to address than severe health problems, which can often be addressed with available programs. Accessible and affordable transportation to health service centers is also a problem.

The County Mental Health Department has started a mobile response team to assist mentally disturbed children in their homes before a crisis arises. Mental health funds for counseling and therapy should be linked to meeting other community needs.

There is a huge problem with youth who have criminal records. Legal assistance in helping them expunge their record would help them get a job.

Another major challenge is that many young people have outstanding vehicle violations. There should be more programs to allow youth to participate in community services in lieu of paying fees for violations. Some individuals have several thousand dollars in unpaid fines.

Would like to see a program in which a group of young people could be trained to deal with a disaster or emergency, and assist seniors in particular. Young persons can be trained in evacuation, sand bagging in case of flooding, who to call in an emergency, first-aid, and other urgent needs.

There used to be a program the County called the "Bucket Brigade" to take air samples in the event of a toxic release. The County had to eliminate funding for analyzing the samples.

Diversifying training opportunities for youth is important. There need to be more programs that provide a range of vocational training in business, nursing, and other technical professions. These programs have to identify each individual's passions and focus on training for employment in technical fields that match the person's interest. Career counseling and greater exposure to different professions would help. Need better coordination with schools and community colleges.

There is little funding and few programs for vocational and technical training for youth who are not interested in going, or ready to go, to college. Science and other courses are being cut back,

which will make it more difficult for youth to get access to training for future vocational/technical careers.

Schools don't teach "street awareness" that prepare youth to be on their own when they turn 18 or deal with typical daily life problems. Services to build stronger families would help.

Access to a network that can help youth get employment is often as, or more important, than the job training itself. Shame and social stigma often prevents kids from working at low-skill jobs.

More one-on-one mentoring for young people between ages 10 and 16 could help guide at-risk youth through school and life decisions. Something like a big brother or big sister program, so that these kids will be ready to be on their own when they are 18.

A big part of the problem for young people is that things are not "right" at home. The parents need access to information and services. Need to address the problems that many parents have with substance abuse, lack of education or skills, etc. Youth problems often start in the home if parents have problems. Limited access to language and culturally appropriate information and services is an important need. A comprehensive reference guide would help.

Lack of role models for youth is a problem, even if there aren't problems in the home. The street environment can get kids in trouble unless there are role models outside the home that kids can connect with.

## **Senior Needs Focus Group Meeting (1-20-05)**

Adult day care – the senior population is aging, and many have medical conditions that require nursing home care. The cost of nursing home care is a tremendous burden on families. Many don't have insurance for nursing home care. Adult day care programs can help seniors stay out of nursing homes as long as possible at home with their families. Capacities and facilities are limited in Contra Costa County, particularly in the eastern part of the County. Need to double the capacity to provide adult day care.

It is difficult to put a value on what is more important—food, clothing, day care, health care. All are important. Anything that can be done to keep seniors out of nursing home care would be beneficial.

The Contra Costa Area Agency on Aging recently completed a survey. The top issues of concern are housing, financing, health care, and transportation. The Agency works every day to ensure that seniors can age in place. Anything that can delay institutionalization and that allows older adults to age in place is a priority. This is true especially for those in the lower economic end, where most of the need exist. The recent survey clearly pointed out that many seniors and persons with disabilities are in a crisis mode and cannot take care of their basic needs.

Affordable housing, primarily rental housing and access from the home into the community, was an important need identified in the survey.

There is an increasing need for seniors who need ramps built into their homes.

Transportation services are also important. The County Connection (which operates the County Connection Link, paratransit service) provides transportation services to seniors. Due to funding reductions, the County Connection cannot address all of the special needs for seniors and persons with disabilities. Sometimes federal funding is used for services, but not for transportation. Has also assisted homeowners in building handicapped access ramps and providing other assistance to ensure seniors can stay in their homes as long as possible.

Sometimes seniors have to choose between medication and food. A money management programs that helps seniors who cannot pay for such services is important for those who live on \$800 or \$900 per month.

So much money is being spent on residential care facilities that this type of shelter is becoming more prevalent compared to conventional housing.

Many frail elderly and those with Alzheimer's disease who are on MediCal end up in nursing homes prematurely.

Many seniors who started food banks and other programs are now in their 80s and won't be able to volunteer much longer. All of the services for seniors are related and should be tied together to allow seniors to stay in their homes as long as possible. Service efforts and funding should be coordinated as much as possible among the various agencies serving seniors.

Most seniors are on fixed incomes and don't have the money to pay for necessary medications due to the rising cost of health care. Many seniors won't turn on their utilities due to the rising cost of living. The City of Pittsburg is trying to match youth volunteers with seniors to help with daily chores, home and yard clean-up, and other services for seniors.

There is also a need for multicultural and multilingual services. Contra Costa County is an increasingly diverse place. The issue is not only to create programs but to have access to current

programs. There are many people who need services but cannot access them due to language and cultural barriers. The Latino senior population, in particular, is growing. Many Latino seniors live with their families or are tied to their families, but growing numbers are trying to live independently. Services that can help Latino and other minority seniors to live independently and have access to services and social activities are important.

Most cities don't plan areas for seniors—places to walk, parks, and other areas. The ability to move about the community is important. Need to make Contra Costa County an elder-friendly community.

Because of budget cuts, relying more on volunteers and consolidating efforts between organizations may be necessary.

There is a real need for transportation for the elderly—they can't get to the services, doctors' appointments, and other place they need to go. Need to provide more programs that can train more volunteers who can provide transportation for seniors.

Would like to see dismantling of the funding "silos" (separate, single-purpose organizations) so that more people can be served. Should be able to blend programs and services to meet the needs of a greater variety of groups. This may require sharing of facilities and merging of organizations into a multifunctional entity so that services can be provided more efficiently. With the possible reduction in funds for services, there will have to be changes in the way organizations provide services.

When preparing a Consolidated Plan, the Consortium should not just focus on the needs of today, but should also try to predict the future. Can look at trends, such as the increase in diversity of communities with their own traditions and their own ways of doing things. The Plan needs to focus on meeting these changing needs. Need to look at a more inclusive way, not just at one thing, but at a "bundle" of things. Need to think a little bit broader than any one thing.

One thing that is different about seniors and the ways that services can be delivered is the network of senior centers. These centers could be more effectively used to deliver services. Some act more like a social club than a multi-service center. There is no coordination among the senior centers in the County. In 1970s, the County and the Area Agency on Aging used community centers to create 'focal points' for a wide range of services for all special needs groups, including seniors. Maybe all of the area nonprofits in a community could use the existing network of senior centers to create focal points for the delivery of services.

The Concord Senior Center is creating a multi-service delivery approach to blend all of the services available to seniors.

Each jurisdiction looks at its senior center in a different way. Some communities attempt to evaluate the needs of their seniors and use the senior center as the focal point for meeting those needs. Advocacy on behalf of senior needs may be needed to ensure the local decision makers make the best use of their senior centers.

One challenge of bringing multiple social services together in a focal point (such as a downtown area) is that some communities do not want too much of their primary commercial areas devoted to social services.

Another problem is that service providers are often allowed to locate in areas and buildings that are not very accessible. The needs of the clients who will be served should be part of the planning process. The physical planning is just one part of the problem for seniors. As stores and other commercial establishments get larger, it is more difficult for seniors to shop on their own.

There is a large problem for seniors who do not have low enough incomes to qualify for MediCal and other public social services, yet don't have enough income to meet their own needs. It is also a problem for senior immigrants who came to the U.S. after 1996.

There is also a problem for senior homeless—between six and 11 percent of individuals in shelters are seniors. Senior homelessness is often hidden.

Seniors with mental health problems are also difficult to serve and often end up homeless, because many facilities do not want to deal with behavioral problems.

Even with adult protective services, fraud protection for seniors is still a problem, especially in residential care facilities.

Fall prevention – installing grab bars, remaps, and other accessibility features to keep seniors safe in their homes and out of institutions - is also important. A large percentage of seniors who fall and break their hips or suffer other injuries aren't able to return home.

## **Economic Development Needs Focus Group Meeting (1-25-05)**

Is there a relationship between the planning process required under the McKinney-Vento homeless program, the County's plan to end chronic homelessness, the Continuum of Care plan, and the Consolidated Plan?

The Community College District and the Regional Training Institute (serves Walnut Creek) see a growing demand for English as a Second Language (ESL) courses as part of technical training (such as computer skills). The demand is extraordinary and will keep growing. The demand is toward technology skills, for all age levels.

Education is important for small business start-ups. CDBG funds are leveraged with other funds to assist individuals in starting small business. Assistance in other language is important. The funding to provide start-up capital for small businesses is still lacking.

Financial training (personal financial aspects and credit issues) is also important to gear individuals for business operation. Individuals may not understand how their personal credit and financial management skills are crucial in obtaining funding for a small business start-up. Financial training also includes business and marketing planning skills.

A number of years ago, organizations serving community needs had to look at economic needs and goals for the family throughout the entire continuum of their lives. Financial training and management is an important aspect of achieving economic goals.

Financial training and credit counseling is important even to obtain housing.

Providing training services (whether business or homebuyer training) in other languages is critical given the growing diversity of languages and cultures. Multilingual and cultural services are extremely important to assisting recent immigrants, particularly mothers with new children, to obtain the basic skills they need to obtain housing and earning a living wage. In addition to Spanish, Laotian and Cantonese are growing languages.

Housing, transportation, living wages, and a stable non-violent home are the four critical needs for success.

Individuals with criminal histories face a number of barriers to obtaining housing, jobs, or starting businesses. They need assistance in expunging their court records. The key is to identify professions in which persons coming out of incarceration can enter and to provide the necessary training and counseling. Need to identify professions that do not have strict legal bars to entry by those who have criminal records. Need to identify jobs that can be self-sustaining and pay living wages. Many of the job sectors that have the greatest prospects for job growth, such as life sciences, biotechnology, and health services, are difficult to enter for individuals with criminal records.

Many start-up business owners do not have experience with the preparation of a personal budget or how to prepare one, how to prepare their taxes, and other important business management requirements. This is particularly a problem for individuals starting up a licensed child care business. Some child care providers do not look upon child care as a profession or business—they tend to view it more as a way to earn some extra money for the household.

An entrepreneurial training program can help develop the mindset and skills necessary to start and maintain a successful business—whether in child care or other type of business. Success must be tied to a strong desire to pursue the business and what that business does.

Individuals who are successful in child care have a business mind set and understand the steps necessary to set up a professional business. Successful child care providers can make \$8,000 or \$9,000 per month. The ability to communicate with parents is an important aspect of being successful.

Many child care providers do not have banking accounts for cash flow. Many do not have money to save to create a financial cushion. Others are on "check systems" because of poor credit or bad checks, cannot establish financial accounts, or face very high fees to open accounts. Once individuals are on a check system, it is very difficult to get their names removed.

Does the County plan to address the availability of Section 8 rental assistance as part of its plan to end chronic homelessness? This lack of affordable, stable, and secure housing is one of the greatest barriers to homeless people transitioning to an independent, stable life.

The location of the County's financial training center in the central part of the County can be a barrier to those who do not have their own transportation or convenient access to public transportation.

Organizations can provide the training for small businesses and licensing, but they cannot subsidize the start-up costs of obtaining state required licensing, which can include training and certifications (such as CPR for child care providers).

Workers need to be prepared for the future jobs that will be available. For example, technical jobs in the petrochemical industries represent a large sector of employment market in Contra Costa County. There are few individuals locally who are being training for these jobs. Petrochemical companies often have to import workers, many of whom leave due to the cost of housing.

Some of the improvements that can be made to the County's small business and micro-enterprise program include:

1. Streamlining the loan process so that is more like a home mortgage loan. The paperwork and process can be a barrier for those who would rather borrow money from a family member or take out a second loan on their homes.
2. It is difficult to qualify for the programs due to job creation and income means testing. Participation also requires that the loan be sound, which means that evidence of successful business management and financial training is important. Perhaps the County should require loan applicants to participate in the financial and/or business training.

The County's small business assistance loan program is very important, despite some of the drawbacks. The County has made a small number of loans, but about 70 percent have been successful in that the loans are being repaid and the businesses are still in operation.

The expectation is sometimes that business assistance is a grant, not a loan. The business owner must pick up certain costs and must understand and be prepared to pay those costs to make a success of the business. Indicators of "intentionality" are important to determine which start up businesses will succeed.

Youth Build and other job training programs are important in providing employment skills, particularly for young people. Many young persons, particularly after they start their first jobs, do not have the financial knowledge or know-how to manage their money.

To use limited resources as most effectively as possible, the County should focus on supporting existing organizations as much as possible without reinventing the wheel or starting new programs.

Confidence building and the psychology of success are important aspects of accomplishment, whether as a business owner or as an employee. A high level of confidence may be particularly critical for women and minority business owners. An example of a successful program that addresses cultural-specific barriers is a Spanish-language support group for women and small business owners. These individuals also need to understand the culture of American business and how to succeed in that culture. Having the help of those in the community who are successful and can mentor others is very important.

Individuals in many urban areas (such as North Richmond) don't have access to fresh produce and public parks/open spaces for recreation.



**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT G**

**COMMUNIITY DEVELOPMENT NEEDS TABLE  
(CONSORTIUM)**

Contra Costa Consortium

Only complete blue sections.

Community Development Needs	Needs	Current	Gap	5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source	
				Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative							
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual						
01 Acquisition of Real Property 570.201(a)	7	1	6			1		6							7	0	0%	H	1,200,000	Y	C,H,O
02 Disposition 570.201(b)	0	1	-1												0	0	#DIV/0!	L	0	N	
Public Facilities and Improvements																					
03 Public Facilities and Improvements (General) 570.201(c)	14	0	14	5		6		6			6		6		29	3	10%	H	350,000	Y	C,O
03A Senior Centers 570.201(c)	2	2	0	1											1	0	0%	M	800,000	Y	C,H
03B Handicapped Centers 570.201(c)	2	0	2					1			1				2	0	0%	H	515,000	Y	C
03C Homeless Facilities (not operating costs) 570.201(c)	3	0	3	2		1									3	0	0%	H	750,000	Y	C
03D Youth Centers 570.201(c)	5	1	4	3	1	2		2			1		2		10	1	10%	H	3,085,000	Y	C
03E Neighborhood Facilities 570.201(c)	22	15	7	1		1		2			1		2		7	0	0%	M	275,000	Y	C,O
03F Parks, Recreational Facilities 570.201(c)	12	0	12	3		2		3			2		2		12	0	0%	H	5,125,000	Y	C
03G Parking Facilities 570.201(c)	0	0	0												0	0	#DIV/0!	L	0	N	
03H Solid Waste Disposal Improvements 570.201(c)	0	0	0												0	0	#DIV/0!	L	0	N	
03I Flood Drain Improvements 570.201(c)	0	0	0												0	0	#DIV/0!	M	0	N	
03J Water/Sewer Improvements 570.201(c)	0	0	0												0	0	#DIV/0!	M	0	N	
03K Street Improvements 570.201(c)	2786	790	1996	600		602		595			595		595		2987	0	0%	H	2,355,650	Y	C,O
03L Sidewalks 570.201(c)	677	100	577	88		88		87			87		87		437	0	0%	H	700,000	Y	C,O
03M Child Care Centers 570.201(c)	8	0	8	1				2			1		2		6	0	0%	H	150,000	Y	C,O
03N Tree Planting 570.201(c)	150	25	125	25		25		25			25		25		125	0	0%	M	0	Y	O
03O Fire Stations/Equipment 570.201(c)	0	0	0												0	0	#DIV/0!	L	0	N	
03P Health Facilities 570.201(c)	3	0	3												0	0	#DIV/0!	M	0	Y	C
03Q Abused and Neglected Children Facilities 570.201(c)	3	0	3	1				1					1		3	0	0%	M	125,000	Y	C
03R Asbestos Removal 570.201(c)	0	0	0												0	0	#DIV/0!	L	0	N	
03S Facilities for AIDS Patients (not operating costs) 570.201(c)	1	0	1			1									1	0	0%	H	50,000	Y	C
03T Operating Costs of Homeless/AIDS Patients Programs	203	18	185	90		90		90			90		90		450	0	0%	H	176,675	Y	C
04 Clearance and Demolition 570.201(d)	0	0	0												0	0	#DIV/0!	L	0	N	
04A Clean-up of Contaminated Sites 570.201(d)	0	1	-1												0	0	#DIV/0!	L	0	N	
Public Services																					
05 Public Services (General) 570.201(e)	305032	4743	300289	25358		25358		25358			25358		25358		126790	0	0%	H	2,583,630	Y	C,O
05A Senior Services 570.201(e)	69336	13914	55422	10152		10150		10150			10150		10150		50752	0	0%	H	1,449,500	Y	C,O
05B Handicapped Services 570.201(e)	16144	146	15998	323		323		323			323		323		1615	0	0%	H	274,500	Y	C,O
05C Legal Services 570.201(E)	16696	700	15996	160		160		160			160		160		800	0	0%	H	84,250	Y	C
05D Youth Services 570.201(e)	19619	1862	17757	2577		2667		2667			2667		2667		13245	0	0%	H	962,500	Y	C,O
05E Transportation Services 570.201(e)	20502	0	20502	102		200		200			200		200		902	0	0%	H	640,000	Y	C,O
05F Substance Abuse Services 570.201(e)	22696	152	22544	1140		1140		1140			1140		1140		5700	0	0%	H	252,500	Y	C,O
05G Battered and Abused Spouses 570.201(e)	2608	1785	823	665		665		665			665		665		3325	0	0%	H	155,500	Y	C,O
05H Employment Training 570.201(e)	3439	291	3148	348		366		366			366		366		1812	0	0%	H	2,476,925	Y	C,O
05I Crime Awareness 570.201(e)	0	0	0												0	0	#DIV/0!	L	0	N	
05J Fair Housing Activities (if CDBG, then subject to 570.201(e))	1350	150	1200	190		190		190			190		190		950	0	0%	H	305,000	Y	C,O
05K Tenant/Landlord Counseling 570.201(e)	10465	334	10131	640		640		640			640		640		3200	0	0%	H	285,000	Y	C,O
05L Child Care Services 570.201(e)	120	15	105	14		14		14			14		14		70	0	0%	H	0	Y	C,O
05M Health Services 570.201(e)	20038	374	19664	370		370		370			370		370		1850	0	0%	H	52,500	Y	O
05N Abused and Neglected Children 570.201(e)	1170	100	1070	146		146		146			146		146		730	0	0%	H	190,000	Y	C,O
05O Mental Health Services 570.201(e)	21388	34	21354	218		218		218			218		218		1090	0	0%	H	157,000	Y	C,O
05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201	0	0	0	474		474		474			474		474		2370	0	0%	M	0	Y	O
05Q Subsistence Payments 570.204	0	0	0												0	0	#DIV/0!	L	0	N	
05R Homeownership Assistance (not direct) 570.204	32	4	28	8		8		7			6		3		32	0	0%	H	1,200,000	Y	H,O
05S Rental Housing Subsidies (if HOME, not part of 5% 570.204)	2878	28	2850	30		30		30			30		30		150	0	0%	M	0	Y	O
05T Security Deposits (if HOME, not part of 5% Admin c)	0	0	0												0	0	#DIV/0!	L	0	N	
06 Interim Assistance 570.201(f)	0	0	0												0	0	#DIV/0!	L	0	N	
07 Urban Renewal Completion 570.201(h)	0	0	0												0	0	#DIV/0!	L	0	N	
08 Relocation 570.201(i)	0	0	0												0	0	#DIV/0!	L	0	Y	C,H
09 Loss of Rental Income 570.201(j)	0	0	0												0	0	#DIV/0!	L	0	N	
10 Removal of Architectural Barriers 570.201(k)	52	10	42	11		10		11			10		10		52	0	0%	H	160,000	Y	C
11 Privately Owned Utilities 570.201(l)	0	0	0												0	0	#DIV/0!	L	0	N	
12 Construction of Housing 570.201(m)	13284	1661	11623	288		173		185			173		173		992	0	0%	H	42,350,000	Y	C,H,O

13 Direct Homeownership Assistance 570.201(n)	3048	6	3042	40		40		40		40		40		200	0	0%	H	4,700,000	Y	C,H,O
14A Rehab: Single-Unit Residential 570.202	3627	21	3606	568		568		568		568		568		2840	0	0%	H	12,550,000	Y	C,O
14B Rehab: Multi-Unit Residential 570.202	3010	10	3000	70		70		70		71		71		352	0	0%	H	11,645,000	Y	C,H,O
14C Public Housing Modernization 570.202	0	0	0											0	0	#DIV/0!	L	0	N	
14D Rehab: Other Publicly-Owned Residential Buildings 570.202	0	0	0											0	0	#DIV/0!	L	0	N	
14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202	4	1	3	1		1		1		1		1		5	0	0%	H	1,010,000	Y	C
14F Energy Efficiency Improvements 570.202	5000	0	5000	20		20		20		20		20		100	0	0%	H	200,000	Y	C
14G Acquisition - for Rehabilitation 570.202	0	0	0											0	0	#DIV/0!	L	0	N	
14H Rehabilitation Administration 570.202	10	1	9	2		2		2		2		2		10	0	0%	H	1,250,000	Y	C,O
14I Lead-Based/Lead Hazard Test/Abate 570.202	1200	0	1200	10		10		10		10		10		50	0	0%	H	125,000	Y	C
15 Code Enforcement 570.202(c)	20007	1	20006	2504		2503		2500		2500		2500		12507	0	0%	H	725,000	Y	C
16A Residential Historic Preservation 570.202(d)	0	0	0											0	0	#DIV/0!	L	0	N	
16B Non-Residential Historic Preservation 570.202(d)	0	0	0											0	0	#DIV/0!	L	0	N	
17A CI Land Acquisition/Disposition 570.203(a)	0	1	-1											0	0	#DIV/0!	L	0	N	
17B CI Infrastructure Development 570.203(a)	0	1	-1											0	0	#DIV/0!	L	0	N	
17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0											0	0	#DIV/0!	L	0	N	
17D Other Commercial/Industrial Improvements 570.203(a)	40	0	40	8		8		8		8		8		40	0	0%	M	2,000,000	N	C
18A ED Direct Financial Assistance to For-Profits 570.203(b)	33	0	33	6		5		7		7		8		33	0	0%	H	1,482,000	Y	C,O
18B ED Technical Assistance 570.203(b)	2435	267	2168	487		487		487		487		487		2435	0	0%	H	850,000	Y	C,O
18C Micro-Enterprise Assistance	2377	44	2333	137		136		136		136		126		671	0	0%	H	2,958,250	Y	C,O
19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	2	0	2											0	0	#DIV/0!	L	0	N	
19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0											0	0	#DIV/0!	L	0	N	
19C CDBG Non-profit Organization Capacity Building	50	0	50	600		600		600		600		600		3000	0	0%	M	0	Y	
19D CDBG Assistance to Institutes of Higher Education	0	0	0											0	0	#DIV/0!	L	0	N	
19E CDBG Operation and Repair of Foreclosed Property	0	0	0											0	0	#DIV/0!	L	0	N	
19F Planned Repayment of Section 108 Loan Principal	0	0	0											0	0	#DIV/0!	L	0	N	
19G Unplanned Repayment of Section 108 Loan Principal	0	0	0											0	0	#DIV/0!	L	0	N	
19H State CDBG Technical Assistance to Grantees	0	0	0											0	0	#DIV/0!	L	0	N	
20 Planning 570.205	3	1	2	1		1		1		1		1		3	0	0%	H	20,000	Y	C
21A General Program Administration 570.206	8	0.5	7.5	2.5		1.5		1.5		1.5		1.5		8.5	0	0%	H	4,190,775	Y	C
21B Indirect Costs 570.206	2	0	2			1		1		1		1		2	0	0%	M	50,000	Y	C
21D Fair Housing Activities (subject to 20% Admin cap) 570.206	1843	24	1819	140		140		140		140		140		700	0	0%	H	232,300	Y	C
21E Submissions or Applications for Federal Programs 570.206	2	0	2					2						2	0	0%	H	25,000	Y	
21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0											0	0	#DIV/0!	L	0	N	
21G HOME Security Deposits (subject to 5% cap)	0	0	0											0	0	#DIV/0!	L	0	N	
21H HOME Admin/Planning Costs of PJ (subject to 5% cap)	0	0	0											0	0	#DIV/0!	L	0	Y	
21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0											0	0	#DIV/0!	L	0	Y	
22 Unprogrammed Funds	0	1	-1											0	0	#DIV/0!	L	0	N	
HOPWA 31J Facility based housing – development	0	0	0											0	0	#DIV/0!	L	0	N	
31K Facility based housing - operations	0	0	0											0	0	#DIV/0!	L	0	N	
31G Short term rent mortgage utility payments	0	0	0											0	0	#DIV/0!	L	0	N	
31F Tenant based rental assistance	0	0	0	15		15		15		15		15		75	0	0%	M	0	Y	A
31E Supportive service	0	0	0	70		70		70		70		70		350	0	0%	M	0	Y	A
31I Housing information services	0	0	0											0	0	#DIV/0!	L	0	N	
31H Resource identification	0	0	0											0	0	#DIV/0!	L	0	N	
31B Administration - grantee	0	0	0											0	0	#DIV/0!	L	0	N	
31D Administration - project sponsor	0	0	0											0	0	#DIV/0!	L	0	N	
<b>Totals</b>	<b>593448</b>	<b>27636.5</b>	<b>565811.5</b>	<b>48716</b>	<b>1</b>	<b>48800</b>	<b>0</b>	<b>48813</b>	<b>0</b>	<b>48787</b>	<b>0</b>	<b>48777</b>	<b>0</b>	<b>243890.5</b>	<b>4</b>	<b>0%</b>				

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT H**

**COMMUNIITY DEVELOPMENT NEEDS TABLE  
(URBAN COUNTY AND CITIES)**

Contra Costa County (Urban County)

Only complete blue sections.

Community Development Needs				5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source
				Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative						
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					
01 Acquisition of Real Property 570.201(a)				6	0	6			6					6	0	0%	H	1,200,000	Y	CD, HM
02 Disposition 570.201(b)				0	0	0								0	0	####	L	0	N	
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)				10	0	10	2	2	2	2	2	2	10	0	0%	H	200,000	Y	CDBG
	03A Senior Centers 570.201(c)				0	0	0							0	0	####	L	0	N	
	03B Handicapped Centers 570.201(c)				1	0	1					1		1	0	0%	H	15,000	Y	CDBG
	03C Homeless Facilities (not operating costs) 570.201(c)				1	0	1	1	1				2	0	0%	H	725,000	Y	CDBG	
	03D Youth Centers 570.201(c)				3	0	3		1	1			1	3	0	0%	M	60,000	Y	CDBG
	03E Neighborhood Facilities 570.201(c)				5	0	5	1	1	1	1	1	5	0	0%	M	250,000	Y	CDBG	
	03F Parks, Recreational Facilities 570.201(c)				10	0	10	2	2	2	2	2	10	0	0%	H	100,000	Y	CDBG	
	03G Parking Facilities 570.201(c)				0	0	0							0	0	####	L	0	N	
	03H Solid Waste Disposal Improvements 570.201(c)				0	0	0							0	0	####	L	0	N	
	03I Flood Drain Improvements 570.201(c)				0	0	0							0	0	####	L	0	N	
	03J Water/Sewer Improvements 570.201(c)				0	0	0							0	0	####	L	0	N	
	03K Street Improvements 570.201(c)				5	0	5	1	1	1	1	1	5	0	0%	M	100,000	Y	CDBG	
	03L Sidewalks 570.201(c)				5	0	5	1	1	1	1	1	5	0	0%	M	100,000	Y	CDBG	
	03M Child Care Centers 570.201(c)				3	0	3			1	1	1	3	0	0%	H	50,000	Y	CDBG	
	03N Tree Planting 570.201(c)				0	0	0							0	0	####	L	0	N	
03O Fire Stations/Equipment 570.201(c)				0	0	0							0	0	####	L	0	N		
03P Health Facilities 570.201(c)				2	0	2							0	0	####	L	0	Y	CDBG	
03Q Abused and Neglected Children Facilities 570.201(c)				2	0	2	1				1	2	0	0%	M	100,000	Y	CDBG		
03R Asbestos Removal 570.201(c)				0	0	0							0	0	####	L	0	N		
03S Facilities for AIDS Patients (not operating costs) 570.201(c)				0	0	0							0	0	####	L	0	Y		
03T Operating Costs of Homeless/AIDS Patients Programs				0	0	0							0	0	####	L	0	Y		
04 Clearance and Demolition 570.201(d)				0	0	0							0	0	####	L	0	N		
04A Clean-up of Contaminated Sites 570.201(d)				0	0	0							0	0	####	L	0	N		
Public Services	05 Public Services (General) 570.201(e)				19500	0	19500	3900	3900	3900	3900	3900	3900	19500	0	0%	H	1,400,000	Y	CDBG
	05A Senior Services 570.201(e)				5700	0	5700	1140	1140	1140	1140	1140	1140	5700	0	0%	H	400,000	Y	CDBG
	05B Handicapped Services 570.201(e)				500	0	500	100	100	100	100	100	100	500	0	0%	H	86,000	Y	CDBG
	05C Legal Services 570.201(E)				50	0	50	10	10	10	10	10	50	0	0%	M	58,000	Y	CDBG	
	05D Youth Services 570.201(e)				5000	0	5000	1000	1000	1000	1000	1000	5000	0	0%	H	360,000	Y	CDBG	
	05E Transportation Services 570.201(e)				500	0	500	100	100	100	100	100	500	0	0%	H	90,000	Y	CDBG	
	05F Substance Abuse Services 570.201(e)				0	0	0							0	0	####	H		Y	
	05G Battered and Abused Spouses 570.201(e)				50	0	50	10	10	10	10	10	50	0	0%	H	53,000	Y	CDBG	
	05H Employment Training 570.201(e)				250	0	250	50	50	50	50	50	250	0	0%	H	1,000,000	Y	CDBG	
	05I Crime Awareness 570.201(e)				0	0	0							0	0	####	L	0	N	
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e))				700	0	700	140	140	140	140	140	700	0	0%	H	235,000	Y	CDBG	
	05K Tenant/Landlord Counseling 570.201(e)				1500	0	1500	300	300	300	300	300	1500	0	0%	H	225,000	Y	CDBG	
	05L Child Care Services 570.201(e)				0	0	0							0	0	####	L		Y	
	05M Health Services 570.201(e)				0	0	0							0	0	####	L		N	
	05N Abused and Neglected Children 570.201(e)				300	0	300	60	60	60	60	60	300	0	0%	M	55,000	Y	CDBG	
	05O Mental Health Services 570.201(e)				800	0	800	160	160	160	160	160	800	0	0%	M	72,000	Y	CDBG	
	05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201				0	0	0							0	0	####	L		Y	
05Q Subsistence Payments 570.204				0	0	0							0	0	####	L	0	N		
05R Homeownership Assistance (not direct) 570.204				0	0	0							0	0	####	M		Y		
05S Rental Housing Subsidies (if HOME, not part of 5% 570.204				0	0	0							0	0	####	L	0	N		
05T Security Deposits (if HOME, not part of 5% Admin c				0	0	0							0	0	####	L	0	N		
06 Interim Assistance 570.201(f)				0	0	0							0	0	####	L	0	N		
07 Urban Renewal Completion 570.201(h)				0	0	0							0	0	####	L	0	N		
08 Relocation 570.201(i)				0	0	0							0	0	####	L	0	Y	CD, HM	
09 Loss of Rental Income 570.201(j)				0	0	0							0	0	####	L	0	N		
10 Removal of Architectural Barriers 570.201(k)				0	0	0							0	0	####	H		Y		
11 Privately Owned Utilities 570.201(l)				0	0	0							0	0	####	L	0	N		
12 Construction of Housing 570.201(m)				10000	0	10000	162	162	162	162	162	162	810	0	0%	H	40,500,000	Y	HM, HP, bonds	

13 Direct Homeownership Assistance 570.201(n)		150	0	150	30		30		30		30		150	0	0%	H	4,500,000	Y	CD, HM, ADDI, MCC	
	14A Rehab: Single-Unit Residential 570.202	need in	0	#####	35		35		35		35		175	0	0%	H	6,125,000	Y	CDBG	
	14B Rehab: Multi-Unit Residential 570.202	need in	0	#####	54		54		54		54		270	0	0%	H	9,450,000	Y	CD, HM, HP, bonds	
	14C Public Housing Modernization 570.202		0	0	0								0	0	#####					
	14D Rehab: Other Publicly-Owned Residential Buildings 570.202		0	0	0								0	0	#####					
	14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202		0	0	0								0	0	#####					
	14F Energy Efficiency Improvements 570.202		0	0	0								0	0	#####					
	14G Acquisition - for Rehabilitation 570.202	see acc	0	#####									0	0	#####					
	14H Rehabilitation Administration 570.202		0	0	0								0	0	#####					
	14I Lead-Based/Lead Hazard Test/Abate 570.202		0	0	0	5		5		5		5		25	0	0%	H	125,000	Y	CDBG
15 Code Enforcement 570.202(c)			0	0	0								0	0	#####	L	0	N		
16A Residential Historic Preservation 570.202(d)			0	0	0								0	0	#####	L	0	N		
16B Non-Residential Historic Preservation 570.202(d)			0	0	0								0	0	#####	L	0	N		
	17A CI Land Acquisition/Disposition 570.203(a)		0	0	0								0	0	#####					
	17B CI Infrastructure Development 570.203(a)		0	0	0								0	0	#####					
	17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)		0	0	0								0	0	#####					
	17D Other Commercial/Industrial Improvements 570.203(a)		0	0	0								0	0	#####					
	18A ED Direct Financial Assistance to For-Profits 570.203(b)		25	0	25	5		5		5		5		25	0	0%	H	750,000	Y	
	18B ED Technical Assistance 570.203(b)		1000	0	1000	200		200		200		200		1000	0	0%	H	750,000	Y	
	18C Micro-Enterprise Assistance		220	0	220	44		44		44		44		220	0	0%	H	750,000	Y	
	19A HOME Admin/Planning Costs of PJ (not part of 5% Ad		0	0	0								0	0	#####					
	19B HOME CHDO Operating Costs (not part of 5% Admin ca		0	0	0								0	0	#####					
	19C CDBG Non-profit Organization Capacity Building		0	0	0								0	0	#####					
	19D CDBG Assistance to Institutes of Higher Education		0	0	0								0	0	#####					
	19E CDBG Operation and Repair of Foreclosed Property		0	0	0								0	0	#####					
	19F Planned Repayment of Section 108 Loan Principal		0	0	0								0	0	#####					
	19G Unplanned Repayment of Section 108 Loan Principal		0	0	0								0	0	#####					
	19H State CDBG Technical Assistance to Grantees		0	0	0								0	0	#####					
	20 Planning 570.205			0	0	0								0	0	#####				
	21A General Program Administration 570.206	n/a	0	n/a									0	0	#####	H	2,600,000	Y	CDBG	
	21B Indirect Costs 570.206		2	0	2		1		1				2	0	0%	M	50,000	Y	CDBG	
	21D Fair Housing Activities (subject to 20% Admin cap) 570.206		500	0	500	100		100		100		100		500	0	0%	H	200,000	Y	CDBG
	21E Submissions or Applications for Federal Programs 570.206		2	0	2				2				2	0	0%	H	25,000	Y		
	21F HOME Rental Subsidy Payments (subject to 5% cap)		0	0	0								0	0	#####	L	0	N		
	21G HOME Security Deposits (subject to 5% cap)		0	0	0								0	0	#####	L	0	N		
	21H HOME Admin/Planning Costs of PJ (subject to 5% cap)		0	0	0								0	0	#####	L		Y		
	21I HOME CHDO Operating Expenses (subject to 5% cap)		0	0	0								0	0	#####	L		Y		
22 Unprogrammed Funds			0	0	0								0	0	#####					
HOPWA	31J Facility based housing – development		0	0	0								0	0	#####					
	31K Facility based housing - operations		0	0	0								0	0	#####					
	31G Short term rent mortgage utility payments		0	0	0								0	0	#####					
	31F Tenant based rental assistance		0	0	0								0	0	#####					
	31E Supportive service		0	0	0								0	0	#####					
	31I Housing information services		0	0	0								0	0	#####					
	31H Resource identification		0	0	0								0	0	#####					
	31B Administration - grantee		0	0	0								0	0	#####					
31D Administration - project sponsor		0	0	0								0	0	#####						
Totals			46802	0	46802	7614	0	7615	0	7622	0	7615	0	7615	0	0%				

Antioch

Only complete blue sections.

Community Development Needs		Needs	Current	Gap	5-Year Quantities										% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source		
					Year 1		Year 2		Year 3		Year 4		Year 5							Cumulative	
					Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual						Goal	Actual
01 Acquisition of Real Property 570.201(a)		0	0	0											0	0	#DIV/0!				
02 Disposition 570.201(b)		0	0	0											0	0	#DIV/0!				
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)		0	0	0										0	0	#DIV/0!				
	03A Senior Centers 570.201(c)		0	0	0										0	0	#DIV/0!				
	03B Handicapped Centers 570.201(c)		1	0	1										1	0	0%	H	500,000	Y	CDBG
	03C Homeless Facilities (not operating costs) 570.201(c)		0	0	0										0	0	#DIV/0!				
	03D Youth Centers 570.201(c)		0	0	0										0	0	#DIV/0!				
	03E Neighborhood Facilities 570.201(c)		0	0	0										0	0	#DIV/0!				
	03F Parks, Recreational Facilities 570.201(c)		0	0	0										0	0	#DIV/0!				
	03G Parking Facilities 570.201(c)		0	0	0										0	0	#DIV/0!				
	03H Solid Waste Disposal Improvements 570.201(c)		0	0	0										0	0	#DIV/0!				
	03I Flood Drain Improvements 570.201(c)		0	0	0										0	0	#DIV/0!				
	03J Water/Sewer Improvements 570.201(c)		0	0	0										0	0	#DIV/0!				
	03K Street Improvements 570.201(c)		276,500	79,000	197,500	55,300	55,300	55,300	55,300	55,300	55,300	276,500	0	0%	H	1,800,000	Y	CDBG/GF			
	03L Sidewalks 570.201(c)		40,000	10,000	30,000	8,000	8,000	8,000	8,000	8,000	8,000	40,000	0	0%	H	200,000	Y	CDBG/GF			
	03M Child Care Centers 570.201(c)		0	0	0										0	0	#DIV/0!				
	03N Tree Planting 570.201(c)		0	0	0										0	0	#DIV/0!				
	03O Fire Stations/Equipment 570.201(c)		0	0	0										0	0	#DIV/0!				
	03P Health Facilities 570.201(c)		0	0	0										0	0	#DIV/0!				
	03Q Abused and Neglected Children Facilities 570.201(c)		0	0	0										0	0	#DIV/0!				
	03R Asbestos Removal 570.201(c)		0	0	0										0	0	#DIV/0!				
	03S Facilities for AIDS Patients (not operating costs) 570.201(c)		1	0	1										1	0	0%	H	50,000	Y	CDBG
	03T Operating Costs of Homeless/AIDS Patients Programs		0	0	0										0	0	#DIV/0!				
04 Clearance and Demolition 570.201(d)		0	0	0										0	0	#DIV/0!					
04A Clean-up of Contaminated Sites 570.201(d)		0	0	0										0	0	#DIV/0!					
Public Services	05 Public Services (General) 570.201(e)		6000	1200	4800	1200	1200	1200	1200	1200	1200	6000	0	0%	H	735,000	Y	CDBG			
	05A Senior Services 570.201(e)		15000	3000	12000	3000	3000	3000	3000	3000	3000	15000	0	0%	H	245,000	Y	CDBG			
	05B Handicapped Services 570.201(e)		100	20	80	20	20	20	20	20	20	100	0	0%	H	38,500	Y	CDBG			
	05C Legal Services 570.201(E)		750	700	50	150	150	150	150	150	150	750	0	0%	H	26,250	Y	CDBG			
	05D Youth Services 570.201(e)		750	750	0	150	150	150	150	150	150	750	0	0%	H	52,500	Y	CDBG/GF			
	05E Transportation Services 570.201(e)		0	0	0										0	0	#DIV/0!				
	05F Substance Abuse Services 570.201(e)		200	40	160	40	40	40	40	40	40	200	0	0%	H	52,500	Y	CDBG			
	05G Battered and Abused Spouses 570.201(e)		2000	1600	400	400	400	400	400	400	400	2000	0	0%	H	52,500	Y	CDBG			
	05H Employment Training 570.201(e)		980	196	784	196	196	196	196	196	196	980	0	0%	H	840,000	Y	CDBG/ADA			
	05I Crime Awareness 570.201(e)		0	0	0										0	0	#DIV/0!	M		N	
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e))		150	150	0	50	50	50	50	50	50	150	0	0%	H	70,000	Y	ADA			
	05K Tenant/Landlord Counseling 570.201(e)		750	150	600	150	150	150	150	150	150	750	0	0%	H	35,000	Y	ADA			
	05L Child Care Services 570.201(e)		70	15	55	14	14	14	14	14	14	70	0	0%	H	35,000	Y	CDBG			
	05M Health Services 570.201(e)		750	150	600	150	150	150	150	150	150	750	0	0%	H	52,500					
	05N Abused and Neglected Children 570.201(e)		150	100	50	50	50	50	50	50	50	150	0	0%	H	35,000	Y	CDBG			
	05O Mental Health Services 570.201(e)		50	10	40	10	10	10	10	10	10	50	0	0%	H	35,000	Y	CDBG			
	05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201(f)		0	0	0										0	0	#DIV/0!				
	05Q Subsistence Payments 570.204		0	0	0										0	0	#DIV/0!				
	05R Homeownership Assistance (not direct) 570.204		15	4	11	4	4	4	3	0		15	0	0%	H	700,000	Y	ADA			
	05S Rental Housing Subsidies (if HOME, not part of 5% 570.204)		0	0	0										0	0	#DIV/0!				
05T Security Deposits (if HOME, not part of 5% Admin c)		0	0	0										0	0	#DIV/0!					

06 Interim Assistance 570.201(f)	0	0	0							0	0	#DIV/0!					
07 Urban Renewal Completion 570.201(h)	0	0	0							0	0	#DIV/0!					
08 Relocation 570.201(i)	0	0	0							0	0	#DIV/0!					
09 Loss of Rental Income 570.201(j)	0	0	0							0	0	#DIV/0!					
10 Removal of Architectural Barriers 570.201(k)	50	10	40	10		10		10		10		10	H	70,000	Y	CDBG	
11 Privately Owned Utilities 570.201(l)	0	0	0							0	0	#DIV/0!					
12 Construction of Housing 570.201(m)	0	0	0							0	0	#DIV/0!					
13 Direct Homeownership Assistance 570.201(n)	20	0	20	5		5		5		5		5	H	200,000	Y	ADA	
14A Rehab: Single-Unit Residential 570.202	100	20	80	20		20		20		20		20	H	2,000,000	Y	ADA	
14B Rehab: Multi-Unit Residential 570.202	52	10	42	10		10		10		11		11	H	945,000	Y	ADA	
14C Public Housing Modernization 570.202	0	0	0							0	0	#DIV/0!					
14D Rehab: Other Publicly-Owned Residential Buildings 570.202	0	0	0							0	0	#DIV/0!					
14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202	1	0	1	1						1	0	0%	H	10,000	Y	CDBG	
14F Energy Efficiency Improvements 570.202	0	0	0							0	0	#DIV/0!					
14G Acquisition - for Rehabilitation 570.202	0	0	0							0	0	#DIV/0!					
14H Rehabilitation Administration 570.202	5	1	4	1		1		1		1		1	H	500,000	Y	ADA	
14I Lead-Based/Lead Hazard Test/Abate 570.202	0	0	0							0	0	#DIV/0!					
15 Code Enforcement 570.202(c)	0	0	0							0	0	#DIV/0!	H		N	GF	
16A Residential Historic Preservation 570.202(d)	0	0	0							0	0	#DIV/0!					
16B Non-Residential Historic Preservation 570.202(d)	0	0	0							0	0	#DIV/0!					
17A CI Land Acquisition/Disposition 570.203(a)	0	0	0							0	0	#DIV/0!					
17B CI Infrastructure Development 570.203(a)	0	0	0							0	0	#DIV/0!					
17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0							0	0	#DIV/0!					
17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0							0	0	#DIV/0!					
18A ED Direct Financial Assistance to For-Profits 570.203(b)	3	0	3	1				1		1		1	M	682,000	Y	CDBG/ADA	
18B ED Technical Assistance 570.203(b)	0	0	0							0	0	#DIV/0!					
18C Micro-Enterprise Assistance	40	20	20	10		10		10		10		10	H		Y	CDBG/ADA	
19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	0	0	0							0	0	#DIV/0!					
19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0							0	0	#DIV/0!					
19C CDBG Non-profit Organization Capacity Building	0	0	0							0	0	#DIV/0!					
19D CDBG Assistance to Institutes of Higher Education	0	0	0							0	0	#DIV/0!					
19E CDBG Operation and Repair of Foreclosed Property	0	0	0							0	0	#DIV/0!					
19F Planned Repayment of Section 108 Loan Principal	0	0	0							0	0	#DIV/0!					
19G Unplanned Repayment of Section 108 Loan Principal	0	0	0							0	0	#DIV/0!					
19H State CDBG Technical Assistance to Grantees	0	0	0							0	0	#DIV/0!					
20 Planning 570.205	0	0	0							0	0	#DIV/0!					
21A General Program Administration 570.206	0	0	0							0	0	#DIV/0!					
21B Indirect Costs 570.206	0	0	0							0	0	#DIV/0!					
21D Fair Housing Activities (subject to 20% Admin cap) 570.206	0	0	0							0	0	#DIV/0!					
21E Submissions or Applications for Federal Programs 570.206	0	0	0							0	0	#DIV/0!					
21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0							0	0	#DIV/0!					
21G HOME Security Deposits (subject to 5% cap)	0	0	0							0	0	#DIV/0!					
21H HOME Admin/Planning Costs of PJ (subject to 5% cap	0	0	0							0	0	#DIV/0!					
21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0							0	0	#DIV/0!					
22 Unprogrammed Funds	0	0	0							0	0	#DIV/0!					
31J Facility based housing - development	0	0	0							0	0	#DIV/0!					
31K Facility based housing - operations	0	0	0							0	0	#DIV/0!					
31G Short term rent mortgage utility payments	0	0	0							0	0	#DIV/0!					
31F Tenant based rental assistance	0	0	0							0	0	#DIV/0!					
31E Supportive service	0	0	0							0	0	#DIV/0!					
31I Housing information services	0	0	0							0	0	#DIV/0!					
31H Resource identification	0	0	0							0	0	#DIV/0!					
31B Administration - grantee	0	0	0							0	0	#DIV/0!					
31D Administration - project sponsor	0	0	0							0	0	#DIV/0!					
<b>Totals</b>	<b>344488</b>	<b>97146</b>	<b>247342</b>	<b>68942</b>	<b>0</b>	<b>68941</b>	<b>0</b>	<b>68942</b>	<b>0</b>	<b>68940</b>	<b>0</b>	<b>68923</b>	<b>0</b>	<b>344688</b>	<b>0</b>	<b>0%</b>	



Concord

Only complete blue sections.

Community Development Needs	Needs	Current	Gap	5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source	
				Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative							
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual						
01 Acquisition of Real Property 570.201(a)	0	0	0											0	0	###	L	\$ -	N	N/A	
02 Disposition 570.201(b)	0	0	0											0	0	###	L	\$ -	N	N/A	
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)	3	0	3			1			1				1	0	0%	H	\$ 150,000	Y	CDBG	
	03A Senior Centers 570.201(c)	0	0	0											0	0	###	M	\$ -	N	
	03B Handicapped Centers 570.201(c)	0	0	0											0	0	###	L	\$ -	N	
	03C Homeless Facilities (not operating costs) 570.201(c)	1	0	1	1										1	0	0%	H	\$ 25,000	N	CDBG
	03D Youth Centers 570.201(c)	1	0	1	1										1	0	0%	H	\$ 25,000	N	CDBG
	03E Neighborhood Facilities 570.201(c)	1	0	1							1				1	0	0%	M	\$ 25,000	Y	CDBG
	03F Parks, Recreational Facilities 570.201(c)	1	0	1							1				1	0	0%	M	\$ 25,000	Y	CDBG
	03G Parking Facilities 570.201(c)	0	0	0											0	0	###	L	\$ -	N	N/A
	03H Solid Waste Disposal Improvements 570.201(c)	0	0	0											0	0	###	L	\$ -	N	
	03I Flood Drain Improvements 570.201(c)	0	0	0											0	0	###	M	\$ -	Y	GF
	03J Water/Sewer Improvements 570.201(c)	0	0	0											0	0	###	M	\$ -	Y	GF
	03K Street Improvements 570.201(c)	400	0	400	16		16			16				16		80	0%	H	\$ 400,000	Y	CDBG
	03L Sidewalks 570.201(c)	27000	0	27000	600		600			600				600		3000	0%	H	\$ 400,000	Y	CDBG
	03M Child Care Centers 570.201(c)	3	0	3	1						1				1	0	0%	M	\$ 100,000	Y	CDBG & CCDF
	03N Tree Planting 570.201(c)	0	0	0											0	0	###	L	\$ -	N	
	03O Fire Stations/Equipment 570.201(c)	0	0	0											0	0	###	L	\$ -	N	
03P Health Facilities 570.201(c)	1	0	1											0	0	###	M	\$ -	N		
03Q Abused and Neglected Children Facilities 570.201(c)	1	0	1							1				1	0	0%	M	\$ 25,000	Y	CDBG	
03R Asbestos Removal 570.201(c)	0	0	0											0	0	###	L	\$ -	N		
03S Facilities for AIDS Patients (not operating costs) 570.201(c)	0	0	0											0	0	###	L	\$ -	N		
03T Operating Costs of Homeless/AIDS Patients Programs	2	0	2	70		70			70				70		350	0%	H	\$ 150,000	Y	CDBG	
04 Clearance and Demolition 570.201(d)	0	0	0											0	0	###	L	\$ -	N		
04A Clean-up of Contaminated Sites 570.201(d)	0	0	0											0	0	###	L	\$ -	N		
Public Services	05 Public Services (General) 570.201(e)	250000	0	250000	15000		15000			15000			15000		75000	0%	H	\$ 400,000	Y	CDBG & GF	
	05A Senior Services 570.201(e)	23000	0	23000	1500		1500			1500			1500		7500	0%	H	\$ 350,000	Y	CDBG & GF	
	05B Handicapped Services 570.201(e)	1250	0	1250	100		100			100			100		500	0%	H	\$ 125,000	Y	CDBG & GF	
	05C Legal Services 570.201(E)	0	0	0											0	0	###	M		N	
	05D Youth Services 570.201(e)	1000	0	1000			100			100			100		400	0%	H	\$ 50,000	Y	CDBG & GF	
	05E Transportation Services 570.201(e)	20000	0	20000			100			100			100		400	0%	M	\$ 50,000	Y	CDBG & GF	
	05F Substance Abuse Services 570.201(e)	17000	0	17000											0	0	###	H	\$ 200,000	Y	CDBG & GF
	05G Battered and Abused Spouses 570.201(e)	300	0	300	30		30			30			30		150	0%	H	\$ 50,000	Y	CDBG & GF	
	05H Employment Training 570.201(e)	300	0	300			20			20			20		80	0%	H	\$ 50,000	Y	CDBG & GF	
	05I Crime Awareness 570.201(e)	0	0	0											0	0	###	L	\$ -	N	
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e))	500	0	500											0	0	###	M	\$ -	Y	RDA
	05K Tenant/Landlord Counseling 570.201(e)	1500	0	1500											0	0	###	M	\$ -	Y	RDA
	05L Child Care Services 570.201(e)	50	0	50											0	0	###	M	\$ -	Y	CCDF
	05M Health Services 570.201(e)	0	0	0											0	0	###	M		N	
	05N Abused and Neglected Children 570.201(e)	300	0	300	30		30			30			30		150	0%	H	\$ 100,000	Y	CDBG & GF	
	05O Mental Health Services 570.201(e)	1200	0	1200	20		20			20			20		100	0%	H	\$ 50,000	Y	CDBG & GF	
	05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201	0	0	0											0	0	###	L		N	
05Q Subsistence Payments 570.204	0	0	0											0	0	###	L	\$ -	N		
05R Homeownership Assistance (not direct) 570.204	0	0	0											0	0	###	L	\$ -	N		
05S Rental Housing Subsidies (if HOME, not part of 5% 570.204)	0	0	0											0	0	###	L	\$ -	N		
05T Security Deposits (if HOME, not part of 5% Admin c	0	0	0											0	0	###	L	\$ -	N		
06 Interim Assistance 570.201(f)	0	0	0											0	0	###	L	\$ -	N		
07 Urban Renewal Completion 570.201(h)	0	0	0											0	0	###	L	N/A			
08 Relocation 570.201(i)	0	0	0											0	0	###	L	\$ -	N		
09 Loss of Rental Income 570.201(j)	0	0	0											0	0	###	L	\$ -	N		
10 Removal of Architectural Barriers 570.201(k)	0	0	0											0	0	###		N/A			
11 Privately Owned Utilities 570.201(l)	0	0	0											0	0	###	L	\$ -	N		
12 Construction of Housing 570.201(m)	50	0	50							12				12	0	0%	M	\$ 100,000	Y	CDBG	

13 Direct Homeownership Assistance 570.201(n)	0	0	0									0	0	###	M	\$	-	Y	RDA	
14A Rehab: Single-Unit Residential 570.202	0	0	0	480		480		480		480		2400	0	0%	H	\$	450,000	Y	CDBG & RDA	
14B Rehab: Multi-Unit Residential 570.202	0	0	0									0	0	###	M	\$	-	Y	RDA	
14C Public Housing Modernization 570.202	0	0	0									0	0	###			N/A	N		
14D Rehab: Other Publicly-Owned Residential Buildings 570.202	0	0	0									0	0	###	L	\$	-	N		
14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202	0	0	0									0	0	###	L	\$	-	N		
14F Energy Efficiency Improvements 570.202	5000	0	5000	20		20		20		20		100	0	0%	H	\$	200,000	Y	CDBG	
14G Acquisition - for Rehabilitation 570.202	0	0	0									0	0	###	L	\$	-	N		
14H Rehabilitation Administration 570.202	5	0	5	1		1		1		1		5	0	0%	H	\$	750,000	Y	CDBG	
14I Lead-Based/Lead Hazard Test/Abate 570.202	1200	0	1200	5		5		5		5		25	0	0%	H	\$	200,000	Y	CDBG	
15 Code Enforcement 570.202(c)	20000	0	20000	2500		2500		2500		2500		12500	0	0%	H	\$	500,000	Y	CDBG	
16A Residential Historic Preservation 570.202(d)	0	0	0									0	0	###	L			N		
16B Non-Residential Historic Preservation 570.202(d)	0	0	0									0	0	###	L			N		
17A CI Land Acquisition/Disposition 570.203(a)	0	0	0									0	0	###	L			N		
17B CI Infrastructure Development 570.203(a)	0	0	0									0	0	###	L			N		
17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0									0	0	###	L			N		
17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0									0	0	###	L			N		
18A ED Direct Financial Assistance to For-Profits 570.203(b)	5	0	5	0		0		1		2		5	0	0%	H	\$	50,000	Y	CDBG	
18B ED Technical Assistance 570.203(b)	100	0	100	20		20		20		20		100	0	0%	H	\$	100,000	Y	CDBG	
18C Micro-Enterprise Assistance	150	0	150	4		4		4		4		20	0	0%	H	\$	100,000	Y	CDBG	
19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	0	0	0									0	0	###	N/A					
19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0									0	0	###	N/A					
19C CDBG Non-profit Organization Capacity Building	50	0	50			10						10	0	0%	H	\$	30,000	Y	CDBG	
19D CDBG Assistance to Institutes of Higher Education	0	0	0									0	0	###	L			N		
19E CDBG Operation and Repair of Foreclosed Property	0	0	0									0	0	###	L	\$	-	N		
19F Planned Repayment of Section 108 Loan Principal	0	0	0									0	0	###	L		N/A			
19G Unplanned Repayment of Section 108 Loan Principal	0	0	0									0	0	###	L		N/A			
19H State CDBG Technical Assistance to Grantees	0	0	0									0	0	###	N/A		N/A			
20 Planning 570.205	3	0	3	1		1		1		1		3	0	0%	H	\$	20,000	Y	CDBG	
21A General Program Administration 570.206	5	0	5	1		1		1		1		5	0	0%	H	\$	1,250,000	Y	CDBG	
21B Indirect Costs 570.206	0	0	0									0	0	###	L	\$	-	N		
21D Fair Housing Activities (subject to 20% Admin cap) 570.206	0	0	0									0	0	###	L					
21E Submissions or Applications for Federal Programs 570.206	0	0	0									0	0	###	N/A					
21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0									0	0	###	N/A					
21G HOME Security Deposits (subject to 5% cap)	0	0	0									0	0	###	N/A					
21H HOME Admin/Planning Costs of PJ (subject to 5% cap	0	0	0									0	0	###	N/A					
21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0									0	0	###	N/A					
22 Unprogrammed Funds	0	0	0									0	0	###	N/A					
HOPWA	31J Facility based housing – development	0	0	0								0	0	###	N/A					
	31K Facility based housing - operations	0	0	0								0	0	###	N/A					
	31G Short term rent mortgage utility payments	0	0	0								0	0	###	N/A					
	31F Tenant based rental assistance	0	0	0								0	0	###	N/A					
	31E Supportive service	0	0	0								0	0	###	N/A					
	31I Housing information services	0	0	0								0	0	###	N/A					
	31H Resource identification	0	0	0								0	0	###	N/A					
	31B Administration - grantee	0	0	0								0	0	###	N/A					
31D Administration - project sponsor	0	0	0								0	0	###	N/A						
<b>Totals</b>	<b>370382</b>	<b>0</b>	<b>370382</b>	<b>20401</b>	<b>0</b>	<b>20629</b>	<b>0</b>	<b>20636</b>	<b>0</b>	<b>20620</b>	<b>0</b>	<b>20620</b>	<b>0</b>	<b>102906</b>	<b>0</b>	<b>0%</b>	<b>\$</b>	<b>6,500,000</b>		

Pittsburg

Only complete blue sections.

Community Development Needs				5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source
				Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative						
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual					
01 Acquisition of Real Property 570.201(a)				0	0	0								0	0	####				
02 Disposition 570.201(b)				0	0	0								0	0	####				
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)				0	0	0	3	3	3	3	3	3	15	0	0%	M		Y	CDBG
	03A Senior Centers 570.201(c)				0	0	0							0	0	####				
	03B Handicapped Centers 570.201(c)				0	0	0							0	0	####				
	03C Homeless Facilities (not operating costs) 570.201(c)				0	0	0							0	0	####				
	03D Youth Centers 570.201(c)				0	0	0	1	1	1	1	1	1	5	0	0%	M		Y	CDBG
	03E Neighborhood Facilities 570.201(c)				0	0	0							0	0	####				
	03F Parks, Recreational Facilities 570.201(c)				0	0	0							0	0	####				
	03G Parking Facilities 570.201(c)				0	0	0							0	0	####				
	03H Solid Waste Disposal Improvements 570.201(c)				0	0	0							0	0	####				
	03I Flood Drain Improvements 570.201(c)				0	0	0							0	0	####				
	03J Water/Sewer Improvements 570.201(c)				0	0	0							0	0	####				
	03K Street Improvements 570.201(c)				0	0	0	39	39	39	39	39	39	195	0	0%	M		Y	CDBG
	03L Sidewalks 570.201(c)				0	0	0							0	0	####				
	03M Child Care Centers 570.201(c)				0	0	0							0	0	####				
	03N Tree Planting 570.201(c)				0	0	0							0	0	####				
03O Fire Stations/Equipment 570.201(c)				0	0	0							0	0	####					
03P Health Facilities 570.201(c)				0	0	0							0	0	####					
03Q Abused and Neglected Children Facilities 570.201(c)				0	0	0							0	0	####					
03R Asbestos Removal 570.201(c)				0	0	0							0	0	####					
03S Facilities for AIDS Patients (not operating costs) 570.201(c)				0	0	0							0	0	####					
03T Operating Costs of Homeless/AIDS Patients Programs				0	0	0							0	0	####					
04 Clearance and Demolition 570.201(d)				0	0	0								0	0	####				
04A Clean-up of Contaminated Sites 570.201(d)				0	0	0								0	0	####				
Public Services	05 Public Services (General) 570.201(e)				0	0	0	662	662	662	662	662	662	3310	0	0%	M		Y	CDBG
	05A Senior Services 570.201(e)				4660	951	3709	465	465	465	465	465	465	2325	0	0%	H		Y	CDBG
	05B Handicapped Services 570.201(e)				4354	37	4317	53	53	53	53	53	53	265	0	0%	H		Y	CDBG
	05C Legal Services 570.201(E)				0	0	0							0	0	####				
	05D Youth Services 570.201(e)				10759	183	10576	207	207	207	207	207	207	1035	0	0%	H		Y	CDBG
	05E Transportation Services 570.201(e)				0	0	0							0	0	####				
	05F Substance Abuse Services 570.201(e)				0	0	0	840	840	840	840	840	840	4200	0	0%	M		Y	CDBG
	05G Battered and Abused Spouses 570.201(e)				0	0	0							0	0	####				
	05H Employment Training 570.201(e)				0	0	0	25	25	25	25	25	25	125	0	0%	M		Y	CDBG
	05I Crime Awareness 570.201(e)				0	0	0							0	0	####				
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e))				0	0	0							0	0	####				
	05K Tenant/Landlord Counseling 570.201(e)				0	0	0							0	0	####				
	05L Child Care Services 570.201(e)				0	0	0							0	0	####				
	05M Health Services 570.201(e)				0	0	0							0	0	####				
	05N Abused and Neglected Children 570.201(e)				0	0	0	6	6	6	6	6	6	30	0	0%	M		Y	CDBG
05O Mental Health Services 570.201(e)				0	0	0							0	0	####					
05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201				0	0	0	474	474	474	474	474	474	2370	0	0%	M				
05Q Subsistence Payments 570.204				0	0	0							0	0	####					
05R Homeownership Assistance (not direct) 570.204				0	0	0							0	0	####					
05S Rental Housing Subsidies (if HOME, not part of 5% 570.204				0	0	0							0	0	####					
05T Security Deposits (if HOME, not part of 5% Admin c				0	0	0							0	0	####					
06 Interim Assistance 570.201(f)				0	0	0								0	0	####				
07 Urban Renewal Completion 570.201(h)				0	0	0								0	0	####				
08 Relocation 570.201(i)				0	0	0								0	0	####				
09 Loss of Rental Income 570.201(j)				0	0	0								0	0	####				
10 Removal of Architectural Barriers 570.201(k)				0	0	0								0	0	####				
11 Privately Owned Utilities 570.201(l)				0	0	0								0	0	####				
12 Construction of Housing 570.201(m)				2513	1511	1002								0	0	####				

13 Direct Homeownership Assistance 570.201(n)		0	0	0									0	0	####				
	14A Rehab: Single-Unit Residential 570.202	0	0	0	15		15		15		15		75	0	0%	M		Y	CDBG, RLF
	14B Rehab: Multi-Unit Residential 570.202	0	0	0									0	0	####				
	14C Public Housing Modernization 570.202	0	0	0									0	0	####				
	14D Rehab: Other Publicly-Owned Residential Buildings 570.202	0	0	0									0	0	####				
	14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202	0	0	0									0	0	####				
	14F Energy Efficiency Improvements 570.202	0	0	0									0	0	####				
	14G Acquisition - for Rehabilitation 570.202	0	0	0									0	0	####				
	14H Rehabilitation Administration 570.202	0	0	0									0	0	####				
	14I Lead-Based/Lead Hazard Test/Abate 570.202	0	0	0									0	0	####				
15 Code Enforcement 570.202(c)		0	0	0									0	0	####				
16A Residential Historic Preservation 570.202(d)		0	0	0									0	0	####				
16B Non-Residential Historic Preservation 570.202(d)		0	0	0									0	0	####				
	17A CI Land Acquisition/Disposition 570.203(a)	0	0	0									0	0	####				
	17B CI Infrastructure Development 570.203(a)	0	0	0									0	0	####				
	17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0									0	0	####				
	17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0									0	0	####				
	18A ED Direct Financial Assistance to For-Profits 570.203(b)	0	0	0									0	0	####				
	18B ED Technical Assistance 570.203(b)	0	0	0									0	0	####				
	18C Micro-Enterprise Assistance	0	0	0	32		32		32		32		160	0	0%	M		Y	CDBG
	19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	0	0	0									0	0	####				
	19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0									0	0	####				
	19C CDBG Non-profit Organization Capacity Building	0	0	0	600		600		600		600		3000	0	0%	M			
	19D CDBG Assistance to Institutes of Higher Education	0	0	0									0	0	####				
	19E CDBG Operation and Repair of Foreclosed Property	0	0	0									0	0	####				
	19F Planned Repayment of Section 108 Loan Principal	0	0	0									0	0	####				
	19G Unplanned Repayment of Section 108 Loan Principal	0	0	0									0	0	####				
	19H State CDBG Technical Assistance to Grantees	0	0	0									0	0	####				
	20 Planning 570.205		0	0	0									0	0	####			
	21A General Program Administration 570.206	0	0	0									0	0	####				
	21B Indirect Costs 570.206	0	0	0									0	0	####				
	21D Fair Housing Activities (subject to 20% Admin cap) 570.206	0	0	0									0	0	####				
	21E Submissions or Applications for Federal Programs 570.206	0	0	0									0	0	####				
	21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0									0	0	####				
	21G HOME Security Deposits (subject to 5% cap)	0	0	0									0	0	####				
	21H HOME Admin/Planning Costs of PJ (subject to 5% cap)	0	0	0									0	0	####				
	21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0									0	0	####				
22 Unprogrammed Funds		0	0	0									0	0	####				
HOPWA	31J Facility based housing – development	0	0	0									0	0	####				
	31K Facility based housing - operations	0	0	0									0	0	####				
	31G Short term rent mortgage utility payments	0	0	0									0	0	####				
	31F Tenant based rental assistance	0	0	0									0	0	####				
	31E Supportive service	0	0	0									0	0	####				
	31I Housing information services	0	0	0									0	0	####				
	31H Resource identification	0	0	0									0	0	####				
	31B Administration - grantee	0	0	0									0	0	####				
Totals		22286	2682	19604	3422	0	3422	0	3422	0	3422	0	3422	0	###	0			0%

Walnut Creek

Only complete blue sections.

Community Development Needs				5-Year Quantities												% of Goal	Priority Need: H, M, L	Dollars to Address	Plan to Fund? Y/N	Fund Source		
				Year 1		Year 2		Year 3		Year 4		Year 5		Cumulative								
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual							
01 Acquisition of Real Property 570.201(a)				0	0	0									0	0	####					
02 Disposition 570.201(b)				0	0	0										0	0	####				
Public Facilities and Improvements	03 Public Facilities and Improvements (General) 570.201(c)				1	0	1							1	1	0	0%	M		Y	GF	
	03A Senior Centers 570.201(c)				1	1	0								0	0	####					
	03B Handicapped Centers 570.201(c)				0	0	0								0	0	####					
	03C Homeless Facilities (not operating costs) 570.201(c)				1	0	1								0	0	####					
	03D Youth Centers 570.201(c)				0	0	0								0	0	####					
	03E Neighborhood Facilities 570.201(c)				16	15	1						1	1	0	0%	M		Y	GF		
	03F Parks, Recreational Facilities 570.201(c)				0	0	0								0	0	####					
	03G Parking Facilities 570.201(c)				0	0	0								0	0	####					
	03H Solid Waste Disposal Improvements 570.201(c)				0	0	0								0	0	####					
	03I Flood Drain Improvements 570.201(c)				0	0	0								0	0	####					
	03J Water/Sewer Improvements 570.201(c)				0	0	0								0	0	####					
	03K Street Improvements 570.201(c)				800FT		800FT	400FT	400FT							0	0	####	M	55650	Y	CDBG
	03L Sidewalks 570.201(c)				0	0	0								0	0	####					
	03M Child Care Centers 570.201(c)				2	2	0								0	0	####					
	03N Tree Planting 570.201(c)				150	25	125	25	25	25	25	25	25	125	0	0%	M		Y	GF		
03O Fire Stations/Equipment 570.201(c)				0	0	0								0	0	####						
03P Health Facilities 570.201(c)				0	0	0								0	0	####						
03Q Abused and Neglected Children Facilities 570.201(c)				0	0	0								0	0	####						
03R Asbestos Removal 570.201(c)				0	0	0								0	0	####						
03S Facilities for AIDS Patients (not operating costs) 570.201(c)				0	0	0								0	0	####						
03T Operating Costs of Homeless/AIDS Patients Programs				201	18	183	20	20	20	20	20	20	100	0	0%	M	26675	Y	CDBG			
04 Clearance and Demolition 570.201(d)				0	0	0									0	0	####					
04A Clean-up of Contaminated Sites 570.201(d)				0	0	0									0	0	####					
Public Services	05 Public Services (General) 570.201(e)				29532	3543	25989	4596	4596	4596	4596	4596	4596	22980	0	0%	H	48630	Y	CDBG/CSG		
	05A Senior Services 570.201(e)				20974	9963	11011	4045	4045	4045	4045	4045	4045	20225	0	0%	H	154500	Y	CDBG		
	05B Handicapped Services 570.201(e)				9940	89	9851	50	50	50	50	50	50	250	0	0%	M	25000	Y	CDBG		
	05C Legal Services 570.201(E)				15896		15896							0	0	####			see Sr & TL			
	05D Youth Services 570.201(e)				2100	929	1171	1210	1210	1210	1210	1210	1210	6050	0	0%	M		Y	CSG		
	05E Transportation Services 570.201(e)				0	0	0								0	0	####					
	05F Substance Abuse Services 570.201(e)				5496	112	5384	260	260	260	260	260	260	1300	0	0%	H		Y	CSG		
	05G Battered and Abused Spouses 570.201(e)				258	185	73	225	225	225	225	225	225	1125	0	0%	M		Y	CSG		
	05H Employment Training 570.201(e)				1907	95	1812	75	75	75	75	75	75	375	0	0%	H	86925	Y	CDBG		
	05I Crime Awareness 570.201(e)				0	0	0								0	0	####					
	05J Fair Housing Activities (if CDBG, then subject to 570.201(e))						0								0	0	####					
	05K Tenant/Landlord Counseling 570.201(e)				6715	184	6531	190	190	190	190	190	190	950	0	0%	H	25000	Y	CDBG/CSG		
	05L Child Care Services 570.201(e)				0	0	0								0	0	####					
	05M Health Services 570.201(e)				19288	224	19064	220	220	220	220	220	220	1100	0	0%	M		Y	CSG		
	05N Abused and Neglected Children 570.201(e)				420		420								0	0	####			see youth		
05O Mental Health Services 570.201(e)				19288	24	19264	28	28	28	28	28	28	140	0	0%	M		Y	CSG			
05P Screening for Lead-Based Paint/Lead Hazards Poison 570.201				0	0	0								0	0	####						
05Q Subsistence Payments 570.204				0	0	0								0	0	####						
05R Homeownership Assistance (not direct) 570.204				0	0	0								0	0	####						
05S Rental Housing Subsidies (if HOME, not part of 5% 570.204				2878	28	2850	30	30	30	30	30	30	150	0	0%	M		Y	CSG			
05T Security Deposits (if HOME, not part of 5% Admin c				0	0	0								0	0	####						
06 Interim Assistance 570.201(f)				0	0	0									0	0	####					
07 Urban Renewal Completion 570.201(h)				0	0	0									0	0	####					
08 Relocation 570.201(i)				0	0	0									0	0	####					
09 Loss of Rental Income 570.201(j)				0	0	0									0	0	####					
10 Removal of Architectural Barriers 570.201(k)				0	0	0									0	0	####					
11 Privately Owned Utilities 570.201(l)				0	0	0									0	0	####					
12 Construction of Housing 570.201(m)				691	150	541	120	5	5	5	5	5	140	0	0%	H		Y	RDA			

13 Direct Homeownership Assistance 570.201(n)	2878	5	2873	5		5		5		5		25	0	0%	M		Y	RDA/IZ/Other
14A Rehab: Single-Unit Residential 570.202	3312	0	3312	5		5		5		5		25	0	0%	M	975000	Y	CDBG/RDA
14B Rehab: Multi-Unit Residential 570.202	2938	0	2938	2		2		2		2		10	0	0%	M		Y	RDA
14C Public Housing Modernization 570.202	0	0	0									0	0	####				
14D Rehab: Other Publicly-Owned Residential Buildings 570.202	0	0	0									0	0	####				
14E Rehab: Publicly or Privately-Owned Commercial/Indu 570.202	0	0	0									0	0	####				
14F Energy Efficiency Improvements 570.202	0	0	0									0	0	####				
14G Acquisition - for Rehabilitation 570.202	0	0	0									0	0	####				
14H Rehabilitation Administration 570.202	0	0	0									0	0	####				
14I Lead-Based/Lead Hazard Test/Abate 570.202	0	0	0									0	0	####				
15 Code Enforcement 570.202(c)	0	0	0									0	0	####				
16A Residential Historic Preservation 570.202(d)	0	0	0									0	0	####				
16B Non-Residential Historic Preservation 570.202(d)	0	0	0									0	0	####				
17A CI Land Acquisition/Disposition 570.203(a)	0	0	0									0	0	####				
17B CI Infrastructure Development 570.203(a)	0	0	0									0	0	####				
17C CI Building Acquisition, Construction, Rehabilitat 570.203(a)	0	0	0									0	0	####				
17D Other Commercial/Industrial Improvements 570.203(a)	0	0	0									0	0	####				
18A ED Direct Financial Assistance to For-Profits 570.203(b)	0	0	0									0	0	####				
18B ED Technical Assistance 570.203(b)	0	0	0									0	0	####				
18C Micro-Enterprise Assistance	1907	24	1883	34		34		34		34		170	0	0%	H	108250	Y	CDBG
19A HOME Admin/Planning Costs of PJ (not part of 5% Ad	2	0	2									0	0	####				
19B HOME CHDO Operating Costs (not part of 5% Admin ca	0	0	0									0	0	####				
19C CDBG Non-profit Organization Capacity Building	0	0	0									0	0	####				
19D CDBG Assistance to Institutes of Higher Education	0	0	0									0	0	####				
19E CDBG Operation and Repair of Foreclosed Property	0	0	0									0	0	####				
19F Planned Repayment of Section 108 Loan Principal	0	0	0									0	0	####				
19G Unplanned Repayment of Section 108 Loan Principal	0	0	0									0	0	####				
19H State CDBG Technical Assistance to Grantees	0	0	0									0	0	####				
20 Planning 570.205	0	0	0									0	0	####				
21A General Program Administration 570.206	2FTE	0.5	1.5	0.5		0.5		0.5		0.5		2.5	0	0%	M	340775	Y	CDBG
21B Indirect Costs 570.206	0	0	0									0	0	####				
21D Fair Housing Activities (subject to 20% Admin cap) 570.206	1343	24	1319	40		40		40		40		200	0	0%	H	32300	Y	CDBG
21E Submissions or Applications for Federal Programs 570.206	0	0	0									0	0	####				
21F HOME Rental Subsidy Payments (subject to 5% cap)	0	0	0									0	0	####				
21G HOME Security Deposits (subject to 5% cap)	0	0	0									0	0	####				
21H HOME Admin/Planning Costs of PJ (subject to 5% cap	0	0	0									0	0	####				
21I HOME CHDO Operating Expenses (subject to 5% cap)	0	0	0									0	0	####				
22 Unprogrammed Funds	0	0	0									0	0	####				
HOPWA	31J Facility based housing – development	0	0	0								0	0	####				
	31K Facility based housing - operations	0	0	0								0	0	####				
	31G Short term rent mortgage utility payments	0	0	0								0	0	####				
	31F Tenant based rental assistance	0	0	0								0	0	####				
	31E Supportive service	0	0	0								0	0	####				
	31I Housing information services	0	0	0								0	0	####				
	31H Resource identification	0	0	0								0	0	####				
	31B Administration - grantee	0	0	0								0	0	####				
31D Administration - project sponsor	0	0	0								0	0	####					
<b>Totals</b>	<b>1E+05</b>	<b>15641</b>	<b>132495</b>	<b>11181</b>	<b>0</b>	<b>11066</b>	<b>0</b>	<b>11066</b>	<b>0</b>	<b>11066</b>	<b>0</b>	<b>11068</b>	<b>0</b>	<b>55445</b>	<b>0</b>	<b>0%</b>		

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT I**

**HOUSING NEEDS TABLE**

Housing Needs Table <a href="#">Housing Needs - Comprehensive Housing Affordability Strategy (CHAS) Data Housing Problems</a>		Grantee: <b>CONTRA COSTA CONSORTIUM</b>		Only complete blue sections. Do NOT type in sections other than blue.												Priority Need?	Plan to Fund?	Fund Source	Households with a Disabled Member		Disproportionate Racial/Ethnic Need?	# of Households in lead-Hazard Housing	Total Low Income/ HIV/AIDS Population			
		Current % of Households	Current Number of Households	3-5 Year Quantities															% of Goal	% HSHLD				# HSHLD		
				Year 1		Year 2		Year 3		Year 4*		Year 5*		Cumulative												
				Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual	Goal	Actual											
Household Income <=30% MFI	Elderly	NUMBER OF HOUSEHOLDS	100%	4,470															100%	8434	NO	3333	1915			
		Any housing problems	70.3	3,143	13		13		13		13			65	0	0%	H	Y	C,H,O	95.6	8063					
		Cost Burden > 30%	68.1	3,046											0	0	####									
		Cost Burden >50%	49.9	2,230											0	0	####									
	Renter	Small Related	NUMBER OF HOUSEHOLDS	100%	5,690																		NO			
			With Any Housing Problems	81.3	4,626											0	0	####								
			Cost Burden > 30%	77.9	4,434											0	0	####								
			Cost Burden >50%	62.3	3,546											0	0	####								
	Renter	Large Related	NUMBER OF HOUSEHOLDS	100%	1,992																		NO			
			With Any Housing Problems	95.5	1,902											0	0	####								
			Cost Burden > 30%	87	1,733											0	0	####								
			Cost Burden >50%	58.2	1,159											0	0	####								
	Owner	All other hshold	NUMBER OF HOUSEHOLDS	100%	4,441																		NO			
			With Any Housing Problems	75	3,329	11		11		11		11			55	0	0%	H	Y	C,H,O						
			Cost Burden > 30%	73.8	3,276											0	0	####								
			Cost Burden >50%	62.3	2,767											0	0	####								
	Owner	Elderly	NUMBER OF HOUSEHOLDS	100%	5,743																		NO			
			With Any Housing Problems	64.8	3,720											0	0	####								
			Cost Burden > 30%	64.1	3,682											0	0	####								
			Cost Burden >50%	44.1	2,534											0	0	####								
	Owner	Small Related	NUMBER OF HOUSEHOLDS	100%	2,322																		NO			
			With Any Housing Problems	87.1	2,023											0	0	####								
			Cost Burden > 30%	86.4	2,007											0	0	####								
			Cost Burden >50%	77.3	1,794											0	0	####								
	Owner	Large Related	NUMBER OF HOUSEHOLDS	100%	759																		NO			
			With Any Housing Problems	93	706											0	0	####								
			Cost Burden > 30%	89.3	678											0	0	####								
			Cost Burden >50%	82.2	624											0	0	####								
	Owner	All other hshold	NUMBER OF HOUSEHOLDS	100%	2,014																		YES			
			With Any Housing Problems	74.7	1,505											0	0	####								
Cost Burden > 30%			73.7	1,485											0	0	####									
Cost Burden >50%			60.2	1,212											0	0	####									
<=50% MFI	Elderly	NUMBER OF HOUSEHOLDS	100%	2,450															100%	62500	NO	7098				
		With Any Housing Problems	77.5	1,898	52		52		52		52			260	0	0%	H	Y	C,H,O	40.0	25000					
		Cost Burden > 30%	77.3	1,894											0	0	####									
		Cost Burden >50%	39.7	973											0	0	####									
	Renter	Small Related	NUMBER OF HOUSEHOLDS	100%	5,351																		NO			
			With Any Housing Problems	83.5	4,469											0	0	####								
			Cost Burden > 30%	76.9	4,117											0	0	####								
			Cost Burden >50%	21.3	1,140											0	0	####								
	Renter	Large Related	NUMBER OF HOUSEHOLDS	100%	2,226																		NO			
			With Any Housing Problems	90.6	2,017											0	0	####								
			Cost Burden > 30%	48.8	1,087											0	0	####								
			Cost Burden >50%	11.2	249											0	0	####								
	Renter	All other hshold	NUMBER OF HOUSEHOLDS	100%	3,242																		NO			
			With Any Housing Problems	89.1	2,888	70		70		70		70			350	0	0%	H	Y	C,H,O						





Total 215		29,875	110	0	110	0	110	0	110	0	110	0			Tot. Lg. Related	19691	Total Owners	70279
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Small Related and Large Related categories are equal to Family Households on CHAS tables on race

**CONTRA COSTA COUNTY CONSORTIUM  
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**ATTACHMENT J**

**HOUSING MARKET ANALYSIS TABLE**

Contra Costa Consortium

Housing Market Analysis

Complete cells in blue.

Housing Stock Inventory	Vacancy Rate	0 & 1 Bedroom	2 Bedrooms	3+ Bedroom	Total	Substandard Units
<u>Affordability Mismatch</u>						
Occupied Units: Renter		23191	25097	13546	61834	29165
Occupied Units: Owner		3074	10470	16009	29553	1923
Vacant Units: For Rent	3%	571	777	362	1710	818
Vacant Units: For Sale	2%	65	250	175	490	38
Total Units Occupied & Vacant		26901	36594	30092	93587	31944
<u>Rents: Applicable FMRs (in \$s)</u>		1,132	1,947	2,674		
Rent Affordable at 30% of 50% of MFI (in \$s)		776	1,076	1,325		
Public Housing Units						
Occupied Units		367	335	372	1074	0
Vacant Units		30	35	34	99	8
Total Units Occupied & Vacant		397	370	406	1173	8
Rehabilitation Needs (in \$s)		0	0	0	0	

**CONTRA COSTA COUNTY CONSORTIUM  
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**ATTACHMENT K**

**CONTINUUM OF CARE  
HOMELESS POPULATION AND  
SUBPOPULATIONS CHART**

**Continuum of Care: Housing Gaps Analysis Chart**

		Current Inventory in 2004	Under Development in 2004	Unmet Need/ Gap
<b>Individuals</b>				
<b>Beds</b>	Emergency Shelter	308	0	948
	Transitional Housing	140	0	878
	Permanent Supportive Housing	307	0	1171
	<b>Total</b>	<b>755</b>	<b>0</b>	<b>2997</b>
<b>Persons in Families With Children</b>				
<b>Beds</b>	Emergency Shelter	228	75	557
	Transitional Housing	417	0	1847
	Permanent Supportive Housing	193	98	1388
	<b>Total</b>	<b>838</b>	<b>173</b>	<b>3792</b>

**Continuum of Care Homeless Population and Subpopulations Chart**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
1. Homeless Individuals	297 (A), (E)	129 (A), (E)	2997	3423
2. Homeless Families with Children	89 (A), (E)	163 (A), (E)	932	1184
<b>2a. Persons in Homeless Families with Children</b>	<b>220 (A), (E)</b>	<b>376 (A), (E)</b>	<b>3892</b>	<b>4388</b>
<b>Total (lines 1 + 2a)</b>	<b>517</b>	<b>505</b>	<b>6889</b>	<b>7911</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
1. Chronically Homeless	266 (A), (E)		1750 (A), (E)	2016
2. Severely Mentally Ill	773 (A), (E)		<i>Optional for</i>	
3. Chronic Substance Abuse	924 (A), (E)		<i>Unsheltered</i>	
4. Veterans	153 (A), (E)			
5. Persons with HIV/AIDS	234 (A), (E)			
6. Victims of Domestic Violence	366 (A), (E)			
7. Youth (Under 18 years of age)	276 (A), (E)			

**Continuum of Care Information Collection Methods**
**1.(a) Housing Activity Chart: Methods for Conducting Annual Inventory Update**

This year, as in years past, we conducted a Homeless Provider Survey of all homeless service providers in the county to update our housing inventory chart. The survey was mailed and emailed to nine agencies, covering 33 housing and service programs. This year's Homeless Provider Survey included inquiries regarding current and planned bed inventory for each emergency shelter, transitional housing and permanent housing program. The point-in-time date for this survey selected by the community was February 25, 2004.

Our definitions of emergency shelter and transitional housing are: *Emergency Shelter* in Contra Costa County is defined as short-term housing available to homeless people on demand, subject to availability. Emergency shelter is available to all clients without charge, service-intensive, and maintains a low client-staff ratio. Clients may stay up to six months in most emergency shelter locations, though some have time limits as low as 30 days. *Transitional Housing* in Contra Costa County is defined as supportive housing designed to help homeless people overcome barriers to stability and move to permanent housing. Transitional housing has intensive case management and wrap-around services in a structured program focused on developing a participant's self-sufficiency. Many of the services are not on-site, but delivered through coordination with several providers with freestanding homeless service programs. Units may be scattered subsidized apartments or they may be located in one building. Transitional housing always requires participants to pay rent. By definition, transitional housing is short-term but generally provides for stays longer than those allowed by emergency shelters; transitional housing programs allow stays between 6 to 24 months.

**1(b) Housing Activity Chart: Plans for 2005 Inventory Update**

This year's Homeless Provider Survey proved to be a successful method of collecting data and we plan to administer this type of survey annually to update not only the Housing Activity Chart, but also to track progress made on our Five-Year Continuum of Care Plan. Next year we will administer the survey in the last week of January and will ask agencies to report on their program data for January 26, 2005.

**CONTRA COSTA COUNTY CONSORTIUM  
2005 – 2009 CONSOLIDATED PLAN**

**ATTACHMENT L**

**NON-HOMELESS SPECIAL NEEDS  
INCLUDING HOPWA**

Grantee Name: Contra Costa Consortium		3-5 Year Quantities																Priority Need: H, M, L	Plan to Fund? Y N	Fund Source: CDBG, OTH
Non-Homeless Special Needs Including HOPWA	Needs	Currently Available	GAP	Year 1		Year 2		Year 3		Year 4*		Year 5*		Total						
				Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Complete	Goal	Actual	% of Goal				
Housing Needed	52. Elderly	20104	4830	15274	52	0	52	0	52	0	52	0	52	0	260	0	0%	H	Y	C,H,O
	53. Frail Elderly	10595	0	10595	28	0	28	0	28	0	28	0	28	0	140	0	0%	H	Y	C,H,O
	54. Persons w/ Severe Mental Illness	54000	0	54000	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
	55. Developmentally Disabled	3919	267	3652	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
	56. Physically Disabled	6847	162	6685	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
	57. Alcohol/Other Drug Addicted	5700	0	5700	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
	58. Persons w/ HIV/AIDS & their families	1132	16	1116	15	0	15	0	15	0	15	0	15	0	75	0	0%	M	Y	A
	59. Public Housing Residents	1169	1042	127	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
	Total	103466	6317	97149	95	0	95	0	95	0	95	0	95	0	475	0	0%			
Supportive Services Needed	60. Elderly	20104	64	20040	6619	951	6295	0	6295	0	6295	0	6295	0	31799	951	3%	H	Y	C,O
	61. Frail Elderly	10595	0	10595	3533	0	3390	0	3390	0	3390	0	3390	0	17093	0	0%	H	Y	C,O
	62. Persons w/ Severe Mental Illness	54000	16	53984	218	0	218	0	218	0	218	0	218	0	1090	0	0%	H	Y	C,O
	63. Developmentally Disabled	3919	788	3131	118	0	99	0	99	0	99	0	99	0	514	0	0%	H	Y	C,O
	64. Physically Disabled	6847	20	6827	205	37	171	0	171	0	171	0	171	0	889	37	4%	H	Y	C,O
	65. Alcohol/Other Drug Addicted	5700	0	5700	1140	508	300	0	300	0	300	0	300	0	2340	508	22%	H	Y	C,O
	66. Persons w/ HIV/AIDS & their families	1132	0	1132	70	0	70	0	70	0	70	0	70	0	350	0	0%	M	Y	A
	67. Public Housing Residents	1169	0	1169	0	0	0	0	0	0	0	0	0	0	0	0	####	L	N	
Total	103466	888	102578	11903	1496	10543	0	10543	0	10543	0	10543	0	54075	1496	3%				

Line 55 includes 62 beds that were categorized as " Small Family Facilities for Children", and 162 beds that were categorized as "Group Homes for Children"

Line 56 includes 162 beds that were categorized as "Group Homes for Children"

Line 59 is a total unit count; unit capacity may vary.

Line 64 includes 20 beds that were categorized as "Community Treatment for Children"

Goals for frail elderly needs determined to be 35% of total elderly needs, based on total needs for both groups.

Goals for dev. disabled needs determined to be 35% of total physically disabled needs, based on total needs for both groups.

For goals, priorities and funding sources, refer to Housing Needs and Community Development tables.