Riverside University
HEALTH SYSTEM
Behavioral Health

NO PLACE LIKE HOME

Draft Housing Plan

Developed pursuant to guidance provided by the
California Department of Housing and
Community Development
issued on July 17, 2017

Draft Housing Plan is dated as of August 1, 2018

Guide to Reading this Plan

Background

In July 2016, Governor Brown signed AB 1816 which established the No Place Like Home Program. The purpose of No Place Like Home (NPLH) is "to acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who are in need of mental health services".

Funding for the NPLH program will take place through the issuance of $ 2 billion in bonds by the state of California. Repayment of the bonds will be made using funds available through the Mental Health Services Act (MHSA).

The local mental health department is the designated applicant for all funds and may either directly develop or work collaboratively with a development sponsor (housing developer). Riverside University Health System – Behavioral Health (RUHS – BH) is the Riverside County agency designated as the local mental health department eligible to apply for funds.

NPLH funds will be awarded to county applicants by the California Department of Housing and Community Development (HCD) primarily through a competitive application process. HCD has issued Program Guidelines for the NPLH program which can be found at **http://hcd.ca.gov/grants-funding/active-funding/nplh.shtml** . The NPLH Program Guidelines require that counties submit a NPLH Housing Plan in order to receive funding. The Program Guidelines document contains information about the content and organization of the NPLH Housing Plan. The NPLH guidelines also require that the Housing Plan be no older than five years old at the time of the county's application, reflect a county wide assessment and strategy to address homelessness and be easily accessible to the public. Please refer to page 15 the NPLH Program Guidelines for more specific information about the Housing Plan, beginning with Article II, Section 201 (b)(3), items A, B and C.

The Riverside County Executive Oversight Committee on Homelessness (EOCH) includes a number of Riverside County agencies, public organizations and interest groups with experience and expertise in addressing homelessness, The EOCH was convened in 2017 to develop a county-wide approach to homelessness and has involved Riverside University Health System (of which RUHS – BH is a component), along with a number of other Riverside County contributors and participants, including the EOCH itself, that actively worked to develop a plan. The outcome of this collaboration is the EOCH 2018 Action Plan (EOCH Action Plan) which was released in January 2018. Riverside County also conducts an annual Point In Time Homeless Count (PIT Count) reflecting efforts to continuously assess the homeless population and to use the data to develop timely and responsive strategies to end homelessness. The findings of the 2018 PIT Count are published in the 2018 Riverside County Homeless Count & Survey Report (HCSR).

The following NPLH Housing Plan should be considered a draft housing plan that was developed with information available from the 2018 EOCH Action Plan and the 2018 HCSR.

Consistent with RUHS – BH strategic processes that are used to plan for the expenditure of new funds, RUHS – BH is interested in obtaining input from the public and from interested providers and organizations that engage persons and/or families experiencing homelessness about the identified needs, challenges and planned strategies included in this draft Housing Plan.

Draft Plan Format

The information in the Housing Plan has been developed and is organized using the NPLH Plan Guidelines issued by the HCD. RUHS – BH incorporated significant sections of the Riverside County EOHC Action Plan and the Riverside County HCSR into the body of this draft Housing Plan. This was done to avoid duplication of the EOCH Action Plan (into which RUHS- BH provided input) and to maintain congruity with ongoing efforts and activities of County and community partners. Accordingly, RUHS – BH supports the EOHC Action Plan. Similarly, the Riverside County HCSR is incorporated because it contains the most recent and comprehensive homeless population data available. RUHS – BH supports the findings of the HCSR.

- Each section begins with information specifically required NPLH Program Guidelines. These sections begin with text that is **Shaded, Bold and Underscored** and include the specific reference information from the Program Guidelines.

- Excerpts/data from the 2018 HCSR are included in the body of this report and appear on pages 4 through 17. The entire report is provided as Attachment A.

- The Executive Summary from the EOCH Action Plan is provided on page 14. The entire EOCH Action Plan appears on pages 18 through 44 of this report.

Attachments

Attachment A: Riverside County Homeless Count & Survey Report – May 31, 2018

Attachment B: Riverside County Coordinated Entry System Policies and Procedures

Attachment C: Cooperative Agreement – CES Project 2017/2018

Attachment D: City of Riverside Housing First Strategy – A Road Map to Create, Implement, and Operate Housing First in the City of Riverside

Overview of Riverside County

Riverside County includes over 7,200 square miles of service area. Due to the large and diverse geographic areas ranging from the urban to suburban to rural, Riverside University Health System – Behavioral Health (RUHS – BH) has generally organized countywide services around three service regions (known as Western, Mid-County and Desert) with the goal of providing services that reflect the needs of the community that each region serves. RUHS - BH offers a number of specialized outpatient programs across all age groups (e.g., birth to age 5, children & adolescent, transition age youth (TAY), adults and older adults), each with programs focused on outreach and engagement of the hardest to reach homeless persons experiencing a serious mental health disorder.

Riverside County receives additional State funding that enabled the establishment of regionally based Full Service Partnership (FSP) Programs for homeless persons with a severe mental illness in each regional service area for each age group identified above. These programs are located in San Jacinto and Lake Elsinore (Mid-County), Palm Springs (Desert), and three centers located in Riverside (Western). Additionally, RUHS – BH has recently received Prop 47 funds to establish specialized Integrated Behavioral Health Full Service Partnership Programs in the Desert and Mid-County regions to expand FSP services for individuals who are at risk of incarceration and criminal justice contact and who are eligible for jail diversion. This includes the homeless population. RUHS – BH Housing Crisis Response Teams have specialized training and expertise in providing street outreach that focuses on engaging the hardest to reach chronically homeless persons who suffer from a severe mental illness, including those with co-occurring disorders.

RUHS – BH operates the Homeless & Housing Opportunities, Partnership and Education (HHOPE) Program. In addition to providing county wide Housing Crisis Response Teams, HHOPE provides for, among other things, the centralized management, coordination and response of all requests for housing subsidies, including emergency, transitional, and supportive permanent housing for homeless consumers of RUHS-BH. HHOPE is also responsible for grant reporting, monitoring, applications and grant compliance, as well as developing and monitoring the housing resources utilized by FSP and community outpatient programs. As a successful coordination model, RUHS – BH has been selected by the County and community partners to serve as the lead agency for the Coordinated Entry System that is operated through the County's HUD-mandated Continuum of Care.

No Place Like Home Plan Development

RUHS – BH is drawing on multiple sources, including a combination of a countywide homeless assessment and planning efforts, the Point In Time Homeless Count (PIT Count), the Riverside County Homeless Count & Survey Report (HCSR), the efforts of the Riverside County Executive Oversight Committee on Homelessness (EOCH) and stakeholder input to develop this draft housing plan consistent with the intent and goals of the No Place Like Home program.

The county wide homeless assessment and planning effort was spearheaded by the Riverside County (EOCH). The Committee's members included executive and management representatives from the following Riverside County departments: Executive Office, Code Enforcement, Animal Services, Social Services, Economic Development Agency, County Counsel, Housing Authority, Probation, Sheriff, Riverside University Health System, RUHS - Behavioral Health, RUHS – Population Health, and RUHS – Public Health. The Committee studied and evaluated the rate of homelessness county wide as well as short and long term housing needs and resources. Their work resulted in an Action Plan to Address Homelessness in Riverside County, which was presented to the Board of Supervisors in January 2018 as the adopted county-wide plan and strategy to address county-wide homelessness and affordable housing needs. Significant portions of the EOCH Action Plan are incorporated in the RUHS - BH No Place Like Home Housing Plan. The full EOHC Action Plan is included in this Housing Plan, beginning on page 17.

In order to evaluate and reflect more specific regional needs, RUHS - BH has also reviewed data from the Riverside County HCSR, dated as of May 31, 2018, which drew from finding from the 2018 PIT Count that was conducted in compliance with HUD requirements. Data from the 2018 HCSR have also been extracted and are included in this draft Housing Plan. The full Riverside County 2018 HCSR is included as Attachment A.

Following the model previously used by RUHS - BH to include community stakeholders in the planning process for its MHSA permanent supportive housing development plan, RUHS – BH is now seeking input from members of the public and community stakeholders regarding this draft NPLH Housing Plan. RUHS – BH has scheduled a number of NPLH presentations taking place in August and September 2018 with community provider representatives, community advocate groups and other partners.

As of August 1, 2018, NPLH presentations are being planned for:

Audience/Stakeholder Group	Date and Time	Location
Western Region Behavioral Health Commission	Wednesday, September 5, 2018 at 3:00 pm	2085 Rustin Avenue, Room 1004
Behavioral Health Housing Committee	Tuesday, September 11, 2018 at 11:00 am	2085 Rustin Avenue, Room 1006
Cultural Competency/Reducing Disparities Committee	Wednesday, September 12, 2018 at 9:00 am	2085 Rustin Avenue, Room 1048

Please refer to **www.rcdmh.org/NPLH** for the most current list of scheduled meetings and other relevant information.

In addition, RUHS – BH welcomes members of the community, interested providers and partner organizations to provide input into the proposed plan by September 30, 2018. Comments may be provided by:

1. Completing an interactive electronic feedback form found at **www.rcdmh.org/NPLH**
2. Downloading a hard copy feedback form found at **www.rcdmh.org/NPLH** and forwarding it in any of the following ways:

  - Through an e-mail attachment to **NPLHFeedback @ rcmhd.org**
  - By mailing the form to:

    Raylene King
    Riverside University Health System – Behavioral Health
    P.O. Box 7549
    Riverside, CA 92513

  - By sending it by fax to **(951) 358-4513**

Other requests for information can be forwarded to **Raylene King** at **951-358-4106** and **rayking@rcmhd.org** .

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (i)

Description of homelessness, County-wide, including a discussion of the estimated number of residents experiencing homelessness or chronic homelessness among single adults, families, and unaccompanied youth.

The following is excerpted from the Riverside County 2018 HCSR beginning with content appearing on page 36:

Primary Reasons for Becoming Homeless

In 2017, at the recommendation of city officials and representatives from the Riverside County Continuum of Care (CoC), a new question was added to the interview survey tool in order capture the primary reasons for individuals becoming homeless within Riverside County. During the 2018 PIT Count, the two most common reasons cited for becoming homeless is lack of income for housing (34%) and unemployment (31%) with significantly more (34%) individuals reporting lack of income in 2018 than in 2017. See Table 8 and Figure 2 below for additional details.

Table 8: Unsheltered Homeless Count - Primary Reasons for Becoming Homeless

Primary Reasons for Becoming Homeless	Unsheltered Totals				2017-2018	
	2017		2018		Count Change	Percent Change
	Count	Percent	Count	Percent		
Unemployment	347	33%	358	31%	11	3%
Lack of income for housing	288	27%	385	34%	97	34%
Fleeing domestic violence	44	4%	54	5%	10	23%
Discharged from medical institution	31	3%	21	2%	-10	-32%
Discharged from jail or prison	79	8%	89	8%	10	13%
Mental Illness	84	8%	81	7%	-3	-4%
Runaway/left home	69	7%	67	6%	-2	-3%
Other	368	35%	402	35%	34	9%

Gender

Of the 1,685 unsheltered homeless people, more than half (67%) of these individuals were men (n = 1131) and one-third (29%) of these individuals were female (n=488). The gender distribution from 2017 to 2018 relatively remains the same. See Table 9 and Figure 3 below for full details.

Table 9: Unsheltered Homeless Count - Gender

Gender	2018 General PIT Count		2017		2018		2017-2018	2017-2018
	Interview	Observational	Count	Percent	Count	Percent	Count Change	Percent Difference
Female	366	122	445	27.17%	488	28.96%	43	9.66%
Male	838	293	1123	68.56%	1131	67.12%	8	0.71%
Transgender	6	0	8	0.49%	6	0.36%	-2	-25.00%
Don't Know or Refused	0	31	47	2.87%	31	1.84%	-16	-34.04%
Gender Non-Conforming	8	0	0	0.00%	8	0.47%	8	-
(blank)	13	8	15	0.92%	21	1.25%	6	40.00%
Total	1231	454	1638	-	1685	-	47	-

*Note: Interview data is based on respondent's self-identification while observational data is based on volunteer perception. This comparison does not take into account the total sample sizes for each year. The comparative data is presented this way in order to show the raw change in unsheltered homeless gender counts from 2017 to 2018.

Race and Ethnicity

More than half (55%) of the unsheltered homeless population were White (n=934), while one in ten (13%) individuals were Black or African Americans (n=216). Only one percent (1.13%) of the unsheltered homeless population was Asian (n=19), while six percent (6.11%) were American Indian or Alaska Native (n=103) and nearly two percent (1.54%) were Native Hawaiian or Pacific Islander (n=26). The three race groups with the largest increases from 2017 to 2018 were Asian (90%), American Indian or Alaska Native (16%) and Native Hawaiian or Pacific Islander (30%). (See table 10 below).

In terms of ethnicity, almost one in three homeless individuals was Hispanic or Latino during the 2018 PIT Count. (See table and Figure 4 below).

Table 10: Unsheltered Homeless Count - Race

| Race | 2018 PIT Count | | Unsheltered Totals | | | | 2017-2018 | |
| | Interview | Observational | 2017 | | 2018 | | Count Change | Percentage Change |
			Count	Percent	Count	Percent		
American Indian or Alaska Native	102	1	89	5.43%	103	6.11%	14	15.73%
Asian	16	3	10	0.61%	19	1.13%	9	90.00%
Black or African American	156	60	186	11.36%	216	12.82%	30	16.13%
Native Hawaiian, Pacific Islander	26	0	20	1.22%	26	1.54%	6	30.00%
White	738	196	928	56.65%	934	55.43%	6	0.65%
Multiple Races	49	3	50	3.05%	52	3.09%	2	4.00%
Don't Know or Refused	128	165	261	15.93%	293	17.39%	32	12.26%
(blank)	24	18	94	5.74%	42	2.49%	-52	-55.32%
Total	1239	446	1638	-	1685	-	47	2.87%

*Note: Interview data is based on respondent's self-identification while observational data is based on volunteer perception. It should be noted that this comparison does not take into account the total sample sizes for each year. The comparative data is presented this way in order to show the raw change in unsheltered homeless race counts from 2017 to 2018.

Table 11: Unsheltered Homeless Count - Ethnicity

| Ethnicity | 2018 PIT Count | | Unsheltered Totals | | | | 2017-2018 | |
| | Interview | Observational | 2017 | | 2018 | | Count Change | Percent Change |
			Count	Percent	Count	Percent		
Hispanic or Latino	402	90	465	28%	492	29%	27	6%
Not Hispanic or Latino	795	214	970	59%	1009	60%	39	4%
Blank	42	142	203	12%	184	11%	-19	-9%
Total	1239	446	1638	100%	1685	100%	47	-

*Note: Interview data is based on respondent's self-identification while observational data is based on volunteer perception.

Age

Table 12 compares the 2017 to the 2018 age subpopulation counts based on predefined age ranges. The number of unsheltered homeless children under the age of 18 decreased by 73.33% from 2017 (n=15) to 2018 (n=4). However, the unsheltered homeless senior age range 70-79 increased by 84.62% from 2017 (n=13) to 2018 (n=24).

Table 12: Unsheltered Homeless Count - Age

Age Comparison			2017		2018		2017-2018
Age Range	Interview	Observational	Count	Percent	Count	Percent	Percent Difference
0-5	0	0	0	0.00%	0	0.00%	-
17 or under	4	0	15	0.92%	4	0.24%	-73.33%
18-24	132	43	178	10.87%	177	10.50%	-0.56%
25-49	586	224	816	49.82%	808	47.95%	-0.98%
50-61	325	72	403	24.60%	397	23.56%	-1.49%
62-69	86	32	104	6.35%	118	7.00%	13.46%
70-79	22	2	13	0.79%	24	1.42%	84.62%
80+	3	0	6	0.37%	3	0.18%	-50.00%
(blank)	81	73	103	6.29%	154	9.14%	49.51%
TOTAL	1239	446	1638	-	1685	-	2.87%

Note: This comparison does not take into account the total sample sizes for each year. The comparative data is presented this way in order to show the raw change in unsheltered homeless age counts from 2017 to 2018.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (ii)

To the extent possible, the estimated number of residents experiencing homelessness or chronic homelessness who are also experiencing serious mental illness, co- occurring disabilities or disorders, or who are children with a Serious Emotional Disturbance.

The following information reflects available county-wide data related to children, veterans and subpopulations that include chronically homeless persons with behavioral health issues.

The following is excerpted from the 2018 HCSR, beginning with content appearing on page 41:

Youth

Due to the hidden nature of youth homelessness, there is limited data on unaccompanied children and transitional age youth experiencing homelessness. Young people experiencing homelessness may have a more difficult time accessing services, including shelter, medical care, and employment due to the stigma of their situation and the lack of knowledge of available resources targeted to young people. The County of Riverside implemented a supplemental youth count and survey in 2017 to gather additional data on unaccompanied children and youth.

During the 2018 PIT Count, among the unsheltered homeless population, 11% were considered homeless youth under the age of 25 (n = 181) using HUD's "literally homeless" definition. This total reflects the number of unaccompanied homeless youth who were not in the physical custody of a parent or guardian. Table 13 provides a breakdown of these unsheltered youth subpopulations.

Table 13: Unsheltered Homeless Count -Youth (Age 24 and under)

Youth	2017		2018		2017-2018	
	Count	Percent	Count	Percent	Count Change	Percentage Difference
Total Minor Youth (17 and Under)	15	0.92%	4	0.24%	-11	-73.33%
Accompanied Minor Youth (17 and under)	4	0.24%	4	0.24%	0	0.00%
Unaccompanied Minor Youth (17 and Under)	11	0.67%	0	0.00%	-11	-100.00%
Total Transitional Age Youth (24 and Under)	178	10.87%	177	10.50%	-1	-0.56%
Total Youth (age 24 and under)	193	11.78%	181	10.74%	-12	-6.22%

*Note: This information was obtained from the interview and observational surveys that meet the HUD definition of homeless youth. Additional details regarding youth population will be published in a separate Youth Count Addendum.

Elderly

During the 2018 PIT Count, among the unsheltered homeless population, 18% of the homeless adults were age 62 or higher (n = 145). The 2017 and 2018 PIT Count data indicate that the number of elderly unsheltered homeless individuals is increasing in Riverside County. The elderly population increased by almost 18% from 2017 (n=123) to 2018 (n=145) as indicated in table 14 below. Further analysis is required to determine if the elderly population is aging into homelessness or whether the number of seniors becoming homeless is increasing.

In the nation, there were 306,000 people over age 50 living on the streets in 2014, based on the most recent data available. This is a 20 percent increase since 2007, according to HUD. This elderly group now makes up 31 percent of the nation's homeless population[1]. The number of homeless elderly in the nation is expected to grow to nearly 100,000 in 2050 from 58,000 in 2020, according to the Homelessness Research Institute[2].

Table 14: Unsheltered Homeless Count – Elderly (Age 62 and older)

Elderly			2017		2018		2017-2018
Age Range	Interview	Observational	Count	Percent	Count	Percent	Percent Difference
62-69	86	32	104	6.35%	118	7.00%	13.46%
70-79	22	2	13	0.79%	24	1.42%	84.62%
80+	3	0	6	0.37%	3	0.18%	-50.00%
TOTAL	111	34	123	-	145	-	17.89%

Veterans

In 2017, Riverside County was one of the first counties in the nation to end homelessness among veterans using the rigorous measures and benchmarks established by HUD and the U.S. Department of Veteran Affairs (VA). The CoC continues to strategically link veterans with appropriate housing. County-wide veteran outreach teams continue to work closely with the VA to identify, assess and engage all unsheltered vets.

Among the 2018 unsheltered homeless population (interview surveys), 6% self-reported to be veterans (n=99). Of these veterans, 2% were chronically homeless (n=33) and 2% also reported receiving benefits (n=30). It is important to recognize that the PIT methodology includes the self-reporting of information from individuals experiencing homelessness. No verification was completed to determine actual veteran status. Table 15 compares the 2017 to the 2018 veteran and chronically homeless veterans that were counted.

On the day of the PIT Count, volunteers engaged unsheltered veterans for immediate housing on the day of the count. The County of Riverside Housing Authority (CRHA) in collaboration with the VA, DPSS and other veteran service providers, provided transportation, intake and assessment services, emergency shelter and additional resources to interested veterans.

Table 15: 2018 Unsheltered Homeless Count – Veterans

Veterans	2017		2018		2017-2018	
	Count	Percent	Count	Percent	Count Change	Percentage Difference
Unsheltered Homeless Veterans	91	5.56%	99	5.88%	8	8.79%
Unsheltered Chronically Homeless Veterans	37	2.26%	33	1.96%	-4	-10.81%
Unsheltered Homeless Veterans self-reported receiving benefits	32	1.95%	30	1.78%	-2	-6.25%

Tables 16 and 20 compare the 2017 and the 2018 Unsheltered and Sheltered subpopulation counts. The discussion below and Table 16 appear on page 44 of the 20108 HCSR.

Subpopulations

Table 16 compares the 2017 to the 2018 subpopulation counts. The number of chronically homeless individuals increased by 13.49% from 2017 (n=341) to 2018 (n=387). Those who reported drug use increased by 5.42% from 2017 (n=461) to 2018 (486); PTSD increased by 11.94% from 2017 (n=268) to 2018 (n=300); and physical disability increased by 11.33% from 2017 (n=362) to 2018 (n=403). In 2018, HUD revised the domestic violence survey question to capture current domestic violence (DV) as opposed to past ocurrences of DV which were allowed in previous years. This change may possibly account for the 65.60% decrease from 2017 (n=282) to 2018 (n=97).

Table 16: Unsheltered Homeless Count - Additional Subpopulations

Subpopulation	2017		2018		2017-2018	
	Count	Percent	Count	Percent	Count Change	Percent Change
Chronically Homeless	341	30.23%	387	31.44%	46	13.49%
Families with Children	3	0.29%	4	0.32%	1	33.33%
Alcohol Use	291	25.80%	273	22.18%	-18	-6.19%
Drug Use	461	40.87%	486	39.48%	25	5.42%
PTSD	268	25.52%	300	24.37%	32	11.94%
Mental Health Conditions	309	27.39%	321	26.08%	12	3.88%
Physical Disability	362	34.48%	403	32.74%	41	11.33%
Developmental Disability	135	11.97%	141	11.45%	6	4.44%
Brain Injury	212	20.19%	204	16.57%	-8	-3.77%
Victim of Domestic Violence*	282	25.00%	97	7.88%	-185	-65.60%
AIDS or HIV	21	1.86%	20	1.62%	-1	-4.76%
TOTAL (multiple subpopulations per individual are allowed)	2685	-	2636	-	-49	-1.82%

Note: All subpopulations are obtained from the interview surveys, not observational surveys (2017 - n=1128, 2018 – n=1231). Chronically homeless was defined according to HUD's definition if the person had been living in emergency shelter and/or on the streets (a) for the past year or more or (b) four or more times during the last three years and who may have a disability (HUD HEARTH Act Interim Rule, pgs. 53-54). This comparison does not take into account the total sample sizes for each year. The comparative data is presented this way in order to show the raw change in unsheltered homeless subpopulation counts from 2017 to 2018.

*The survey question for Domestic Violence victims was changed in 2018 to reflect only current domestic violence status. An individual could potentially be categorized into multiple or all subpopulations.
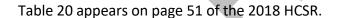
Table 20 appears on page 51 of the 2018 HCSR.

Table 20: Sheltered Homeless Count – Subpopulation Data

Sheltered Subpopulation	2017		2018		2017-2018	
	Count	Percent	Count	Percent	Count Change	Percentage Change
Chronically Homeless	77	10.03%	77	12.20%	0	0.00%
HIV Positive/AIDS	10	1.30%	8	1.27%	-2	-20.00%
Mental Health Problems	206	26.82%	146	23.14%	-60	-29.13%
Substance Users (Alcohol or Drug Abuse)	128	16.67%	115	18.23%	-13	-10.16%
Minor Youth (under 18)	165	21.48%	147	23.30%	-18	-10.91%
Accompanied Minor Youth (under 18)	146	19.01%	135	21.39%	-11	-7.53%
Unaccompanied Minor Youth (under 18)	19	2.47%	12	1.90%	-7	-36.84%
Youth (18-24)	67	8.72%	69	10.94%	2	2.99%
Veterans	57	7.42%	37	5.86%	-20	-35.09%
Chronically Homeless Veterans	8	1.04%	4	0.63%	-4	-50.00%
Victims of Domestic Violence	115	14.97%	20	3.17%	-95	-82.61%
Physical Disability	134	17.45%	132	20.92%	-2	-1.49%
Developmental Disability	48	6.25%	51	8.08%	3	6.25%

Chronically homeless was defined according to HUD's definition if the person had been living in emergency shelter and/or on the streets (a) for the past year or more or (b) four or more times during the last three years and who may have a disability (HUD HEARTH Act Interim Rule, pgs. 53-54). *The survey question for Domestic Violence victims was changed in 2018 to reflect only current domestic violence status. An individual could potentially be categorized into multiple or all subpopulations.

The following is excerpted from the 2018 HCSR, beginning with content appearing on page 45.

Criminal Justice System

Homelessness and incarceration are not mutually exclusive and often correspond with one another. Individuals who are young, veterans, or experiencing mental health issues are often struggling to financially sustain themselves, and may also be more likely to participate in criminal activity. In 2018, a new question was added to the survey tool to capture the respondents experience with the criminal justice system. Table 17 below details the responses to this new question. Among survey respondents, 13 percent (n=160) reported being released from jail or prison within the past 90 days; 5 percent (n=63) said they were released on probation and 1 percent (n=13) were released on parole. Nine percent (n=112) reported being released from jail or prison within the past 12 months. Of this population, 3 percent (n=34) were released on probation and less than 1 percent (n=5) were released on parole.

Table 17: Unsheltered Homeless Count - Criminal Justice System

Number of respondents who stated they were released from jail or prison within the past 90 days...			Number of respondents who stated they were released from jail or prison within the past 12 months...		
Release Type	Count	Percent	Release Type	Count	Percent
Total Released	160	13.00%	Total Released	112	9.10%
Released on Probation	63	5.12%	Released on Probation	34	2.76%
Released on Parole	13	1.06%	Released on Parole	5	0.41%

Note: All subpopulations are obtained from the interview surveys not observational surveys (n=1231).

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (iii)

Special challenges or barriers to serving the Target Population

Resolving the issues that contribute to homelessness for persons with disabling mental health and substance abuse issues and disorders presents a number of challenges. The following system-wide issues and barriers have been identified:

Access to Housing –

a) There are not enough affordable housing options throughout the county. In 2016, the University of California, Riverside reported that the Inland Empire rental vacancy rate was only 2.4. Less than neighboring Los Angeles and Orange Counties.

b) Landlords are unwilling to rent to the target population under a Housing First model due to what is perceived as unstable behavioral health symptoms and behaviors.

c) Individuals with active or historical contact with the criminal justice system.

d) Residents who obtain housing but remain un-engaged in any behavioral health recovery effort present supportive service challenges and remain a high risk for housing failure.

e) Based on consumers' needs and preferences, there are inadequate levels of affordable housing type resources, for example bridge housing, licensed assisted living homes for adults and shared housing, but mostly affordable permanent supportive housing.

f) Miscellaneous housing costs related to housing entry such as high rental deposits for persons with poor credit histories, security deposits, credit application fees and resolution of past utility debt and associated high reinstatement deposits.

g) Gaps in single, system wide entry system that impedes timely and equal access to all types and levels of housing.

h) Transportation – The large geographical area coupled with the target population's limited transportation resources present significant access barriers to services and support. These barriers contribute fiscal and healthy life skill stability and increases the risk for loss of housing. (EOCH Action Plan – page 20)

The following Executive Summary is excerpted from the EOCH Action Plan which identified county-wide goals and key strategies to resolve a number of challenges related to engaging, serving and supporting homeless individuals and families, including the No Place Like Home target populations.

An Action Plan to Address Homelessness in Riverside County

Executive Summary

The 2017 Point-In-Time Homeless Count and Survey (PIT Count) identified a total of 2,406 homeless individuals in Riverside County, an increase of 11% from 2016 (2,165). In addition, the total unsheltered homeless population increased by 21.2% from 2016 (1,351) to 2017 (1,638). According to the 2017 PIT Count, among the unsheltered homeless population counted, 12% (193) were under the age of 24, 6% (91) were Veterans, while 21% (341) were classified as chronically homeless.

The Executive Oversight Committee on Homelessness (EOCH)--with the support of staff from numerous county agencies, cities, and community-based organizations--has developed an action plan to address homelessness by applying evidence-based strategies and best practices to effectively meet the needs of specific geographic areas and sub-populations. The action plan is intended to be a *living document* that requires ongoing development and updates based on the changing environment, community demands, and emerging opportunities.

The action plan focuses on three primary goals for addressing homelessness in the following Riverside County populations: youth, veterans, families, and chronically homeless individuals and families.

> *Goal 1 – Prevent homelessness among individuals and families at-risk of becoming homeless.*
>
> Design and implement a coordinated prevention system to provide limited cash assistance, a wide range of free or low-cost supportive services, and/or supplies to those most likely to become homeless.

> *Goal 2 – End homelessness of single individuals and families who are living on the streets and in shelter and transitional housing programs.*
>
> Design and implement a coordinated system of evidence-based Housing First, low barrier, and rapid rehousing (RRH) approaches to obtaining and maintaining housing of specified subpopulations in geographic areas with the greatest need.

> *Goal 3 – Ensure funding for a coordinated system to end and prevent homelessness among individuals and families.*
>
> Identify a wide range of public and private funding opportunities to carry out the design and implementation of the coordinated system to prevent and end homelessness.

To achieve these three goals, the action plan calls for the implementation of four primary strategies, listed below, and establishes 23 recommendations.

- ❖ Strategy 1 - Improve System Coordination
- ❖ Strategy 2 - Increase Housing Resources
- ❖ Strategy 3 - Increase Outreach & Navigation
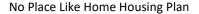- ❖ Strategy 4 - Increase Supportive Services

It is acknowledged that additional measures and tracking tools will need to be developed to further measure the effectiveness of this plan toward ending homelessness in Riverside County. As a starting point, the EOCH will partner with the County of Riverside Continuum of Care (CoC) to initially assess the system performance outcomes using existing reporting tools (including dashboards) in the Homeless Management Information System (HMIS), as required by the U.S. Department of Housing and Urban Development.

Riverside University Health System- Behavioral Health and the EOCH Plan

The EOCH Action Plan identifies county departments that will serve as the designated "Lead Agency" in achieving each broadly identified goal.

It should be noted that RUHS – BH is fully involved with and committed to assisting the county in achieving each goal. RUHS - BH has been an active partner in the Riverside Continuum of Care. Steve Steinberg, Director of RUHS – BH, is a member of the Governing Committee. The HHOPE Administrative Manager is active member of the Continuum of Care, and responsible for the management of the Riverside County Coordinated Entry System (CES). As an active partner, RUHS - BH managers and staff have daily contact with community homeless providers who are also active members of the Continuum of Care. RUHS - BH is actively involved in Action Plan strategies that include but are not limited to:

- Designing and Implementing a Homeless Prevention system (HPS)
- Providing rental and utility assistance (e.g. rental and utility deposits, move-in costs, transportation)
- Providing and/or assisting with obtaining clothing, food, household equipment, furniture, supplies, benefit assistance, educational/vocational assistance, mental health and substance abuse counsel, integrated physical health care
- Discharge planning, which includes linkages from/with psychiatric hospitals, prisons and jails to supportive step down residential treatment, housing and on-going community based outpatient and case management services
- Shelter Diversion

THE EXECUTIVE OFFICE COMMITTEE ON HOMELESSNESS
ACTION PLAN
BEGINS ON THE FOLLOWING PAGE

DRAFT

ENDING HOMELESSNESS IN RIVERSIDE COUNTY

The Riverside County Executive Oversight Committee on Homelessness (EOCH) includes the following partner agencies:

Code Enforcement Department

Department of Animal Services

Department of Public Social Services

Economic Development Agency

Office of County Counsel

Housing Authority

Probation Department

Riverside County Executive Office

Riverside County Sheriff

Riverside University Health System (RUHS)

RUHS-Department of Behavioral Health

RUHS-Population Health

RUHS-Public Health

The 2017 Point-in-Time Homeless County and Survey identified over 2,400 homeless individuals in Riverside County. To more effectively address the needs of the homeless, the Riverside County Executive Oversight Committee on Homelessness (EOCH) developed this action plan to provide a comprehensive set of 23 recommendations to end homelessness through:

- **PREVENTION**

- **COLLABORATION and COORDINATION**

- **RAPID HOUSING PLACEMENT**

Table of Contents

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AN ACTION PLAN TO ADDRESS HOMELESSNESS IN RIVERSIDE COUNTY

GOAL 1	GOAL 2	GOAL 3
Prevent Homelessness	**End Homelessness**	**Ensure Funding for a Coordinated System**

GOAL 1 — Prevent Homelessness

System Coordination

A1. Design and Implement a Homeless Prevention System

A2. Develop a Coordinated Discharge Planning System

A3. Develop and Implement a Homeless Prevention and Awareness Campaign

Housing Resources

A4. Create a Shelter Diversion System

A5. Develop Affordable Housing and Improve Affordability

GOAL 2 — End Homelessness

System Coordination

B1. Create a Fully Functional Home Connect (Coordinated Entry) System

B2. Implement a Community-Wide Housing First and Low Barrier Approach

B3. Establish a Countywide Homeless Court Program

B4. Develop a Protocol Focused on Proactive Strategies to End the Cycle of Homelessness

B5. Develop a First Responders Training Program

Housing Resources

B6. Increase the Supply of Bridge Housing

B7. Increase the Supply of Permanent Supportive Housing

B8. Increase Rapid Rehousing Assistance

Outreach and Navigation

B9. Create a Housing Search and Capacity Building Team

B10. Expand Street Outreach within the Housing Crisis Response System (HCRS)

B11. Expand Housing Navigation within the HCRS

Supportive Services

B12. Increase the Number of Home-Based Care Managers

B13. Increase Supportive Services

B14. Enhance Community Partnerships to Increase Employment Opportunities

B15. Enhance CalWORKs Subsidized Employment Program for Homeless Families

B16. Improve Access to Health Care and Mainstream Benefits

GOAL 3 — Ensure Funding for a Coordinated System

System Coordination

C1. Conduct Funding Analysis

C2. Create a Regional Funders' Collaborative

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Prevent Homelessness

System Coordination

A1: Design and Implement a Homeless Prevention System (HPS)

Recommendation
Design and implement an effective Homeless Prevention System (HPS) to identify individuals and families who are most likely to become homeless and ensure they receive the necessary resources to prevent homelessness.

Lead Agency	Status
• Department of Public Social Services (DPSS) • Community Action Partnership (CAP)	• In Development

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• Emergency Solutions Grant (ESG): ○ Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions • Emergency Food and Shelter Program (EFSP) • Community Action Partnership (CAP)

Description
An effective HPS will ensure that individuals and families most likely to become homeless do not become homeless. The approach focuses on early identification of high risk families using existing resources and immediately providing them with assistance to ensure they maintain their current housing whenever possible. The HPS will provide limited cash assistance and a wide range of free and/or low-cost supportive services and supplies to at-risk households.

Households with the *highest risk* of becoming homeless will receive the following types of services:
- Rental and utility assistance directly provided to vendors or providers (utility deposits, security deposits, and move-in costs); legal fee assistance; transportation assistance; credit repair assistance

Households with *moderate risk* of becoming homeless will receive the following types of services as needed:
- Clothing, food, and household equipment, furniture, supplies; utility assistance (energy saving/weatherization improvements); public assistance; educational assistance and school supplies; dispute resolution services; savings match assistance; mental health assistance; employment services; free tax preparation; substance use counseling and treatment; health care assistance; hygienic supplies

Next Steps
- Establish a Homeless Prevention Team to design and implement a countywide HPS to include DPSS, CAP and RUHS-BH (CES), 211 Community Connect, and other key stakeholders to: 1) Conduct an assessment and system mapping of current prevention resources and services in the county; and 2) Develop a system focused on connecting individuals and families at-risk of homelessness to services and resources to ensure they remain stably housed and be assisted in developing an individual plan to prevent future homelessness or housing instability.
- Evaluate key indicators and the availability of data that can accurately identify high or moderate risk characteristics for homelessness (e.g., HMIS, characteristics of local sheltered population).
- Identify or develop a screening and identification tool that accurately identifies individuals and families to benefit from emergency, low-cost assistance to prevent individuals from losing their homes.

Prevent Homelessness

System Coordination

A2: Develop a Coordinated Discharge Planning System

Recommendation

Develop a coordinated discharge planning system between all county departments for persons transitioning from one department's care/case management services into another.

Lead Agency	Status
• Riverside University Health System– Population Health (RUHS-PH)	• Ongoing

Target Populations		Potential Funding Sources
• Chronically Homeless • Veterans	• Families • Youth	• California Department of Health Care Services (DHCS) – Whole Person Care Program

Description

A coordinated discharge planning system will allow for continuity of care and service provision for clients receiving services from multiple service providers. An effective discharge planning process will prepare a homeless person with psychiatric and/or substance abuse disorders for return or re-entry to the community and the linkage of the individual to essential community services as supports. Discharge planning between departments and service providers will seek to encompass all case management transitions, including clients transitioning from:

- RUHS Medical Center (RUHS-MC) to RUHS Clinics
- Foster Care to Adult Programs
- Jail to Probation
- Detention Health (DH) to RUHS-MC (and vice versa)
- DH to Department of Behavioral Health (DBH)
- DH to RUHS Clinics (behavioral health or medical)

- Probation to RUHS Clinics (behavioral health or medical)
- Probation to RUHS-MC (and vice versa)
- RUHS Behavioral Health to RUHS Medical Clinics
- RUHS-MC Arlington Campus to RUHS Behavioral Health
- RUHS Public Health to RUHS-MC or RUHS Clinics

Next Steps

- Review, update, and expand the existing interagency Cooperative Agreement (signed in 2011) between DPSS, RUHS-BH, Sheriff's Department, Department of Veterans' Services, Community Connect, and Hospital Association of Southern California, to support and participate in the CoC Discharge Planning Committee. This committee is to: (1) develop and implement a countywide homeless prevention policy for persons leaving publicly funded institutions or systems of care; and (2) have a key role in coordinating after-care planning and/or directly providing community-based services that serve to prevent homelessness for individuals with severe mental health or substance abuse disorders.
- Identify an electronic database solution to contain the necessary data and information from the relevant departments to assist with discharge planning.
- Assess and expand data sharing agreements between city/county departments and other community-based service providers providing services to common clients being discharged from institutional care, hospitals, and acute or long-term facilities.
- Evaluate and identify best practices, protocols, and staff training for housing-focused discharge planning, including direct linkage to the county's Coordinated Entry System and "zero-tolerance" discharge policies.

Prevent Homelessness

System Coordination

A3: Develop and Implement a Homeless Prevention and Awareness Campaign

Recommendation

Develop and implement a multi-media homeless prevention and awareness campaign focused on homeless prevention resources available to at-risk individuals, at-risk families, and to community groups who seek to help them.

Lead Agency	Status
• Riverside County Executive Office (CEO) • Department of Public Social Services (DPSS)	• In Development

Target Populations		Potential Funding Sources
• Chronically Homeless • Veterans	• Families • Youth	• To be determined

Description

It is important that households and individuals at-risk of becoming homeless are aware of the resources available to help prevent homelessness. Homeless prevention awareness will involve making individuals and families aware of supportive services available in the community and how to access them.

It is also important that community groups including faith-based organizations, local government agencies, and non-profit organizations are engaged in homeless prevention education. When engaged community partners are made aware of the spectrum of services needed, they can be more effective in assisting and linking individuals to community resources that can prevent homelessness.

The homeless prevention and awareness campaign will also develop a "Homeless Prevention Guide" for the public that is electronically available on various community websites, as well as available in hard-copy at various locations across the county including:

• Social Service Agencies	• Libraries	• Sheriff, Police, and Fire Stations
• Community Centers	• Hospitals, Clinics	• Animal Shelters
• Schools	• Municipalities	• Non-profit Organizations

Next Steps
- Identify existing homeless campaigns used by cities, faith-based and business sectors that can be replicated as a countywide campaign.
- Partner with CVAG and WRCOG to implement campaign to cities.
- Identify opportunities to market and distribute the campaign throughout the county, including but not limited to: electronic signs; newspapers and newsletters; community calendars; local cable TV; billboards, bus stops; public service announcements on radio; agency and community websites; social media; movie theatre ads.

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Prevent Homelessness

Housing Resources

A4: Create a Shelter Diversion System

Recommendation

Divert households from entering emergency shelter through rapid rehousing assistance and aiding in obtaining and maintaining permanent housing.

Lead Agency	Status
• Department of Public Social Services (DPSS) • Department of Behavioral Health (DBH)	• In Progress

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• Emergency Solutions Grant (ESG): ○ Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions • U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for rapid rehousing programs • HUD HOME Investment Partnerships Program (HOME) • U.S. Department of Veterans Affairs (VA) Supportive Services for Veterans Families (SSVF)

Description

The shelter diversion program consists of the following:

    1) household assessment   *2) use of bridge housing*   *3) assistance with obtaining permanent and affordable housing*

Once it has been determined that a household will lose their housing, an assessment will be conducted to determine when housing will cease, and the availability of family, friends, or other support network who may be able to shelter the household upon exiting their current housing. Housing search activities will be simultaneously be conducted.

If permanent housing was not obtained prior to the household's loss of housing, bridge housing rather than emergency shelter will be explored next. Bridge housing has no preconditions and provides safe, temporary housing while households await permanent housing placement. While in bridge housing, households work with a housing navigator to secure permanent and affordable housing as soon as possible. Assistance provided by the housing navigator may include:
- Housing location services
- Financial assistance for rent, utilities, and moving costs
- Case management and supportive services

Next Steps
- The CoC Coordinated Entry System Oversight Committee will finalize a diversion screening tool to be used in CES, along with a process and protocols to quickly determine whether a family and/or individual is eligible to be diverted. This screening tool and process will also be used at each county-funded emergency shelter.

- Conduct training for emergency shelter staff on how to implement a diversion program at the "front door" before a family/individual can enter the shelter.

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Prevent Homelessness

Housing Resources

A5: Develop Affordable Housing and Improve Affordability

Recommendation
Identify additional funding for subsidized housing, providing developer incentives to create additional affordable housing, along with developing and identifying funding sources for a permanent supportive housing model to address case management, employment services, and other key supportive services households need to maintain and thrive in stable housing.

Lead Agency	Status
• Economic Development Agency (EDA) • Transportation & Land Management Agency (TMLA)	• In Progress

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• HOME Tenant-Based Rental Assistance (TBRA) Housing Authority and the City of Riverside have TBRA funding • Public Housing (Housing Choice Voucher and Section 8) - Housing Authority • Supportive Services for Veteran Families (SSVF) - offers homeless prevention and rapid-rehousing • VASH vouchers

Description
The County of Riverside, as with many other California counties, has a shortage of affordable housing. The creation of new affordable housing units and/or rehabilitation of existing units for chronic homeless and those who are under-housed must be prioritized. New affordable housing projects should be required to set aside a minimum of 20% of the units for chronically homeless individuals/families.

The Economic Development Agency (EDA) will lead the effort to create a supply of new affordable housing units through partnerships with developers, by purchasing properties to rehabilitate using federal or state funding, tax subsidies, or tax credits. New affordable housing for homeless individuals and families can be created through new construction, acquisition and rehab, master leasing, set-asides in existing buildings/developments, and through dedicated units in new developments (through inclusionary zoning and other strategies).

Next Steps
- Assess the need for, and feasibility of, new construction, acquisition and rehab, master leasing, set-asides in existing buildings/developments, and dedicated units in new developments (through inclusionary zoning and other strategies).
- Identify properties (land, retail or commercial space, motels, apartments, housing units, mobile home parks) in the county that can be acquired and converted into affordable permanent housing and permanent supportive housing for homeless people.
- Identify additional funding sources, incentives, and partners (e.g., developers) that will improve housing affordability.

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End Homelessness

System Coordination

B1: Create a Fully Functional Home Connect (Coordinated Entry) System

Recommendation
Create a fully functional Home Connect System (HCS) that will serve as Riverside County's Coordinated Entry System (CES) to centrally coordinate intake assessment and service referrals.

Lead Agency	Status
• Riverside University Health System – Behavioral Health (RUHS-BH)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24 • Homeless youth unaccompanied under age 18	• U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for coordinated entry systems

Description
RUHS-BH, in conjunction with the Riverside County Continuum of Care and other community partners, will develop a plan to create a fully functional Home Connect System that will serve as Riverside County's Coordinated Entry System (CES).

The system will include:
- As many community access points as possible
- A strong data entry component for reporting, tracking, and housing linkage
- A comprehensive and standardized assessment tool to aid in determining those homeless individuals with the most severe needs, prioritizing them for appropriate housing and supportive services

Next Steps
- Ensure full utilization and widespread county access to the Home Connect System (HCS).
- Stabilize HCS data completeness and accuracy.
- Ensure countywide monitoring and access to housing and resource referrals.
- Coordinate assignment of housing navigation staff to those determined most at-risk.
- Provide a system education/training plan.
- Include a system advertising campaign.
- Provide landlord supports and inclusions.
- Ensure linkage and connection through outreach efforts with the Homeless Prevention Specialist Program.

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End Homelessness

System Coordination

B2: Implement a Community-Wide Housing First and Low Barrier Approach

Recommendation
Implement a community-wide Housing First and low barrier approach to help homeless persons obtain and maintain permanent affordable housing regardless of their service needs or challenges.

Lead Agency	Status
• Department of Public Social Services (DPSS)	• In Progress

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• Emergency Solutions Grant (ESG): o Allocations directly to entitlement jurisdictions; balance of state allocation to non-entitlement jurisdictions • U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for rapid rehousing programs

Description

Housing First is a community-wide approach that enables access to permanent housing without the typical prerequisites or conditions of other programs. The underlying philosophy of Housing First is that individuals experiencing homelessness can achieve stability, regardless of their needs or challenges, if provided with the appropriate services. Implementing a Housing First and low barrier approach to help homeless individuals obtain and maintain permanent affordable housing involves removing barriers that hinder homeless persons from securing such housing.

Barriers to be addressed that hinder homeless individuals from *obtaining* housing include:
- Little or no income
- Substance abuse (either active or a history of)
- Criminal records
- Domestic violence victimization

Barriers to be addressed that hinder homeless individuals from *maintaining* housing include:

- Failure to participate in supportive services
- Failure to make progress on a service plan
- Loss of, or failure to improve, income
- Domestic violence victimization (e.g., fleeing a domestic violence situation)

Next Steps
- The EOCH will facilitate the creation of a strong collaborative partnership in conjunction with the COC, with the following partners to address these barriers to reducing homelessness:

o Housing navigators	o Home-based case managers
o Housing providers	o City & County Departments with homeless services
o Home Connect System	o Policy makers
o Street outreach workers	o Public and private funders

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End Homelessness

System Coordination

B3: Establish a Countywide Homeless Court Program

Recommendation
Establish a countywide Homeless Court program allowing homeless individuals to resolve outstanding misdemeanor and infraction cases against them under a progressive plea-bargaining system.

Lead Agency	Status
• District Attorney	• In Progress

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• To be determined

Description
Pending misdemeanor or infraction cases, and outstanding fines/fees associated with previously adjudicated cases, often serve as impediments to overcoming homelessness. The proposed Homeless Court program will provide options for resolving these issues. Participation in the Homeless Court program will be voluntary.

The Homeless Court program will use an incentive-based alternative plea and sentencing system. This system will acknowledge and give "credit" for a participant's pre-appearance and acceptance of, and participation in, provider-based activities aimed at self-improvement. A court approved service provider will establish a specialized treatment plan for each participant. Upon completion of the required activities outlined in the treatment plan, the participant will be "sentenced" to those activities in lieu of other traditional court sanctions.

Activities/treatments which may be required of participants include:
- Counseling
- Medical care
- Life-skills program participation
- Chemical dependency meeting attendance
- Employment search and training participation
- Housing search efforts

Next Steps
- Establish a network of approved local agency service providers for the Homeless Court Program.
- Create a Homeless Court Memorandum of Understanding (MOU) establishing: the program's objectives; the roles and responsibilities of each party; the participant and case eligibility criteria; and how eligibility will be determined.
- Establish a Homeless Court Team consisting of the relevant lead and collaborative agencies responsible for the oversight and administration of the Homeless Court program.
- Develop a protocol for processing the criminal case outcomes.

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End Homelessness

System Coordination

B4: Develop a Protocol Focused on Proactive Strategies to End the Cycle of Homelessness

Recommendation

Work in coordination with all local law enforcement agencies and city attorneys to develop a protocol focused on proactive strategies to end the cycle of homelessness.

Lead Agency	Status
• County Counsel	• In Development

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• Costs are NCC and allocation is subject to competition with other obligations of Code Enforcement, DPSS, Housing Authority, County Counsel, and the Sheriff's Department.

Description

Prioritize proactive strategies to address underlying causes of homelessness. Providing pathways to end and prevent homelessness can positively impact criminal behavior and recidivism within the homeless community. A growing body of research suggests shelter and housing programs are more cost-effective methods for addressing the causes of homelessness and public concerns.

Next Steps

- Develop a Homeless Encampment Protocol prioritizing relocation to housing and shelters over enforcement of ordinances and other laws and regulations, where underlying factors which result in homeless encampments can be remedied.
- Develop a collaborative process with the court system to enable homeless individuals an avenue to effectively address fines and penalties for new and old violations.
- Support statewide legislative efforts through the California State Association of Counties (CSAC) to prioritize homeless ending and proactive problem-solving strategies over reactive legislation and law enforcement which perpetuate homelessness.

End Homelessness

System Coordination

B5: Develop a First Responders Training Program

Recommendation
Develop and implement a first responders training to facilitate the relationship between social services, law enforcement, and homeless individuals.

Lead Agency	Status
• Riverside Sheriff's Office (RSO)	• In Progress

Target Populations		Potential Funding Sources
• Chronically Homeless	• Families	• To be determined
• Veterans	• Youth	

Description
This training will teach peace officers outreach strategies for addressing homelessness. Officers will be trained to offer and divert individuals to a pathway of assistance, recovery and housing. The training will reinforce the recognition of civil rights and property rights in the homeless environment

Next Steps
- Link first responders with available social service agencies, private and social service entities, and local hospitals and medical staff to develop a network of resources and pathways tailored to end homelessness.
- Implement the first responders training in three phases:

PHASE I	PHASE II	PHASE III
- Establish a training group (Sheriff's Homeless Outreach TEAM (HOT) & members from other disciplines)	- Identify needed funding sources	- Develop feedback process to improve future training
- Obtain buy-in from participating agencies	- Determine needed training locations	- Develop assessment methods to quantify "success" of training
- Determine and document curriculum	- Obtain buy-in from first responder agencies	
- Create a training format	- Schedule and present training	

- The first responders training will be of sufficient length to address the following topics:
  o The duties and responsibilities of first responders
  o The meaning and causation of homelessness
  o The public safety value of proactive problem-solving strategies
  o Property rights of the homeless
  o Civil rights of the homeless
  o The needs of homeless: i.e. mental health, drug dependence, physical disability, etc.
  o Immediate and long-term services for the homeless
  o Housing transition processes
  o Housing options
  o Safe interaction with the homeless community
  o The duties and responsibilities of first responders

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End Homelessness

Housing Resources

B6: Increase the Supply of Bridge Housing

Recommendation

Increase the supply of bridge housing to provide temporary housing for individuals and families who have accepted an offer of a permanent supportive housing or permanent affordable housing unit and are willing to work with a housing navigator to obtain the permanent unit.

Lead Agency	Status
• Riverside University Health System-Behavioral Health (RUHS-BH) • Housing Authority • Department of Public Social Services (DPSS)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veteran families and chronically homeless individuals • Families with children under age 18	• Emergency Solutions Grant (ESG): o Allocations directly to entitlement jurisdictions; balance of state allocation to non-entitlement jurisdictions • Emergency Food and Shelter Program (EFSP) • California Department of Finance (DOF) Community-Based Transitional Housing Program (CTHP) • U.S. Department of Veterans Affairs (VA) Health Care for Homeless Veterans Program and Grant Per Diem (GPD) Housing

Description

Since HUD began to shift funding away from transitional housing to permanent housing, the supply of transitional housing beds has decreased to almost none. Interim or transitional housing beds are still needed, however, to bridge a homeless individual or family who has been accepted for permanent housing but may wait weeks or months to find a permanent unit. As a remedy, bridge housing can offer short stays in transitional housing and/or motels/hotels during the waiting period.

While in bridge housing, housing navigators will focus on assisting households with:
- Increasing their income
- Acquiring/completing the documentation, forms, and paperwork necessary to secure permanent housing
- Attending property owner meetings and/or setting appointments as necessary
- The actual move into permanent housing

Next Steps
- Assess the number of bridge housing beds that currently exist in the county and the demand for bridge housing based on the Coordinated Entry System (CES) data.
- Identify and pursue new funding opportunities for additional bridge housing for the county.
- Prioritize existing funding that can be used for bridge housing, such as ESG funding, county general funds.

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End Homelessness

Housing Resources

B7: Increase the Supply of Supportive Permanent Housing

Recommendation

Develop a plan to increase permanent supportive housing (PSH) in Riverside County through an evidence-based intervention model which includes case management, employment services, and other key supports that households need to maintain and thrive in stable housing.

Lead Agency	Status
• Riverside County Economic Development Agency (EDA) • Housing Authority of the County of Riverside (HACR)	• In Progress/Ongoing

Target Populations	Potential Funding Sources

• Chronically homeless households
• Veteran chronically homeless households
	• U.S. Department of Housing and Urban Development (HUD):
	   o Continuum of Care (CoC) funding for PSH programs; Veterans Affairs Supportive Housing (HUD-VASH) program; Family Unification program
	• California Department of Housing and Community Development (HCD):
	   o No Place Like Home Program; Home Investment Partnership Program (HOME)
	• Housing Opportunities for Persons with AIDS (HOPWA)

Description

Permanent supportive housing (PSH) is an evidence-based housing intervention for individuals with a disabling condition who need subsidized housing (for which they pay no more than 30% of their adjusted monthly income).

Next Steps
- Identify additional funding for subsidized housing.
- Prioritize all reallocated and bonus CoC Program funding to be used to create new Permanent Supportive Housing beds.
- Implement a countywide effort to graduate current clients in PSH, who do not need the intensive level of services, to affordable housing.
- Provide developer incentives for creating additional affordable housing.
- Provide supportive services (through housing navigators) until a permanent housing case manager takes over and the individual is residing in a permanent supportive housing unit.
- Focus home-based case management on helping individuals maintain their housing, minimizing penalties for lack of participation in supportive services, with the following supportive services available on- or off-site:
  - education and employment services; emergency assistance; health services; substance use counseling and treatment; in-home visits; training on daily living activities, homemaking, and budgeting

End Homelessness

Housing Resources

B8: Increase Rapid Rehousing (RRH) Assistance

Recommendation

Expand the number of rapid rehousing (RRH) programs throughout Riverside County aimed at assisting households experiencing transitional homelessness, to stabilize in permanent housing as quickly as possible.

Lead Agency	Status
• Riverside County Economic Development Agency (EDA) • Housing Authority of the County of Riverside (HACR)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Veteran non-chronically homeless households • Families with children under age 18 • Non-chronically homeless youth aged 18-24	• Emergency Solutions Grant (ESG) (Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions) • U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for RRH programs • U.S. Department of Veterans Affairs (VA) Supportive Services for Veteran Families (SSVF) program • California Work Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program • Community Services Block Grant • Community Development Block Grant (Allocation to Riverside County; Allocation to entitlement jurisdictions)

Description

A majority of the homeless population is transitionally homeless, entering homelessness due to a housing crisis, and could successfully exit homelessness within thirty days with minimal support. RRH programs focus on housing identification, case management, and move-in assistance as intervention mechanisms for supporting this population. While existing RRH programs are in place, additional RRH assistance is necessary to meet the demands of households pending placement identified through Riverside County's Coordinated Entry System (CES).

Next Steps

- Identify current RRH service gaps in specific regions.
- Coordinate with cities to discuss funding opportunities for creating local RRH programs.
- Connect cities with credible agencies to assist with the implementation of local RRH programs.
- Advocate for additional funding to support existing and new RRH projects and programs.
- Support and expand the number of permanent housing placements made through CES.

End Homelessness

Outreach & Navigation

B9: Create a Housing Search & Capacity Building Team (HSCBT)

Recommendation
Create a Housing Search and Capacity Building Team (HSCBT) comprised of housing locators who, with support from a wide-range of community members, focus on identifying various affordable housing options for homeless individuals.

Lead Agency	Status
• Riverside University Health System Behavioral Health (RUHS-BH) • Riverside County Economic Development Agency (EDA)	• In Progress

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24	• Emergency Solutions Grant (ESG): Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions • Community Development Block Grant: Allocation to Riverside County and to entitlement jurisdictions

Description
The HSCBT will provide affordable housing options to street outreach workers who will encourage those in need to work with a housing navigator to pursue, obtain, and maintain an appropriate affordable housing placement.
Increasing affordable housing opportunities through the efforts of the HSCBT will allow street outreach workers to focus on developing relationships with homeless individuals, including the chronically homeless, and increase their motivation to pursue appropriate and affordable housing opportunities.

The creation of a HSCBT will:
- Engage a wide-range of community representatives in housing search and capacity building activities.
- Result in an increase of affordable housing opportunities.
- Allow street outreach workers to effectively engage homeless individuals and present affordable and/or temporary housing opportunities when needed.

Next Steps

- Train existing housing locators funded with State ESG funds to identify available housing for clients being referred through CES.
- Request the CoC Housing Committee to update an existing assessment of affordable housing conducted by the committee in 2013-14.
- Engage and partner with cities to identify affordable housing in their jurisdictions.

End Homelessness

Outreach & Navigation

B10: Expand Street Outreach within the Housing Crisis Response System

Recommendation
Expand street outreach within the Housing Crisis Response Team in all areas of the County ensuring outreach workers effectively and efficiently engage persons living on the streets.

Lead Agency	Status
○ Riverside University Health System Behavioral Health (RUHS-BH)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24 • Homeless youth unaccompanied under age 18	• Emergency Solutions Grant (ESG): Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions) • U.S. Department of Health & Human Services (HHS) ○ Administration for Children and Families – Runaway and Homeless Youth Programs: Street Outreach Program ○ Substance Abuse and Mental Health Services Administration – Projects for Assistance in Transition from Homelessness (PATH)

Description
Expanding street outreach within the Housing Crisis Response System will ensure street outreach workers are able to effectively engage individuals and families experiencing housing crises throughout the County, including those residing in highly visible homeless encampments. Outreach workers play the critical role of executing the initial steps leading to effective engagements with homeless individuals, including:
- building a personal connection
- assessing of immediate needs
- identifying individual barriers

These initial steps to be performed by street outreach workers allow them to:
- Offer the appropriate support services and/or referrals.
- Assist homeless individuals in addressing and overcoming barriers to permanent and affordable housing.
- Improve homeless individuals' social support network.

Next Steps
- Identify existing outreach workers in the county and map the geographic regions each covers.
- Ensure coordination among existing outreach workers through the Coordinated Entry System, including assignments based on geographical regions, sub-population, and funding limitations.
- Assess existing gaps in outreach coverage based on completion of the first two steps.

End Homelessness

Outreach & Navigation

B11: Expand Housing Navigation within the Housing Crisis Response System

Recommendation

Expand housing navigation within the Housing Crisis Response System to ensure housing navigators can effectively engage with homeless individuals living on the streets.

Lead Agency	Status
• Riverside University Health System Behavioral Health (RUHS-BH) • Housing Authority	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24 • Homeless youth unaccompanied under age 18	• Emergency Solutions Grant (ESG): Allocations directly to entitlement jurisdictions; Balance of state allocation to non-entitlement jurisdictions • U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for Rapid Rehousing (RRH) programs; Permanent Supportive Housing (PSH) programs

Description

Expanding housing navigation within the Housing Crisis Response System will ensure housing navigators effectively provide housing navigation services to homeless individuals who have been successfully engaged by street outreach workers, including those living in highly visible homeless encampments.

Housing navigators will provide services until a long-term case manager takes over once the individual is residing in permanent housing. The expanded housing navigation services include:
- Assisting homeless persons in developing a housing plan
- Addressing barriers identified in the plan or during other navigation activities
- Assisting with acquiring and completing any documentation/forms required for housing (including housing applications)
- Housing search assistance (including attending property owner meetings or setting appointments)
- Securing housing (including inspections, utility startups, and the actual move into housing)

Next Steps
- Identify existing housing navigators in the county and map the geographic regions each covers.
- Ensure coordination among existing housing navigators through the Coordinated Entry System, including assignments based on geographical regions, sub-population and funding limitations.
- Assess existing gaps in navigator coverage based on completion of the first two steps.

End Homelessness

Supportive Services

B12: Increase the Number of Home-Based Care Managers

Recommendation

Increase the number of home-based care managers to ensure previously homeless individuals and families receive case management services while in permanent supportive housing units, and/or after rapid rehousing assistance ends.

Lead Agency	Status
• Riverside University Health System Behavioral Health (RUHS-BH)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24	• U.S. Department of Health & Human Services (HHS) Substance Abuse and Mental Health Services Administration – Services in Supportive Housing • U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) funding for Permanent Supportive Housing (PSH) programs

Description

Home-based care management positively affects housing stability, employment, school attendance, and mental and physical health. A tiered and progressive engagement model of home-based care management prioritizes services to those with the most complex challenges to achieving independence, stability, and living a lifestyle of their choice with dignity.

Increasing the number of home-based care managers will help stabilize individuals and families with severe needs and multiple past housing crises as identified through the coordinated entry system (CES). Home-based care management with supportive housing services to these households is a proven model that addresses their multiple needs as well as their limited skills to address such needs.

Next Steps

- Identify existing home-based care managers in the county and map the geographic regions and sub-population(s) each covers based on funding requirements.
- Ensure coordination among existing home-based care managers through the Coordinated Entry System, including assignments based on geographical regions, sub-population and funding requirements.
- Assess where there are gaps and a need for additional home-based care managers based on completion of the first two steps.

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End Homelessness

Supportive Services

B13: Increase Supportive Services

Recommendation
To develop and implement a plan to coordinate and enhance community-based homeless case management services among both county and private non-profit agencies countywide.

Lead Agency	Status
• Riverside County Executive Office (CEO) • Department of Public Social Services (DPSS)	• In Progress/Ongoing

Target Populations	Potential Funding Sources
• Chronically homeless households • Veterans • Families with children under age 18 • Non-chronically homeless youth aged 18-24	• U.S. Department of Health & Human Services (HHS) Substance Abuse and Mental Health Services Administration – Grants for the Benefit of Homeless Individuals • California Department of Health Care Services (DHCS) – Whole Person Care Program • Mental Health Services Act (MHSA) – Full Service Partnership Funds

Description
The Riverside County's EOCH will collaborate with the Continuum of Care (CoC) providers to enhance the quality of existing supportive services and define the standards for high-quality case management approach that is:

- o *Client- centered*
- o *Accessible*
- o *Coordinated*
- o *Integrated*

Services/activities meeting the high-quality standards listed above include:
- Connection/linkage to financial benefits, health coverage, and/or treatment-related services
- Linkages to job development/training programs, advocacy groups, self-help support groups, and volunteer opportunities as needed/desired by the client
- Peer support services and community-building activities
- Money management and linkage to payee services
- Transportation and linkage to transportation services
- Connection to specialized services for specific populations

Next Steps
- With the support of the EOCH, the CoC will assist case managers by providing housing stabilization/case management training.
- EOCH agencies will support count- and community-based homeless case managers to:
  - o Help homeless families/individuals connect to a homeless case manager (e.g., through CoC, the Coordinated Entry System (CES)).
  - o Respond efficiently and effectively to homeless case manager's requests for assistance.
  - o Participate in CES regional case conferencing and coordinated outreach meetings.
  - o Provide space for homeless case managers to co-locate and conduct in-reach with homeless families/individuals seeking services.
  - o Implement a standardized protocol for contacting a homeless case manager to engage a homeless family/individual who has come to an EOCH department and requests to see a homeless case manager.

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End Homelessness

Supportive Services

B14: Enhance Community Partnerships to Increase Employment Opportunities

Recommendation

The Workforce Development Department (WDD), in collaboration with the Continuum of Care (CoC), will establish workforce team and service programming to prevent fragmented employment services with limited connection to traditional homeless services offered by other agencies.

Lead Agency	Status
• Employment Development Department (EDD) • Workforce Development Department (WDD) • Department of Public Social Services (DPSS)	• In Progress

Target Populations		Potential Funding Sources
• Chronically Homeless	• Families	• Workforce Innovation and Opportunity Act
• Veterans	• Youth	

Description

Unemployment, underemployment, and low wages are major contributing factors to homelessness, particularly for families. Homelessness often prevents individuals from participating in training, educational, and subsidized employment opportunities/programs due to transportation issues and/or housing instability.

Employment and housing interventions need to happen simultaneously to ensure individuals experiencing homelessness have an opportunity to achieve both housing and economic stability. The WDD and CoC must coordinate their efforts to connect individuals as quickly as possible with workforce services, training programs, and job supports such as subsidized childcare, transportation services, and financial assistance with essential elements of employment (e.g., required uniforms, equipment).

Next Steps
- Educate and train case managers and staff from partnering agencies to ensure all providers are informed of the employment services provided by the WDD, EDD, DPSS, and other community providers.
- Establish "Career Resource Areas" using surplus WDD computers, at homeless access centers and other facilities serving a high number of homeless individuals, to provide computer, internet, and software program access to facilitate résumé preparation and employment searches.
- Establish WDD team to exclusively focus on and serve the CoC and homeless jobseekers, including a dedicated job developer who will facilitate job placement and engage employers.
- Provide supportive services addressing the unique needs of homeless jobseekers including job readiness boot camps, soft skill development courses, and career coaching.
- Provide employment retention services, including access to career coaches and other supportive services.

End Homelessness

Supportive Services

B15: Enhance CalWORKs Subsidized Employment Program for Homeless Families

Recommendation
Expand the existing California Work Opportunity and Responsibility to Kids (CalWORKs) Subsidized Employment program to target CalWORKs families who are homeless or at-risk of becoming homeless.

Lead Agency	Status
• Department of Public Social Services (DPSS)	• In Progress

Target Populations		Potential Funding Sources
• Chronically Homeless	• Families	• CalWORKs Subsidized Employment Program
• Veterans	• Youth	• Workforce Innovation and Opportunity Act

Description
The CalWORKs Subsidized Employment program is an existing program administered by the Riverside County Workforce Development Department (WDD) through an agreement with the Department of Public Social Services (DPSS). The program leverages federal funds provided to Riverside County through the Workforce Innovation and Opportunity Act.

The expansion of this program will increase wrap-around services and employer recruitment with the goal of increasing the number of permanent jobs obtained by program participants. An experienced WDD team will provide wrap-around services to high-barrier populations such as disconnected youth, ex-offenders, and Temporary Assistance to Needy Families (TANF) families. In addition, full-time job developers will be responsible for employer recruitment and management of employer relationships.

Next Steps
- Expand WDD's support services offered to program participants to include:
  - Career coaching
  - Mentoring
  - Financial literacy
  - Soft skills development
  - Training
  - Counseling

End Homelessness

Supportive Services

B16: Improve Access to Health Care and Mainstream Benefits

Recommendation
Develop collaboration strategies between agencies who are members of the Riverside County Executive Oversight Committee on Homelessness (EOCH) and the Continuum of Care (CoC) to improve and increase access to mainstream benefits for all persons experiencing homelessness in Riverside County.

Lead Agency	Status
• Department of Public Social Services (DPSS) • Riverside University Health System Population Health (RUHS-PH)	• In Progress

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• California Department of Health Care Services (DHCS) – Whole Person Care Program • California Board of State and Community Corrections – Proposition 47 Grant Program

Description
Collaboration strategies to improve and increase access to mainstream benefits for homeless persons will focus on providing support to CoC homeless providers and all county agencies serving individuals experiencing homelessness.

Next Steps
- The collaborative agencies in the EOCH and CoC will establish a countywide team to support homeless case managers who will:
  - Identify a benefits specialist lead at each homeless provider agency and educate recipients on how to maintain their benefits and what to do if benefits are lost or denied.
  - Offer training to homeless case managers to establish relationships and educate case managers on completing benefit applications and the appeal process for denied applications.
  - Track applications for benefits and imaging client documents required for benefits applications in the Homeless Management Information System (HMIS). Identify ways to increase access to Department of Veterans Affairs (VA) benefits in collaboration with the Loma Linda VA.
- Create a CoC "Access to Health Care Advisory Committee" to accomplish the following:
  - Provide homeless service providers training on Affordable Care Act (ACA) enrollment and case management services for homeless individuals with complex health needs.
  - Connect individuals to health care and services using information stored in the Home Connect System.
  - Advocate for streamlining and increasing access to Social Security Administration benefits through:
    a) participation in the federally sponsored Supplemental Security Income (SSI)/Social Security Disability Insurance (SSDI) Outreach Access and Recovery (SOAR) technical assistance program to expedite access to SSI/SSDI benefits; and
    b) establishment of a program to assist disabled, incarcerated individuals in completing and submitting their SSI/SSDI application prior to release or in securing re-instatement of their benefits if received prior to incarceration.
- Explore methods of electronic outreach platforms.

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Ensure Funding for a Coordinated System to Prevent & End Homelessness

System Coordination

C1: Conduct Funding Analysis

Recommendation

Conduct a continuing analysis of current programs, resources, and funding sources to:
- Identify ongoing needs and gaps
- Avoid duplication
- Determine where funding may be used more effectively

Lead Agency	Status
• Riverside County Executive Office (CEO)	• In Development

Target Populations	Potential Funding Sources
• Chronically Homeless • Families • Veterans • Youth	• To be determined

Description

The county's Continuum of Care (CoC) Board of Governance serves as a key partner with the County Executive Oversight Committee on Homelessness (EOCH) in facilitating and supporting the CoC's efforts to broaden and diversify funding and resources to address homelessness.

A funding analysis effort will seek to:
- Map resources and assess overall coordination of existing systems, specifically in outreach, navigation and supportive services to effectively address the various factors contributing to homelessness.
- Identify potential funding sources for overall system coordination.
- Identify potential funding sources to increase service array (outreach, navigation and supportive services).
- Leverage funding and resources from existing sources.
- Identify and increase funding for housing that provides a pathway to permanent and stable housing for individuals who are experiencing homelessness and have the most challenging and severe barriers to housing.

Next Steps
- Identify an entity (e.g., sub-contractor, consultant) to conduct a cost analysis of homelessness in Riverside County.
- Identify funding source for the cost analysis.

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Ensure Funding for a Coordinated System to Prevent & End Homelessness

System Coordination

C2: Create a Regional Funder's Collaborative

Recommendation
Facilitate the creation of a regional funders' collaborative of public and private philanthropic organizations who will invest in local initiatives related to ending homelessness in Riverside County.

Lead Agency	Status
• Riverside County Executive Office (CEO)	• In Development

Target Populations		Potential Funding Sources
• Chronically Homeless	• Families	• To be determined
• Veterans	• Youth	

Description
The Riverside County Continuum of Care (CoC) has been invited to be a part of the Funders' Alliance of the Inland Empire. The Funders' Alliance is a collaborative group of large regional funding agencies that have joined together to increase communication, collaboration, and coordination among a region of funders.

The primary goals of the Funders' Alliance include:
- Regional networking and information sharing among large funders
- Advocacy for the needs of the region
- Leveraging funds to maximize impact
- Increasing the capacity of service providers in the region

Next Steps
- Identify a representative and/or agency to attend the Funders' Alliance that serves the Inland Empire.

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The following sections provide additional details referred to in the EOCH Action Plan.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), items A (iv)

County resources applied to address homelessness, including efforts undertaken to prevent the criminalization of activities associated with homelessness

Riverside County Superior Court, in collaboration with the District Attorney, Public Defender, RUHS – BH and Riverside County Department of Veterans' Services has established an established Veterans Court based in Riverside Superior Court. In addition, a Homeless Court is currently operating in the Indio Superior Court (located in the Coachella Valley). The EOCH Action Plan (B3, page 10) commits to the expansion of Homeless Court to the (Riverside) region. Furthermore, the Action Plan (B5, page 12) recommended strategy is to "Develop and implement a first responders training to facilitate the relationships between social services, law enforcement, and homeless individuals." RUHS - BH is currently the lead agency in providing crisis intervention training at the Riverside Sheriff's Training Academy for law enforcement officers. The EOCH Action Plan expands first responder training and collaborative efforts. The target population for this expanded effort is persons who are chronically homeless, veterans, families and youth.

RUHS - BH also applied for and received Proposition 47 funds to enhance outreach, engagement and navigation support to persons with serious mental health and/or substance use disorders in county jail facilities and at the Veterans and Homeless Courts. This new program will include specific homeless outreach by existing RUHS - BH Homeless Crisis Response Team street outreach workers to link individuals at risk for incarceration to the new fully Integrated Behavioral Health Full Service Partnership program made possible by Prop. 47 grant funds. The program will provide intensive wrap around outpatient services to persons with serious mental health and/or substance abuse disorders who are at risk for criminal justice recidivism.

RUHS – BH has three cooperative agreements with law enforcement jurisdictions in Riverside, Hemet and Blythe. The agreements established RUHS - BH clinicians who are assigned to ride-along with patrol officers five (5) days a week in an effort to resolve behavioral health crises in the field and to outreach to and engage with homeless individuals and families. This is intended to reduce officers' encounters in the field and to prevent incarceration of persons better served by community based behavioral health services. RUHS – BH has a fourth cooperative agreement with the City of Palm Springs to provide dedicated Housing Crisis Response Teams to outreach and engage homeless individuals within the city of Palm Springs and link them to need health and housing resources.

Beginning in 2015, RUHS - BH established a Crisis Response System of Care. These programs include:

CREST (Community Response Evaluation and Support Team) – CREST teams consist of a clinician and peer provider. They respond to officers in the field who contact the Crisis Response 800# call center when they encounter a person or family experiencing some type of mental health crisis, including domestic violence and homelessness). They provide an assessment and work to

engage and provide supported linkage to available and more appropriate voluntary community based support with the goal of diversion from unnecessary hospital/jail admissions/incarceration. Teams have been established in each RUHS - BH regional service area and operate seven (7) days a week.

REACH (Regional Emergency Assessments and Community Hospitals) – REACH teams consist of a clinician and peer provider. They respond to hospital emergency rooms to contact the Crisis Response call center when a person presents or is brought in and is assessed to be experiencing a mental health crisis. The team provides assessment and work to engage and provide supported linkage to available and more appropriate voluntary community based services with the goal of diversion from unnecessary hospital admissions or jail/incarceration. Teams have been established in each RUHS – BH regional service area and operate seven (7) days a week.

Mental Health 24/7 Urgent Care Centers – RUHS – BH has established three (3) voluntary crisis stabilization programs; one in each regional service area. These programs offer robust peer-to-peer engagement and support services. They have been found to be highly effective in supporting adults in crisis and avoiding the need for higher level acute psychiatric inpatient treatment. They are a valuable resource for CREST and REACH teams seeking alternative, non-hospital based services.

Crisis Residential Treatment Facilities – RUHS – BH has established four (4) licensed and certified crisis voluntary residential treatment facilities that also short term residentially based treatment as an alternative to hospitalizations. They accept consumers from the MH Urgent Care Centers and also provide step-down support for persons evaluated at involuntary crisis stabilization units or persons being discharged from inpatient care. They work closely with Full Service Partnerships operated by RUHS – BH or by contract providers, linking consumers who are homeless and require intensive support, including housing after they leave the Crisis Residential Treatment program.

HHOPE (Homeless and Housing Opportunities, Partnership and Education) Program - Beginning in 2005, RUHS-BH expanded its housing support effort by establishing a centralized and robust homeless housing resource management program.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (v)

Available Community-Based Resources

RUHS – BH (formerly known as the Riverside County Department of Mental Health) has provided homeless outreach and services for over 25 years. Throughout this period, RUHS – BH has consistently partnered with the Department of Public Social Services, the HUD Collaborative Applicant, and the HUD Continuum of Care. Riverside County's population growth has more than doubled during this period. As its needs grew, so did the community of dedicated homeless and housing providers. RUHS – BH has remained committed to serving the needs of homeless persons during these dynamic times, proactively seeking to find solutions, working with small and large organizations, developing recognized expertise, consultation and leadership as new stakeholders entered the homeless service arena.   With the advent of HUD's new system of

governance, the involvement of RUHS – BH continued to grow. Currently, RUHS – BH provides critical best practice support to the efforts undertaken by the County and the Continuum of Care to meet the multi-faceted needs of the homeless and those at risk of homelessness. Please refer to An Outline of Partners in Ending Homeless (pages 48 - 52) for a list of the homeless and housing organizations and planning groups that RUHS – BH routinely collaborates with and supports.

The Riverside County Continuum of Care has also established a network of community based (non- RUHS – BH) homeless outreach, housing and related services, including Coordinated Entry System (CES) access points and CES navigators that are linked to the CES. Systems are in place to provide training to all access point organizations and housing navigators regarding CES protocols and expectations to insure equal access to all eligible homeless individual or family.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (vi)

An outline of partners in ending homelessness (please see the following pages)

County of Riverside Riverside University Health System - Behavioral Health Homeless and Housing Partners	County Government Agency	Executive Homeless Oversight Committee	Other Government Organizations	Hospitals, Health Care & Foundations	Law Enforcement	Continuum of Care					Homeless Housing	Permanent Supportive Housing	Social Service Provider	Vocational Services	Substance Abuse Services	Housing Development/Planning	Public Service Advocacy	Faith Based Organization
						Governance	Member	CES Oversight Committee	CES Access Point	HMIS Administrators Council								
ABC Recovery Center							X		X	X	X				X			
Alternatives to Domestic Violence							X				X							
Animal Services	X	X																
Blythe Police Department			X		X				X									
Catholic Charities								X	X	X			X					X
City of Corona			X				X											
City of Indio			X												X			
City of Moreno Valley			X				X			X								
City of Palm Springs			X						X							X		
City of Perris			X				X											
City of Riverside - Office of the Mayor			X			X					X					X		
City of Riverside - Office of Homeless Solutions			X				X	X	X	X	X	X				X		
City of Temecula			X				X		X									
City of Wildomar			X				X											
Coachella Valley Association of Government			X															
Coachella Valley Rescue Mission* - Indio								X	X		X							
Community Action Partnership of Riverside*							X											

County of Riverside Riverside University Health System - Behavioral Health Homeless and Housing Partners	County Government Agency	Executive Homeless Oversight Committee	Other Government Organizations	Hospitals, Health Care & Foundations	Law Enforcement	Governance	Member	CES Oversight Committee	CES Access Point	HMIS Administrators Council	Food Distribution	Homeless Housing	Permanent Supportive Housing	Social Service Provider	Vocational Services	Substance Abuse Services	Housing Development/Planning	Public Service Advocacy	Faith Based Organization
Corona Regional Medical Center				X															
Desert Health Care District*							X												
Desert Regional Medical Center	X																		
Eisenhower Medical Center				X															
Foothill AIDS Project*				X										X					
Habitat for Humanity									X								X		
Health to Hope Mobile FQHC				X					X										
Help for Future Leaders							X			X									
Hemet Police Department			X		X														
Hemet Valley Hospital				X															
HomeAid Inland Empire						X											X		
Indio Police Department			X			X			X										
Inland Empire Health Plan (IEHP)					X														
Inland Valley Hospital				X															
Inspire Life Skills Training														X	X	X			
Jewish Family Services of San Diego									X	X			X	X					X
JFK Medical Center				X															
Lighthouse Social Service Centers									X	X				X					

County of Riverside Riverside University Health System - Behavioral Health Homeless and Housing Partners	County Government Agency	Executive Homeless Oversight Committee	Other Government Organizations	Hospitals, Health Care & Foundations	Law Enforcement	Continuum of Care					Food Distribution	Homeless Housing	Permanent Supportive Housing	Social Service Provider	Vocational Services	Substance Abuse Services	Housing Development/Planning	Public Service Advocacy	Faith Based Organization
						Governance	Member	CES Oversight Committee	CES Access Point	HMIS Administrators Council									
Loma Linda Murrieta Medical Center				X															
Lutheran Social Services									X			X		X					
Martha's Village and Kitchen							X	X	X	X		X	X	X			X		
Molina Health				X															
Office of County Counsel	X	X																	
Office of the District Attorney	X	X																	
Office of the Public Defender	X	X																	
Operation SafeHouse									X			X	X						
Palm Communities																	X		
Parkview Medical Center				X															
Pass Job Connection															X				
Path of Life Ministries							X	X	X	X		X		X					X
Rancho Springs Medical Center		X						X	X										
Regional Access Project (RAP) Foundation				X															
Riverside Community Hospital				X		X													
Riverside County Board of Supervisors	X																		
District 2	X						X												
District 3	X					X	X												

County of Riverside Riverside University Health System - Behavioral Health Homeless and Housing Partners	County Government Agency	Executive Homeless Oversight Committee	Other Government Organizations	Hospitals, Health Care & Foundations	Law Enforcement	Governance	Member	CES Oversight Committee	CES Access Point	HMIS Administrators Council	Food Distribution	Homeless Housing	Permanent Supportive Housing	Social Service Provider	Vocational Services	Substance Abuse Services	Housing Development/Planning	Public Service Advocacy	Faith Based Organization
								Continuum of Care											
Riverside County Economic Development Agency	X	X								X									
EDA Housing Authority	X						X	X	X	X		X	X				X		
Riverside County Probation	X	X						X	X			X							
Riverside County Dept. of Public Social Services	X	X	**Riverside County HUD Collaborative Applicant**																
Riverside County Sheriff	X	X			X			X	X										
City of Riverside Police Department		X			X			X											
Riverside University Health Systems (RUHS)	X	X						X											
RUHS - Behavioral Health	X	X				X	X	X	X	X		X	X	X	X	X	X		
RUHS - Family Health Care Clinics (FQHCs)	X	X		X				X	X										
RUHS - Medical Center	X	X		X															
RUHS - Population Health	X	X		X															
RUHS - Public Health	X	X		X															
San Gorgornio Medical Center				X															
Shelter from the Storm								X	X					X					
Social Work Action Group (SWAG)							X		X									X	
St. Edwards Church							X												X
Starting Over Inc. (Parolee Support)							X							X	X	X			
State of California DPSS - Community Care Licensing		X																	
Step Up on Second								X	X	X				X					

County of Riverside Riverside University Health System - Behavioral Health Homeless and Housing Partners	County Government Agency	Executive Homeless Oversight Committee	Other Government Organizations	Hospitals, Health Care & Foundations	Law Enforcement	Governance	Member	CES Oversight Committee	CES Access Point	HMIS Administrators Council	Food Distribution	Homeless Housing	Permanent Supportive Housing	Social Service Provider	Vocational Services	Substance Abuse Services	Housing Development/Planning	Public Service Advocacy	Faith Based Organization
						Continuum of Care													
Temecula Pantry											X								
Temecula Valley Hospital				X															
The Convergent Center Inc.																	X	X	
The Salvation Army							X					X	X						X
U.S. Vets - Riverside*									X	X		X	X				X		
VA Loma Linda Healthcare			X	X		X	X	X	X			X	X	X					
Valley Restart Shelter - Hemet*							X	X	X	X		X							
Wakeland Housing and Development Corp																	X		
Western Region Council of Governments			X																
Whiteside Manor						X						X					X		

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (vii)

Proposed solutions to reduce and end homelessness

RUHS – BH participated in the development of the EOHC Action Plan. RUHS – BH continues to be an active partner with EOHC. The Action Plan is the first and most comprehensive county-wide strategy to reduce and end homelessness. The Action Plan is a component of Riverside County's NPLH draft Housing Plan and may be found in its entirety beginning on page 18 of this draft Housing Plan.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (viii)

Systems in place to collect the data required under Section 214, including any planning efforts and barriers to collecting the data in Section 214 (g)

The HHOPE Program of RUHS – BH has extensive experience in collecting and reporting homeless and housing data to multiple funding entities. Additionally, the RUHS – BH Research and Evaluation Unit provides comprehensive data driven reports used for internal and external quality improvement analysis as well as for compliance with MHSA and other State funded program requirements.   RUHS – BH has reviewed Section 214 (g) of the NPLH regulatory guidelines and is currently gathering all of the data elements as outlined in the guidelines. RUHS – BH acts as the Lead Agency for the Riverside County Continuum of Care Coordinated Entry System. Currently the Riverside County Continuum of Care uses the Home Connect System, a homeless services data collection system that maintains a HIPAA level security standard. Riverside County has a plan and is actively working to transition data collection to the HMIS system that complies with HMIS policy standards.

RUHS – BH would note the following potential data reporting exceptions and barriers. Article II, Section 214 (g) of the Program Guidelines refers to the following reporting requirements:

If readily available, Counties may also provide aggregated data on: (1) emergency room visits for NPLH tenants before and after move in; (2) average number of hospital and psychiatric facility admissions and in-patient days before and after move-in; and (3) number of arrests and returns to jail or prison before and after move-in.

RUHS – BH will be able to track service encounters based only on housing applicant's unverified information prior to move-in. Following move-in, the ability of RUHS – BH to track and report emergency room visits, inpatient admissions/days, arrests and re-incarcerations will be limited to NPLH tenants who agree to receive and participate in supportive services. RUHS – BH does not have the ability to access external organizations' data systems to collect data on NPLH tenants not receiving services directly from RUHS - BH directly or contract operated programs.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item A (ix)

Efforts that will be undertaken to ensure that access to CES, and any alternate assessment and referral system established for persons At-Risk of Chronic Homelessness pursuant to the requirements of these Guidelines, will be available on a nondiscriminatory basis. If it is unlikely that the procedures to be used to make this process known to persons seeking housing will reach persons of any particular race, color, religion, sex, age, national origin, familial status, disability, sexual orientation, or gender identity, the plan must discuss additional procedures to be established to ensure that those persons are made aware of the assessment and referral process to access available housing.

Acting at the Lead Agency for CES, RUHS - BH works very closely with the Riverside County Department of Public Social Services, the Continuum of Care Collaborative Applicant to insure that outreach, assessment and referral systems established for homeless and at-risk of homeless individuals and families have equal and fair access to needed housing resources and supports. RUHS – BH responsibilities as the Lead Agency for CES are outline in the Cooperative Agreement with the Riverside County Continuum of Care (Attachment C).

Riverside County Continuum of Care has also developed Coordinated Entry System Policies and Procedures that include guidelines, assessment, referral, priority and non-discriminatory protocols and expectations for all CES organizations and service navigators. See Attachment D. As noted in the CES Policies and Procedures, RUHS – BH has responsibility for marketing and training CES Access Point Organizations and CES Navigators on the CES system, assessment, prioritization and referral process and non-discriminatory practices.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (i)

The plan must have been developed in a collaborative process with community input that includes all of the following groups:

County representatives with expertise from behavioral health, public health, probation/criminal justice, social services, and housing departments;

The EOCH Action Plan, which is incorporated into this draft Housing Plan, was developed using input that includes behavioral health, public health, probation/criminal justice, social services and the Riverside County Housing Authority.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (ii)

The local homeless Continuums of Care within the County

This draft Housing Plan is to be developed in consultation and collaboration with the Riverside County Continuum of Care.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (iii)

Housing and Homeless services providers, especially those with experience providing housing or services to those who are Chronically Homeless

The Riverside County Continuum of Care membership includes both county and local government agencies and community based organizations that routinely serve the chronically homeless.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (iv)

County health plans, community clinics and health centers, and other health care providers, especially those implementing pilots or other programs that allow the County to use Medi-Cal or other non-MHSA funding to provide or enhance services provided to NPLH tenants, or to improve tracking of health outcomes in housing;

The EOCH Action Plan was developed in collaboration with RUHS – Population Health which has oversight of Whole Person Care services. Additionally Riverside University Health System Family Health Clinics partner with RUHS – BH to provide integrated health services in multiple locations throughout the county and also participated in the development of the EOCH Action Plan.

RUHS – BH will seek input from the Hospital Association of Southern California – Inland Empire, the Inland Empire Health Plan, the REACH Program partner hospitals throughout Riverside County and non-profit FQHC organizations in the development and review of the plan.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (v)

Public housing authorities

The Riverside County Economic Development Agency – Housing Authority is a member of the EOCH and participated in the development of the EOCH Action Plan. RUHS – BH all entered into a cooperative agreement with the City of Riverside in support of the City of Riverside Housing First Strategy – a Road Map to Create, Implement, and Operate Housing First in the City of Riverside (Attachment D).

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item B (vi)

Representatives of family caregivers of persons living with serious mental illness.

The RUHS – Behavioral Health Commission includes a number of committees related to various areas of behavioral health, all of which include family members. These committees will be included in the development and review of the plan. Furthermore, RUHS – BH will present plan requirements and proposed solutions to regionally affiliated National Alliance for the Mentally Ill (NAMI) groups which largely consist of family members.

The following is a table of stakeholder categories and the stakeholder groups to which RUHS – BH will conduct outreach and solicit input through a combination of in-person presentations, electronic communication and distribution of information.

Stakeholder Perspectives	Presentation Forums
Hospitals/Health Care Providers	HASC - Inland Empire
Law Enforcement	RUHS - BH Commission Criminal Justice Committee
HUD Board of Governance	Continuum of Care
HUD Continuum of Care	Continuum of Care
RUHS Stakeholders	RUHS - BH Commission
	Housing Committee
	Adult System of Care Committee
	Older Adult System of Care Committee
	Children System of Care
	MHSA Public Hearing
Cities	CVAG
	WRCOG
Ethnic Cultural Disparities	RUHS Cultural Competency Reducing Disparities Committee
Family Stakeholders	NAMI Western
	NAMI Desert
	NAMI Mid-County

RUHS – BH will also outreach to homeless services partners in law enforcement, health care and cities to ensure they are aware of the NPLH planning effort and have an opportunity to contribute to the process.

NPLH Program Guidelines reference - Article II, Section 201, (b)(3), item C

The plan or the latest update to the plan shall be no older than five years old at the time of the County's application, and shall be easily accessible to the public.

The RUHS – BH draft Housing Plan shall be available to the public at scheduled public presentations and shall be posted for review and public comment for 60 days commencing on August 1, 2018 and ending on September 30, 2018 at **rcdmh.org/NPLH** .

A printed copy of the plan and attachments may also be requested by contacting **Raylene King at 951-358-4106** and **rayking@rcmhd.org** .

Attachment A

Riverside County Homeless Count & Survey Report – May 31, 2018

DRAFT

Attachment B

Riverside County Coordinated Entry System Policies and Procedures

Attachment C

Cooperative Agreement – CES Project 2017/2018

Attachment D

City of Riverside Housing First Strategy – A Road Map to Create, Implement, and Operate
Housing First in the City of Riverside